A 48 year-old female presented with vaginal bleeding and abnormal Pap smears.
Upon diagnosis of invasive non-keratinizing SCC of the cervix, she underwent a radical hysterectomy with salpingo-oophorectomy which demonstrated positive spread to the pelvic lymph nodes and the parametrium.
Pathological examination revealed that the tumour also extensively involved the lower uterine segment.
5 months after this surgery, the woman underwent external beam radiotherapy and intracavitary brachytherapy.
Two years later, the patient presented with a three-month history of a productive cough, shortness of breath, and a 2-3 week history of progressive exertional dyspnea.
X-rays of the chest demonstrated a reticular nodular pattern, and CT scans revealed multiple bilateral patchy areas of ground glass opacity scarring with focal areas of subsegmental atelectasis within both lungs.
A differential diagnosis included interstitial pneumonia versus non-cardiogenic edema.
The woman underwent a bronchoscopy, left thoracoscopy, and an open wedge left lung biopsy.
Pathological examination of the left lung biopsy confirmed the presence of neoplastic sheets of cells classically distributed along the septal vessels, perivascular, peribronchial, and subpleural lymphatics.
Subpleural nodules were also identified with the presence of neoplastic cells distending the subpleural lymphatics confirming LC (Figures 1A, 1B, 1C).
On immunohistochemical analysis, the lesional cells were strongly positive to p16 (Figure 1D), high and low molecular weight keratins (Figure 1E), cytokeratin-7 (CK7) (Figure 1F), CK19, and pan keratin, and negative to CK20, p63, and EGFR.
Based on these findings, she was diagnosed to have lymphangitic carcinomatosis in the lung metastatic from SCC of the cervix.
She was started on chemotherapy (Carbo/Taxol) with corticosteroids while in the hospital, and was discharged ten days later.
Post-treatment improvement of clinical symptoms was paralleled by radiographic imaging that showed marked interval improvement of the nodular opacifications and the interstitial thickening that had previously been noted.
Despite this improvement, she subsequently died 13 months after the initial diagnosis.