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Problem Statement:

The incidence of skeletal muscle metastasis from cervical carcinoma is less than 1%. Muscle metastasis usually manifests as local pain, swelling and deformation, according to location. Diagnostic imaging findings are not specific. Metastatic nature of the lesion is confirmed by histopathological evaluation. Treatment options may include surgery, radiotherapy or chemotherapy. Muscle metastasis is generally associated with poor prognosis.

Methods:

Overview of a clinical case of muscle metastasis diagnosed in Hospital of Divino Espírito Santo, six months after primary cervical carcinoma and review of the literature.

Case Report:

A 60-year-old women was diagnosed in our center with squamous cervical carcinoma staged as IB1, according to the International Federation of Gynecology and Obstetrics (FIGO) classification. A radical hysterectomy, bilateral adnexectomy and pelvic lymphadenectomy was performed, in Portuguese Oncology Institute of Lisbon, followed by adjuvant radiotherapy and brachytherapy.

6th month follow-up

Clinical Presentation:	Single painful swelling in the right shoulder.
Physical examination:	Palpable mass at the tip of acromion that restricts shoulder mobility.
Ultrasonography and contrast enhanced computed tomography (CT) of shoulder:	Mass in the deltoid muscle with 5 cm of greater diameter, suggesting bursitis, hematoma or cyst (Picture 1).
Magnetic Resonance of the shoulder:	Refused by patient.
Needle aspiration cytology from the mass:	Negative for malignant cells and microbiology.
Surgical biopsy of the mass:	Histopathological examination consistent with metastatic squamous cell carcinoma, as primary morphology.
Systemic staging with CT of thorax, abdomen and pelvis:	Pulmonary and bone metastasis. Additional metastatic infiltration of muscles (subscapularis muscle, large pectoralis and small pectoralis) and soft tissues around the right shoulder.

Picture 1:
CT of the right shoulder

Treatment

Palliative chemotherapy, with carboplatin and paclitaxel combination. Due to progression of the disease, the patient was admitted to the Palliative Care Unit and succumbed to the disease six months after development of muscle metastasis.

Conclusion:

- ✓ Metastatic disease will develop in **15 to 61%** of women with cervical cancer usually within the first two years of completing treatment.
- ✓ Surveillance after primary therapy for cervical cancer is uniformly recommended for early detection of recurrences.
- ✓ Skeletal muscle metastasis should be thoroughly investigated in presence of painful soft-tissue mass in a patient with known history of cancer.
- ✓ There is a **lack of clear guidance** for management of such patients.

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