

Inguinal lymph node metastasis of HPV-positive squamous cell carcinoma with unknown primary site

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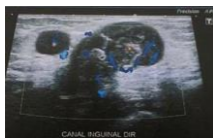
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Objective

To describe a rare case of inguinal lymph node metastasis from an HPV-positive squamous cell carcinoma with an unknown primary site.

Methods

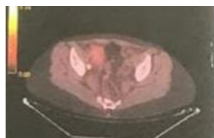
A 48-year-old white woman presented with a right inguinal lymph node enlargement of 30 days' duration, measuring approximately 3 cm, firm and fixed. Gynecological history included sexual debut at 15 years of age, and 10 lifetime sexual partners. In 2006, she had persistent LSIL on cervical cytology, colposcopy showing minor abnormalities, and biopsy consistent with CIN 1. Transvaginal ultrasound was normal. Inguinal ultrasound revealed an elongated, hypoechoic right lymph node measuring 3.5 cm, suggestive of infarction. Upper gastrointestinal endoscopy, colonoscopy, and abdominal computed tomography were unremarkable. Pelvic magnetic resonance imaging showed lymphadenopathy suspicious for neoplastic degeneration in the right inguinal and right internal iliac chains, as well as reactive left perirectal lymph nodes up to 8 mm. Tumor markers (CEA, CA 19-9, CA 125, alpha-fetoprotein, and CA 72-4) were within normal limits. Lymph node biopsy revealed metastatic squamous cell carcinoma, with immunohistochemistry positive for p16.



Medium-frequency ultrasound, with an 11 MHz transducer, demonstrating heterogeneous lymphadenopathy with vascularization on Doppler.



Pelvic MRI shows heterogeneous lymphadenopathy with uptake localized in the right iliac fossa.



PET-CT showing hyperuptake of a lymph node in the right external iliac chain.

Results

Neoadjuvant chemotherapy with cisplatin combined with radiotherapy to the tumor bed and lymphatic drainage chains was initiated. Post-treatment PET scan showed no evidence of metabolically active neoplastic tissue. Follow-up pelvic MRI demonstrated small residual lymph nodes compatible with treated disease.

Conclusion

This case highlights the rarity and diagnostic complexity of HPV-positive metastatic squamous cell carcinoma with an unknown primary site. The history of HPV-related cervical disease supports a possible cervical origin despite the absence of an identifiable primary lesion.