SECONDARY deposits in the pancreas from carcinomas elsewhere are quite commonly found but solitary secondary deposits are rare.

The following case is sufficiently unusual to warrant a brief report.

Case Report

A lady aged 66 was admitted to Westminster Hospital in August 1959 with a stage II carcinoma of the cervix. Biopsy revealed a moderately well differentiated carcinoma (Fig. 1) which was treated with two insertions of radium by the Stockholm technique and a course of external beam radiotherapy with the Theratron unit. A good recovery was made apart from persistent painful micturition, which was worse at night. One year later, at cystoscopy no evidence of recurrent growth was seen, there being some basal trigonitis only.

She remained well until July 1964, some five years after the cervical lesion was first treated, when she presented with a nine week history of jaundice. This was associated with back pain, weight loss, anorexia, dark urine and pale stools.

On Examination. The patient was deeply jaundiced and had obviously lost weight. The abdomen was slightly distended and the smooth, tender liver edge was palpable 8 cm. below the costal margin. Beneath the liver the distended gall bladder could be felt. On pelvic examination the vault of the vagina was found to be obliterated by post-irradiation scarring but there was no evidence of recurrence of tumour.

Investigations: Total serum bilirubin 13.5 mg./100 ml., Conjugated 9.3 mg., free 3.2/mg./100 ml. Serum alkaline phosphatase 31 K.A. units, Prothrombin time: normal. SGOT 34 I.U., S.G.P.T. 19 I.U., Hb. 12.4 g./100 ml., Serum albumin 2.1 g. globulin

FIG. 1.—Section from biopsy of cervix taken in 1959 showing moderately well differentiated squamous carcinoma. (H. & E. x 65).
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X-rays of the abdomen, chest, lumbar
spine and sacrum failed to show evidence of gall
stones or of secondary deposits.
The most likely diagnosis was thought to be
carcinomatosis with hepatic deposits but in a view
of the biochemical data which suggested obstructive
jaundice and the distended gall bladder it was felt
that laparotomy was justified. This was then per-
formed after a preliminary course of intramuscular
vitamin K.
Operation. A right upper paramedian incision was
made and a hard tumour 2.5 cm. in diameter in the
head of the pancreas was found. The gall bladder
was distended and the common bile duct dilated.
General laparotomy showed the pelvic organs to be
atrophic but free from growth and there was no
evidence of distant spread elsewhere within the
peritoneal cavity.
After preliminary dissection of the head of the
pancreas, during which it was found that although it
was adherent to the retroperitoneal tissues over the
aorta a satisfactory plane could be established, a
pancreatico-duodenectomy was performed.
Unfortunately almost immediately on return to the
ward the patient inhaled a small quantity of vomit,
and required bronchoscopy. On the fourth post-
operative day she had a melaena and was given four
pints of blood. By the tenth day the total bilirubin
had fallen to 6.4 mg./100 ml. but the general con-
dition was poor, due principally to persistent chest
infection. In spite of antibiotics and intensive physio-
therapy the patient went downhill and died on the
16th day.
Pathology examination of the resected duodenum
and pancreas (Fig. 2) showed the tumour to be
infiltrating the muscle and submucosa of the du-
donum. Histological examination (Fig. 3) showed the
tumour to be a moderately well differentiated squam-
ous-celled carcinoma with appearances exactly
similar to those of the biopsy of the carcinoma of
cervix obtained in 1959. It was concluded, therefore,
that the lesion of the head of the pancreas was a
secondary deposit from the carcinoma of the
cervix which had been treated five years previously.
Necropsy. The cause of death was found to be
suppurative bronchopneumonia. The anastomoses
were intact but the choledocho-duodenostomy was not
patent. There was an abscess containing 40 ml. of
creamy pus in the region of the cut surface of the
pancreas. Dense fibrosis had obliterated the upper
vagina and cervical canal, the rest of the pelvic
organs were small and atrophic and otherwise normal.
There was no macroscopic or microscopic evidence
of residual tumour in the pelvis, para-aortic lymph
nodes, or elsewhere.
Discussion
Solitary secondary deposits from any carcinoma
are of considerable surgical importance because
they represent the only type of distant malignant
dissemination which is amenable to surgical cure.
In addition this patient is particularly interesting
in that as far as can be ascertained no other
case of a solitary secondary deposit in the pancreas
causing obstructive jaundice from a carcinoma of
the cervix could be found in previous reports.
The most common mode of spread from a
carcinoma of the cervix is by direct extension
(Willis, 1960), thereafter by invasion of the lym-
phatics in a fairly regular pattern (Henriksen,
1944). Blood-borne metastases may disseminate
to almost any tissue of the body but when they
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do so they are often a late manifestation of the disease and the organs most commonly involved are the liver, lungs, bones and bowel (Arneson and Williams, 1960, Herbut, 1953). The most common histological type is the squamous celled tumour which occurred in nearly 80% of the series of cases reviewed by Blaikley, Lederman and O’Connor (1962).

In reviewing post-mortem findings in 108 autopsies on patients who had had carcinoma of the cervix, Sotto, Graham, and Pickren (1960) found that, of those in which the pelvis was clear, only 9% had extrapelvic metastases. In 3% of this series deposits occurred in the pancreas but it is not stated whether these occurred with or without deposits elsewhere or whether residual growth was present in the pelvis. It was also noted that of 100 patients dying of the treatment or complications of the disease only 8% did so in the 5th to 10th post treatment year.

The incidence of both pancreatic deposits and extra-pelvic deposits with a clear pelvis was slightly higher in a series of autopsies performed on patients who underwent radical surgery for cancer of the cervix reviewed by Kelly, Parson, Friedell and Summers, (1960). 16% had deposits elsewhere but not in the pelvis, and 9% of all the patients in the series had deposits in the pancreas.

Late recurrence of this cancer has been reported in a number of sites; thus Hawkins and Andres (1935) described a patient who developed a recurrence on the cervix itself which occurred 30 years after treatment with radium. Von Capell and Cummings (1957) reported a patient who had a solitary duodenal metastasis occurring eight years after treatment of a Stage I carcinoma. They point out, however, that in their patient the deposit may have arisen in the para-aorto lymph nodes and secondarily invaded the duodenum.

The patient reported presents, therefore, a combination of unusual features and the pathology appears to be unique.

Summary

A patient is described who had a solitary secondary deposit from a neoplasm of the cervix treated by irradiation five years previously, in the head of the pancreas producing obstructive jaundice. In the discussion the exceptional rarity of this case is pointed out.

I would like to thank Professor Harold Ellis and Sir Arthur Bell for allowing me to publish this case, Professor A. Morgan for the report on the histology, and the Westminster photographic department for the photographs.

REFERENCES


CHRONIC TOXOPLASMOSIS WITH NEGATIVE DYE TEST?


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Although high or rising antibody titres are needed to support a clinical diagnosis of acute toxoplasmosis, low titres to the dye test are believed to indicate past infection. Since the ocular manifestations of toxoplasmosis usually result from long standing chronic infections it is of importance in ophthalmic practice to determine whether or not a patient has been infected. It has been the custom to assume that patients who are negative to the dye test at a titre of 1:4 do not suffer from chronic toxoplasmosis.

Recent evidence now suggests that infection with Toxoplasma does not always provoke a dye-test response. Engelbrecht and Franceschetti (1963)
A solitary secondary deposit in the pancreas from a carcinoma of the cervix.
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