

Secondary Liver Cancer Originated from Poorly Differentiated Cervical Squamous Cell Carcinoma in Thirty Years Old Pregnant Female: A Rare Case

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Introduction

The liver is a common site for metastases from many cancer types. The majority of metastatic tumors are adenocarcinomas from GI tract. Liver metastasis from cervical cancer is not common.

Keywords: Secondary liver cancer; Poorly differentiated cervical Squamous cell carcinoma; Worst prognosis

Case Illustration

Thirty years old pregnant female referred to Sardjito Hospital with severe abdominal pain (VAS 7), nausea, vomit, loss of appetite and jaundice. Patient was fully awake with normal vital sign and slightly icteric in appearance. Physical examination revealed severe painful hepatomegaly, spleen could not be assessed and enlarged uterine containing viable fetus. Liver ultrasonograph showed multiple nodule in left and right lobe, maximal size 11.6 x 10.2 cm. Abdominal MSCT was not conducted. CBC was normal, normal hemostasis parameter, increased total bilirubin 6.73 mg/dL, increased ALT and AST respectively 95 U/L and 1071 U/L, increased gamma-GT 373 U/L, albumin was 2.6 g/dL, normal renal function, normal blood glucose and normal hemostasis profile. HBsAg was negative; total anti-HCV was negative and Anti HBc was also negative. Serum alfa fetoprotein was 183 IU/L and serum CEA was 450 ng/mL. Focal mass in uterine cervix was found during gynecologic examination, biopsy was taken. Unfortunately, fetal death developed and cesarian section was performed in conjunction with liver biopsy. Liver biopsy showed metastatic non-keratinizing squamous cell carcinoma in line with uterine cervix biopsy revealed non-keratinizing squamous cell carcinoma, poorly differentiated. Few days after delivery and liver biopsy, the patient deteriorated, managed as critically ill and expired during ICU care.

Conclusion

We present thirty years old pregnant woman with secondary liver cancer originated from poorly differentiated squamous cell carcinoma of uterine cervix. Liver metastasis from cervical cancer reported at rate 1.2 percent.

From hepatology point of view, liver biopsy is mandatory in case liver nodule suspected metastasis. Clinical picture depending on the severity of infiltration and obstruction of hepatic vasculature. Elevated liver enzyme related portal/hepatic vein thrombosis. Management of liver metastasis from solid organ cancer including surgical resection accompanied by chemoradiation. Prognosis of liver metastasis originated from cervical cancer is worst.

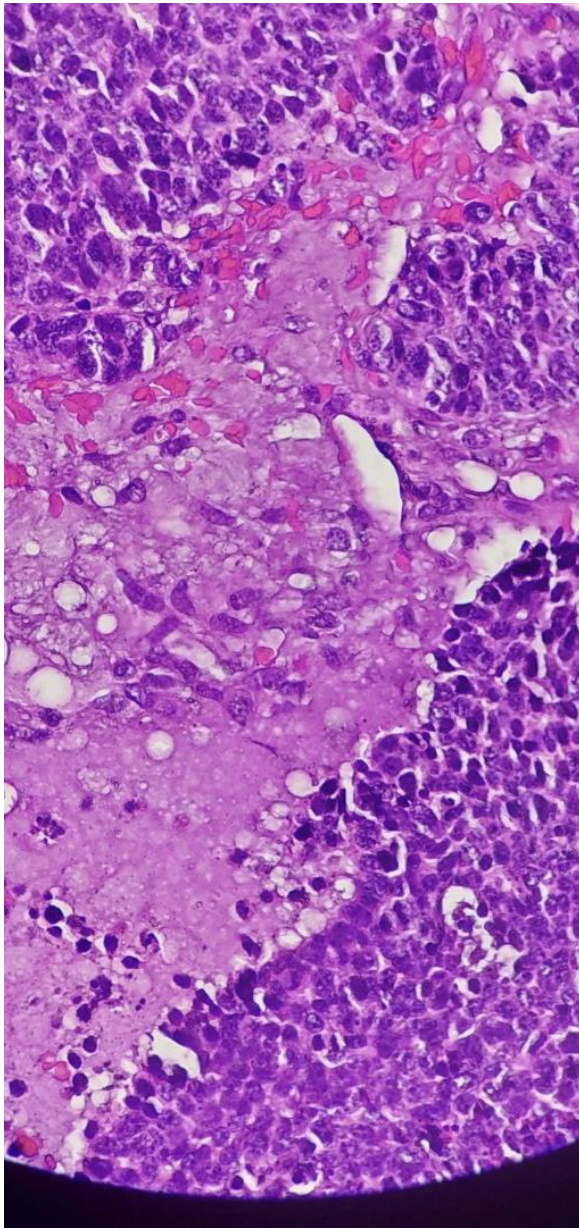


Figure 1: Liver biopsy specimen showed liver tissue with tumor focus metastatic non keratinizing squamous cell carcinoma, poorly differentiated, originated from cervix.

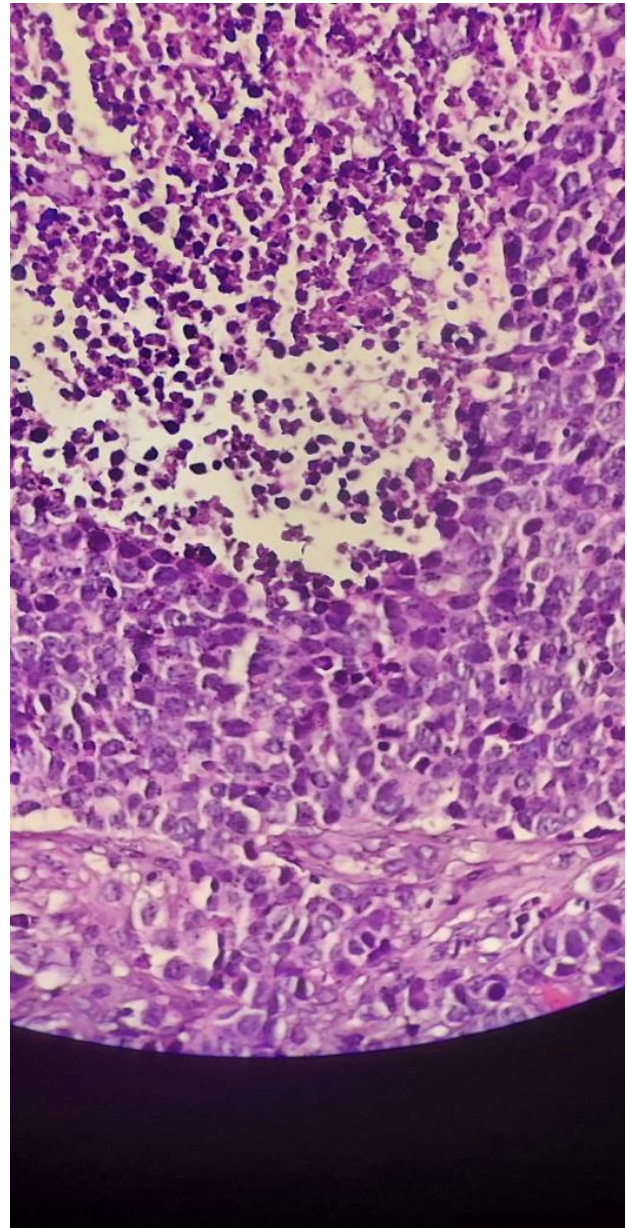


Figure 2: Uterine cervix mass biopsy specimen showed metastatic non keratinizing squamous cell carcinoma, poorly differentiated.

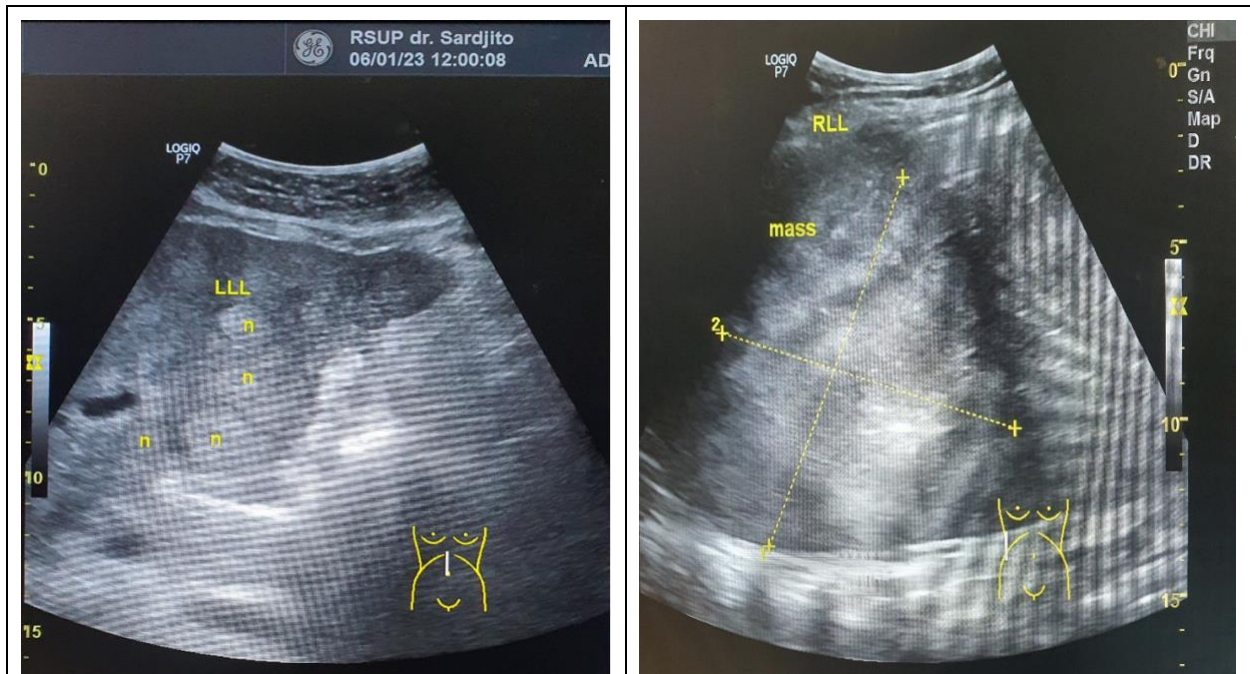


Figure 3: Transabdominal liver ultrasonograph showed multiple liver nodule in left lobe and maximal size 10 x 11 cm nodule in right lobe.