

Imelda Maria Loho-Metastatic Cervical Cancer Presenting as a Sessile Polyp in the Ascending Colon

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CASE REPORT

Metastatic Cervical Cancer Presenting as a Sessile Polyp in the Ascending Colon

Imelda Maria Loho^{*,**}, Lianda Siregar^{*,**}, Dewi Iriani^{***}, Tiyas Hasnaa Faatinah^{*}

^{*}Division of Gastroenterohepatology, Dharmais Cancer Hospital, Jakarta

^{**}Faculty of Medicine, Universitas Indonesia, Jakarta

^{***}Division of Anatomical Pathology, Dharmais Cancer Hospital, Jakarta

Corresponding author:

Imelda Maria Loho. Division of Gastroenterohepatology, Dharmais Cancer Hospital, Jakarta. Jl. Letjen S. Parman No.84-86, Kota Bambu Sel., Kec. Palmerah, Kota Jakarta Barat, Daerah Khusus Ibukota Jakarta 11420. Phone (021) 5681570. Email: imelda.loho@gmail.com

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ABSTRACT

Patients who have metastatic cervical cancer, especially when it has spread through the bloodstream, tend to have a more unfavorable prognosis when compared to those with localized cervical cancer. It is uncommon for cervical cancer to involve the gastrointestinal tract, occurring in only about 8% of cases. In most instances, these lesions are found in the recto-sigmoid area as a result of the cancer's direct extension. In this case report, we describe the situation of a 60-year-old woman who had a previous history of cervical adenocarcinoma treated with chemoradiation. She was admitted to the hospital due to difficulty passing stool. Subsequent diagnostic evaluations revealed the presence of a sessile polyp located in the ascending colon, which initially resembled a hyperplastic polyp. Histopathological assessment and immunohistochemistry analysis revealed a cervical origin (p16+/CK7+/CK20-).

Keywords: cervical cancer, metastasis, sessile polyp, colon

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ABSTRAK

Pasien dengan kanker serviks metastasis, khususnya metastasis hematogen, memiliki prognosis lebih buruk dibandingkan dengan pasien kanker serviks yang terlokalisir. Keterlibatan gastrointestinal pada kanker serviks terbilang jarang dan meliputi sekitar 8%

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kasus dan sebagian besar lesi terletak di daerah rektosigmoid akibat ekstensi langsung dari penyakit ini. Pada tulisan ini, kami mempresentasikan sebuah kasus perempuan berusia 60 tahun dengan riwayat adenokarsinoma serviks dengan riwayat terapi menggunakan kemoradiasi yang dating dengan keluhan sulit buang air besar. Pemeriksaan lebih lanjut menunjukkan massa polip sesil yang menyebar ke kolon ascendens dan menyerupai polip hiperplastik. Pemeriksaan histopatologi dan imunohistokimia menunjukkan massa yang berasal dari serviks (p16+/CK7+/CK20-).

Kata kunci: kanker serviks, metastasis, polip sesil, kolon

INTRODUCTION

Cervical cancer continues to be a major public health problem. It is the fourth most common cause of cancer incidence and death in women worldwide with nearly 0.6 million cases and 0.3 million deaths per year.¹ Cervical cancer is known as a locally invasive cancer which predominantly spread through direct extensions or lymphatic dissemination. Patients with metastatic cervical cancer, particularly hematogenous metastasis, suffer a dismal prognosis, with a median survival of less than 13 months and a 5-year survival rate of 16.5%.² The most common metastatic sites for cervical cancer are the lungs, para-aortic lymph node region, mediastinal lymph node region, supraclavicular lymph node region, liver, and bone.³ Metastasis from the cervix to the colon via hematogenous route is rarely encountered. Here, we present a case of cervical adenocarcinoma with ascending colon metastasis presenting as a sessile polyp.

CASE ILLUSTRATION

A 60-year-old woman was admitted to the emergency department with a chief complaint of hard passing stool and decreased oral intake for four days. Eight months ago, she was diagnosed with stage IIIB cervical cancer and treated with chemoradiation therapy. Histopathology and immunohistochemistry evaluation of the cervical cancer specimen showed a poorly differentiated adenocarcinoma. She was on routine follow-up every two months. Her last magnetic resonance (MRI) examination showed a residual mass on the

cervix with infiltration of the right parametrium with thickening of the rectum wall and right piriformis muscle.

She was referred for a colonoscopy evaluation which then revealed a submucosal mass on rectum at 5 cm from the anal canal causing narrowing of the lumen (Figure 1A). Furthermore, a sessile polyp of 10 mm in diameter was found at the ascending colon (Figure 1B).

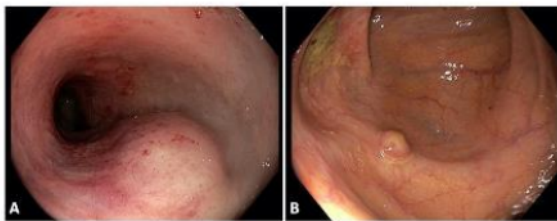


Figure 1. (A) Colonoscopy revealed a submucosal mass at 5 cm from the anal canal causing narrowing of the lumen. **(B)** A sessile polyp of 10 mm in diameter with a smooth pale-yellow surface and slightly erythematous margin was found at the ascending colon. The polyp was biopsied using a forceps biopsy.

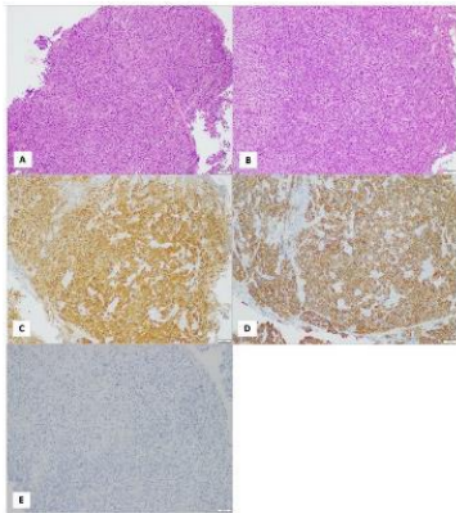


Figure 2. Histopathology specimen of the polyp.

In Figure (A), we observe comparable microscopic characteristics between the polyp and the cervical cancer specimen in Figure (B). These characteristics include the presence of round and oval tumor cells arranged in a solid, nest-like pattern, exhibiting high-grade nuclear atypia. (hematoxylin and eosin staining, x100 magnification); Positive expressions of p16 (C) and CK7 (D) were observed on immunohistochemistry, while CK20 (E) showed a negative result. These findings provide additional confirmation that the tumor originates from the cervix.

The histopathological examination of the polyp (Figure 2A) indicated the presence of a metastatic adenocarcinoma, consistent with the histopathological findings from the cervical cancer biopsy (Figure 2B). A positive expression of p16 (Figure 2C) and CK7 (Figure 2D) with negative CK20 (Figure 2E) on immunohistochemistry evaluation further confirmed a tumor originating from the cervix.

DISCUSSION

Adenocarcinoma (AC) of the cervix is a relatively rare histologic form (accounting for approximately 10–25% cases) of cervical cancer, yet the incidence has increased by 32.2% over recent decades.^{5,6} Metastatic lesions in cervical cancer can arise through either

hematogenous or lymphatic dissemination. Hematogenous spread of cervical cancer is an infrequent occurrence and is more commonly observed in individuals with advanced-stage disease. Patients with hematogenous spread face a risk of death that is more than five times higher than those with lymphatic spread. ² The lungs, bones, liver, and brain are the most common sites of metastasis in cervical cancer, although on rare occasions, metastatic lesions may develop in atypical locations, including the colon.⁸⁻¹² Several case reports of distant metastases from cervical cancer to the colon are summarized in Table 1.

Gastrointestinal involvement of cervical cancer occurs in approximately 8% of cases and most lesions were found in the rectosigmoid area as direct invasion from the primary tumor.¹³ Apart from the tumor's direct extension into the rectum as a submucosal mass, our patient also exhibited a metastatic lesion in the ascending colon, resembling a hyperplastic polyp, and appearing as a sessile growth. A polyp is an abnormal growth of tissue protruding into the lumen of the bowel, typically without indicating any pathological significance. Polyps can be round, sessile, stalked, and various in size. The polyp found in our patient was small (5–10 mm), sessile, with light-colored surface, which resembled a hyperplastic polyp. However, polyps can only be classified based on histological evaluation. In our case, the histopathology evaluation of the polyp revealed a group of round-shape and oval tumor cells forming a solid nest-like pattern with a high-grade nuclear atypia. Further analysis showed a positive expression of CK7 and p16 and negative expression of CK20, which were in line with a metastatic cervical adenocarcinoma. The exact mechanism of the tumor metastasis in this case remains uncertain. Both hematogenous and lymphatic spread were possible as the lamina propria of the colon contains blood and lymphatic vessels through which the tumor cells may travel.

Due to its rarity, there is no established consensus regarding the management of metastatic colonic polyp lesions. Nevertheless, the presence of metastatic lesions in the intestines underscores the advanced stage of the disease, necessitating systemic treatment.¹⁴ In our case, the metastatic polyp had been removed by forceps biopsy and the patient was planned for systemic therapy.

Table 1. Several case reports of distant metastases from cervical cancer to the colon

No	Author (years)	Pathologic type	Metastasis sites	Confirmation of diagnosis	Finding
1.	Barlin JN, et al. ¹⁵ (2013)	Adenosquamous carcinoma	Sigmoid	Colonoscopy	Large circumferential mass
2.	Fukami T, et al. ¹⁶ (2016)	SCC	Transverse colon	Laparotomy	Nodular palpable mass
3.	Yu X, et al. ¹¹ (2016)	SCC	Sigmoid	Colonoscopy	Firm tumor
4.	Agrawal P, et al. ¹⁷ (2017)	SCC	Hepatic flexure	Colonoscopy	Circumferential, nodular, stricturizing growth
5.	Lelchuk A, et al. ¹⁸ (2018)	SCC	Rectosigmoid	Laparotomy	Adherent colonic mass
6.	Shen W, et al. ¹⁹ (2019)	SCC	Sigmoid	Colonoscopy	Two lesions; lesion 1 was covered with smooth mucosa and lesion 2 with mucosal involvement

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SCC: squamous cell carcinoma

Conclusion

While it is uncommon, cervical cancer can metastasize to the colon, manifesting as a sessile polyp. Clinicians should be mindful of this possibility, especially when patients present with gastrointestinal symptoms, particularly issues related to defecation. The primary method for confirming the diagnosis continues to be histopathological evaluation, followed by immunohistochemical analysis.

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