Single Renal Metastasis From Cervical Cancer (A Case Report)

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Abstract—63-year-old patient, followed for cervical cancer classified 2b; declared cured after a treatment with chemo-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 anatomopathology study 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.

Fig. 1. Sagittal section uroscanner.

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).

Fig. 2. Surgical exploration: right renal mass in contact with the IVC.

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Fig. 3. Right enlarged total nephrectomy

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.

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