

Metachronic Small Bowel Metastasis of a Squamous Cell Carcinoma of The Cervix

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1. Clinical Image

We report a case of a woman 33 years old with past medical fact of hypertension, in whom squamous cell carcinoma of the cervix was diagnosed within post coital bleeding. The tumor was classified stage Ib according to FIGO classification and were treated with brachytherapy followed by hysterectomy with oophorectomy and external iliac lymphadenectomy. The evolution was favorable and she remained asymptomatic for 3 years. She was then hospitalized for obstructive syndrome. Abdominal X ray showed hydro-aeric levels and abdominal computed tomography showed grelic tumor with distension of the small bowel.



Figure 1: Abdominal X Ray showing grelic hydro-aerial levels.

Laparotomy exploration objectified a distended small bowel among a stenosis at 50 cm from the ileocecal valve and resection of 20 cm of small bowel was performed. Histological examination and immunochemistry of the surgical specimen confirmed the small bowel localization of a squamous cell carcinoma of the cervix.

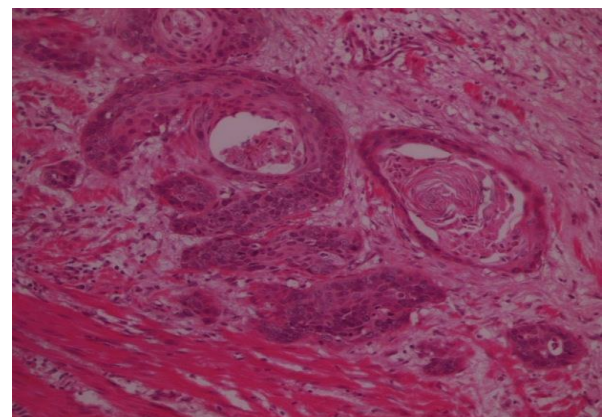


Figure 2: Histopathological examination of the grelic resection (HE): infiltration of small bowel by uterine squamous cell carcinoma.

After surgery, she underwent adjuvant radiotherapy. She died after 5 months.

Metachronic small bowel metastases of cervix tumors

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have rarely been reported [1-3]. They are habitually localized in the duodenum [2,4] or the jejunum [5].

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The prognosis is poor despite palliative chemotherapy [2,3].

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