Single Renal Metastasis From Cervical Cancer
(A Case Report)


Abstract—63-year-old patient, followed for cervical cancer classified 2b; declared cured after a treatment with chemotherapy, radiotherapy and brachytherapy and who presents after 10 months of his last treatment session a fortuitous discovery of a right renal mass. The patient subsequently benefited from a right enlarged total nephrectomy whose anatomic study pathology showed the appearance of a secondary epidermoid carcinoma of cervical neo.

In our case, there is a single renal metastasis of cervical cancer with no local development and after 10 months from the end of treatment.

Index Terms—Renal metastasis; cervical cancer; tumor.

I. INTRODUCTION

Cervical cancer is the second most common women cancer. Nationally, there are an estimated 2,000 new cases of cervical cancer each year. Before 2010, 2/3 of cervical cancer cases were diagnosed and managed at a very advanced stage in the various oncology centers.

Local or loco-regional invasion is found in 70% of cases at the time of initial diagnosis of cancer, dissemination is most often by lymphatic node, the hematogenous dissemination is very rare. The distant metastasis sites are lung (21%), para aortic lymph nodes (11%), liver (8%), third node (7%), and bone. Renal localization is extremely rare, only 12 cases have been reported in the literature.

II. OBSERVATION

May 2017, 63-year-old patient was diagnosed with a well-differentiated invasive squamous cell carcinoma of the cervix stage 2b where she received as treatment 5 sessions of chemotherapy, 25 sessions of radiotherapy and 3 of brachytherapy in the oncology department of Casablanca, the last session was in July 2017. The patient was declared cured in August 2017 after having a complete remission on pelvic MRI.

A radio-clinical follow-up was ensured with the realization of a thoraco-abdomino-pelvic scanner associated with a pelvic MRI where the patient was declared in complete remission without loco regional recurrence or distant metastases.

In May 2018, the patient was victim of a closed trauma with point of lumbar impact (staircase fall) with on physical examination on admission finds a patient in good general condition, stable on the hemodynamic and respiratory planes, temperature at 36.8, no hematuria or proteinuria on BU, no lumbar bruise, slight right lumbar tenderness and no lumbar contact.

An X-ray assessment made of ultrasound supplemented by a Uro scanner showed an upper polar tissue mass of the right kidney of 7.2cm * 6.5cm * 7cm including the adrenal gland with invasion of peri and para-renal fatty tissue and lumbar, lateral lymphadenopathy aortic and retro cave with the largest is 3 cm, the scanner did not objectify liver or pulmonary lesions associated with a pelvic stage does not show a loco regional recurrence or lymphadenopathy, classified T4N2M0 (Figure 1). Biological balance was without particularities.

The patient underwent a total enlarged right nephrectomy by a subcostal following a decision taken in a CPR staff with surgical exploration finding a mass at the expense of the upper pole of the kidney adhering to the lateral face of the IVC with several retro vena cava adenopathies adhering to the spine (Figure 2 and 3).

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The anatomo-pathological study of the operating room shows an aspect of an invasive epidermoid carcinoma that is poorly differentiated.

In addition, the patient received 3 sessions of chemotherapy following the decision of RCP staff. The patient died after 3 months following a septic shock.

III. DISCUSSION

Renal metastases are rare, and the unique and secondary location of a neo cervix is exceptional, there are only 12 cases that have been reported in the literature.

Our study reported the case of a patient who presented with a single renal metastasis of a cervical neo after complete remission with clinical and radiological monitoring over a 10-month period.

The clinical and radiological evaluation as well as the histopathology examination of the operating room after performing a right enlarged total nephrectomy enabled us to confirm the unique secondary localization of the cervical neo at the right renal level by hematogenous route which is considered to be a rare route of neo-cervical spread.

The treatment of choice for renal metastasis of a cervical neo is surgery performed with a nephrectomy or an enlarged total nephrectomy combined with chemotherapy, which improves the prognosis.

REFERENCES


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