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Supraclavicular Lymphadenopathy as the Initial Manifestation in Carcinoma of Cervix

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Abstract: *Carcinoma of cervix is the second most cause of cancer death in women of developing countries. It is a preventable disease if diagnosed early. It rarely metastasizes to the supraclavicular group of nodes during the initial presentation. Here is the case report of carcinoma cervix in a 45 year female with supraclavicular lymphadenopathy. Cervical biopsy, Fine needle aspiration cytology of supraclavicular lymph node and CECT scan was done and diagnosis of Stage IV B was made.She underwent systemic chemotherapy and pelvic irradiation.*

Keywords:*carcinoma, cervix , supraclavicular, lymphadenopathy*

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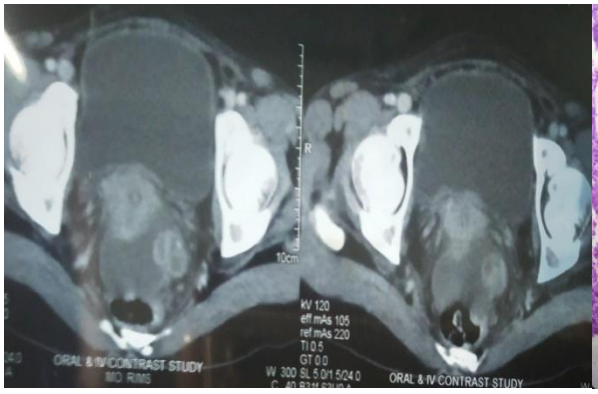
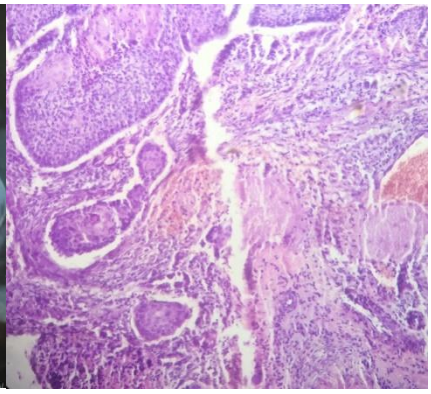
I. Introduction

Carcinoma cervix has been considered as the preventable disease with implemented screening program and effective vaccination. Supraclavicular lymph node(SCLN) metastasis at the time of initial diagnosis of cervical carcinoma is rare,with a reported incidence of 0.1% - 1.5%.[1,2] Positive distant metastasis from carcinoma cervix to SCLN indicates high tumour load and poor prognosis.

II. Case Presentation

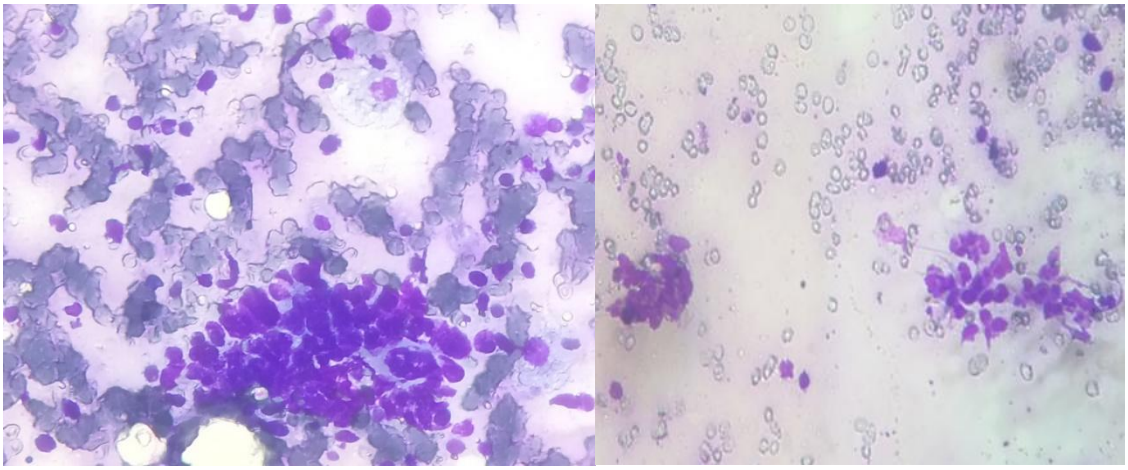
A 45 year old female,P6L4 presented with a chief complain of irregular menstruation for 1 year, intermittent pain abdomen for 8 months, difficulty in micturition for 2months and swelling in supraclavicular region for 1 month. On examination, vitals were stable with moderate pallor. A firm mobile mass of 2 x1cm was palpable in left supraclavicular region. On abdominal examination, the uterus was 16 week size with restricted movement. Per speculum examination revealed that cervix was replaced by huge, friable cauliflower growth. Per vaginal and per rectal examination showed bilateral parametrium is involved. Rectal mucosa is free. Contrast enhanced computated tomography(CECT) scan of abdomen and pelvis showed heterogenous lobulated mass with multiple necrotic area of size 8.3x6.1 cm noted at cervix causing luminal narrowing resulting in hematometra. Inferiorly, the mass involve lower 2/3rd of vagina. Anteriorly, the mass invading the posterior wall of urinary bladder and left uretero-vesicle causing retrograde mild hydro-uretero-nephrosis which shows no excretion of constrast on delayed phase suggestive of non functional both kidneys. Posteriorly the mass abuts the anterior anterior wall of rectum but no evidence of invasion. There is significant left pelvic node measuring 11.0mm short axis diameter. (Fig 1)Cervical biopsy revealed features of squamous cell carcinoma.(Fig.2)





(Fig. 1)(Fig. 2)

Fine needle aspiration cytology of left supraclavicular lymph node showed metastatic deposits of SCC. (Fig. 3)



(Fig 3)

The diagnosis was made as advanced disease FIGO Stage IV B with metastasis to SCLN. She received external beam radiotherapy to the pelvis, para- aortic lymph node, and left SCLN region with a dose of 50 Gyin 25 fractions along with five cycles of weekly cisplatin 40 mg/m2 and high dose rate (HDR) brachytherapy (7 Gy per fraction on a weekly basis for 3 fractions). The patient is on regular follow up till date.

III. Discussion

Cervical cancer is the second or third most common cancer in women with approximately 0.5 million cases worldwide.[3] More than half of the invasive cancer are detected in women who do not participate in regular screening. The prognosis and survival for invasive carcinomas depend on stage of cancer at diagnosis and to some degree on histological subtype. Carcinoma cervix spreads from pelvic nodes to paraortic, into cisternalchyle and thoracic duct and finally into left subclavian and internal jugular with drop metastasis to supraclavicular lymph node.[1,2]It rarely metastasise to supraclavicular lymph node.[4]In FIGO Stage I –II cervical cancer, surgery is the primary standard of treatment and RT or concurrent chemotherapy may be used according to postoperative indications, whereas for FIGO Stage I B2- IV A cancer concurrent chemotherapy is the optimal treatment.[5]Systemic

chemotherapy is known as the only treatment for StageIVB cervical carcinomas.[6]However, there is a limitation for such systemic chemotherapy in terms of low response rate (20%–30%) and survival.[7]Patients with SCLN receiving RT to pelvis, PALN and SCLN with simultaneous chemotherapy showed long term survival.[8]

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