

Images in Medicine

Adenocarcinoma cervix with umbilical metastasis

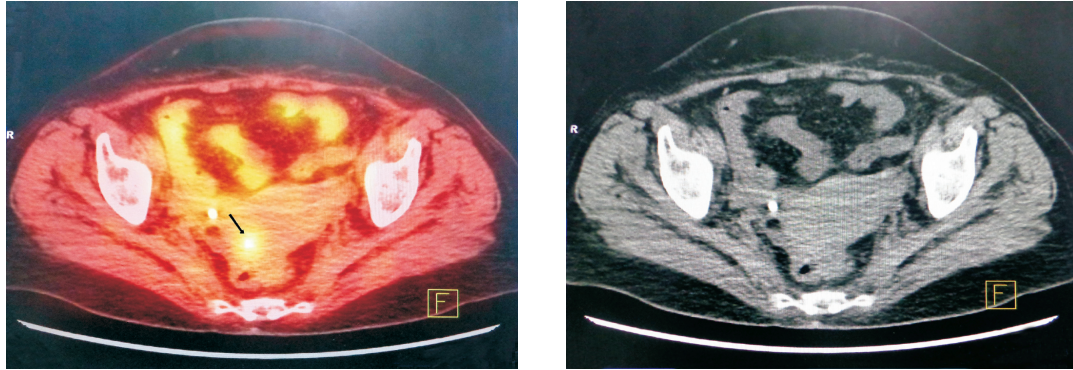


FIG 1. PET-CT showing uptake in the cervix



FIG 2. The umbilical nodule

A 52-year-old woman, a known patient of adenocarcinoma cervix stage IIB, was diagnosed in 2008 and treated with concurrent chemoradiotherapy. At follow-up in September 2013, she was found to have a recurrent cervical lesion, biopsy of this revealed an adenocarcinoma. A whole-body PET-CT did not reveal any regional or distant metastasis (Fig. 1). She received external beam radiotherapy to the cervix with two applications of interstitial brachytherapy. In September 2014, she complained of lower backache and an umbilical mass. On examination, there was no evidence of local disease in the cervix, but she was found to have a 3×2 cm hard nodule on the umbilicus with blood-stained discharge (Fig. 2). A biopsy of the nodule was reported as an adenocarcinoma, immunopositive for carcinoembryonic antigen, p53 and mucicarmine favouring carcinoma arising from the cervix (Fig. 3). A whole-body PET-CT showed disease in the pelvic nodes and umbilicus (Fig. 4).

She received palliative radiation therapy of 20 Gy in 5 fractions over 5 weeks, followed by 6 cycles of systemic chemotherapy with carboplatin and paclitaxel. After chemotherapy and radical radiotherapy to the umbilical nodule, the lesion regressed completely (Fig. 5).

This is an uncommon presentation from a cancer of the cervix; most umbilical metastases are from malignancies of the stomach, ovary, colon and breast. Uterine cervix carcinoma metastasizing to the umbilicus is usually to the postoperative port site. A careful general physical examination will detect the lesion early and could result in prolonged survival.

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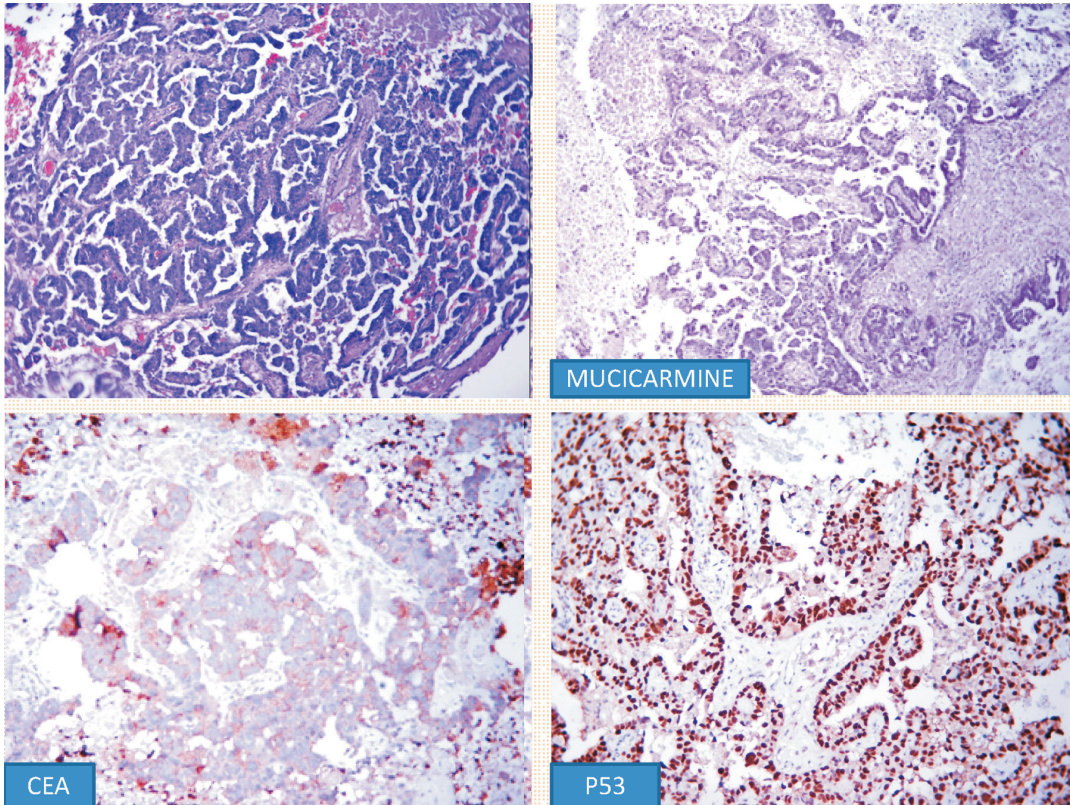


FIG 3. Biopsy showing an adenocarcinoma, positive for carcinoembryonic antigen, p53 and mucicarmine

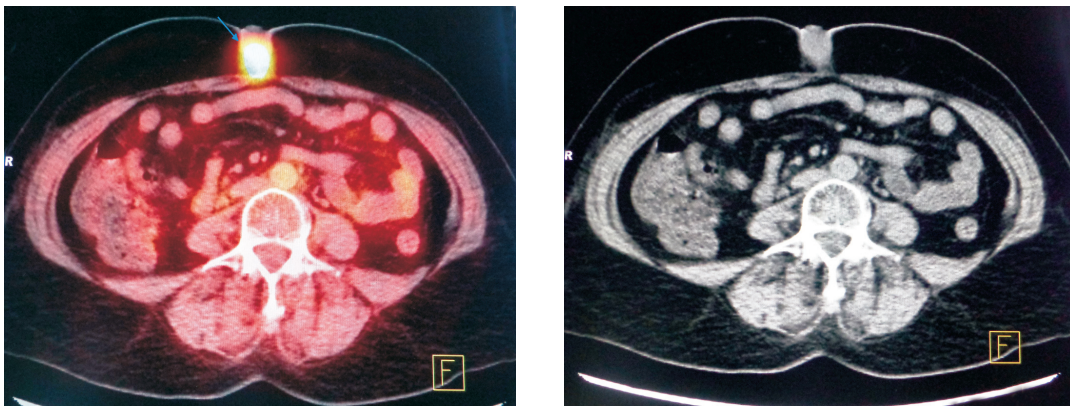


FIG 4. PET-CT of the umbilical nodule



FIG 5. Near total regression of the lesion after treatment