Clinical Case Reports International

Case Report
Published: 16 Mar, 2024

Solitary Lung Metastasis in Cervix Adenocarcinoma: A Case Report

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Introduction

Cervix adenocarcinoma is the second most frequent type of cervix cancer after the squamous cell cancer. Lung metastasis of this histological type is rare, and more infrequently their presentation as a unique one. The radiological features and clinical presentation are variable, and may occur many years after the remotion of the primary tumor. The treatment of this metastasis is variable and must be discuss in a multidisciplinary committee to better approach.

Case Presentation

This case is about a female patient of 57-years-old, with clinical records of cervix adenocarcinoma in 2019, treated with radical hysterectomy and brachytherapy in control with no evidence of local disease since then. She consults for a pulmonary mass in inferior lobe of right lung visible in control studies since 2020, but it was interpreted by his oncologist as some pulmonary infection.

As we evaluate the patient, she refers cough with fluid expectoration, no signs of weight loss, fever or hemoptysis.

Is solicited a PET-TC FDG which shows a growth of the cavitated mass (from 29 × 36 mm to 67 × 49 mm) and malignant features with affinity to FDG (SUVmax 4.1). (Figure 1).

Since the behavior of the mass and symptoms of the patient suggest infected malignant lesion *vs.* infection, we discuss the case in multidisciplinary committee and decided to do a bronchofibroscopy with bronchoalveolar lavage to determinate some active infection which could affect the resection.

The results of the infectiology tests were negative, including aspergillus antigen, *Mycobacterium tuberculosis* cultures and PCR, common bacteria cultures and fungus cultures.

We proceed then with an inferior right lobectomy VATS *via*, with mediastinal lymphadenectomy. The patient got full recovery and discharge in third day of post-operatory.

The pathology analysis reveals a cervix adenocarcinoma metastasis with no lymphatic invasion.

Discussion

The incidence of lung metastasis from cervix carcinoma is relatively rare and stands between 6% to 7% of the overall of patients. Is the most common organ to present metastasis although [1,2].

Cavitated metastasis is more frequent in squamous carcinomas, but can be present in 9.5% of adenocarcinomas. Usually, squamous carcinomas metastasis has thick walls, but adenocarcinoma have thin walls as most common radiological feature [3].

Often lung metastasis are found in oncological following, but when have big size or invade structures the can present hemoptysis, bronchorrhea or pulmonary infections and necrosis associated by opportunistic microorganisms [4].

When is unique, the most frequent location of the lung metastasis is inferior right lobe. The following of this patients must contemplate CT scan and RMN not only searching for local metastasis but also think in distant metastasis and evaluation of the thorax. PET TC with FDG is useful for detection of disseminate disease but not all the lesions show affinity to FDG [5].

Surgical resection criteria for lung metastasis of cervix carcinoma are no lymphatic disease, less than four lesions and no elevation of tumoral markers. The type of resection recommended are wedge resection with 2 cm margins for lesions less than 3 cm and lobectomy with lymphadenectomy for lesions bigger than 3 cm. For candidates to surgical resection, is recommended surgery plus chemotherapy and radiotherapy, is demonstrated better survival rates compared to chemotherapy

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Received Date: *23 Feb 2024*
Accepted Date*: 11 Mar 2024*
Published Date*: 16 Mar 2024*

Citation:
Carrabs MA, España M, Bustos M. Solitary Lung Metastasis in Cervix Adenocarcinoma: A Case Report. Clin Case Rep Int. 2024; 8: 1666.

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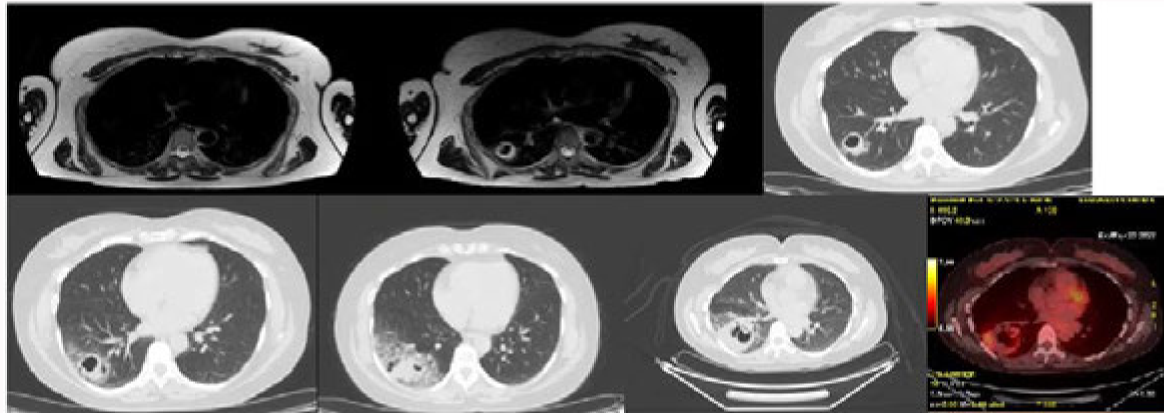

Figure 1: Radiologic evolution of the mass since the first control (2020) to the last (2022). The PET-FDG shows glucidic hypermetabolism.

only [6].

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