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Metastatic Renal Cell Carcinoma to the Small Bowel: A Rare Cause of Gastrointestinal Hemorrhage

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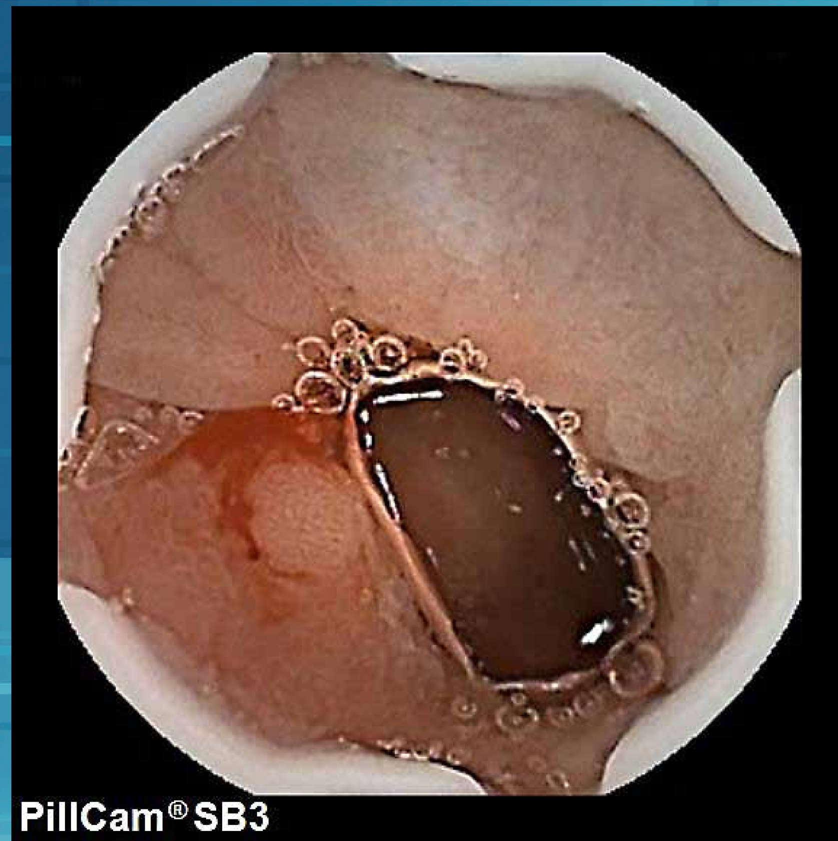

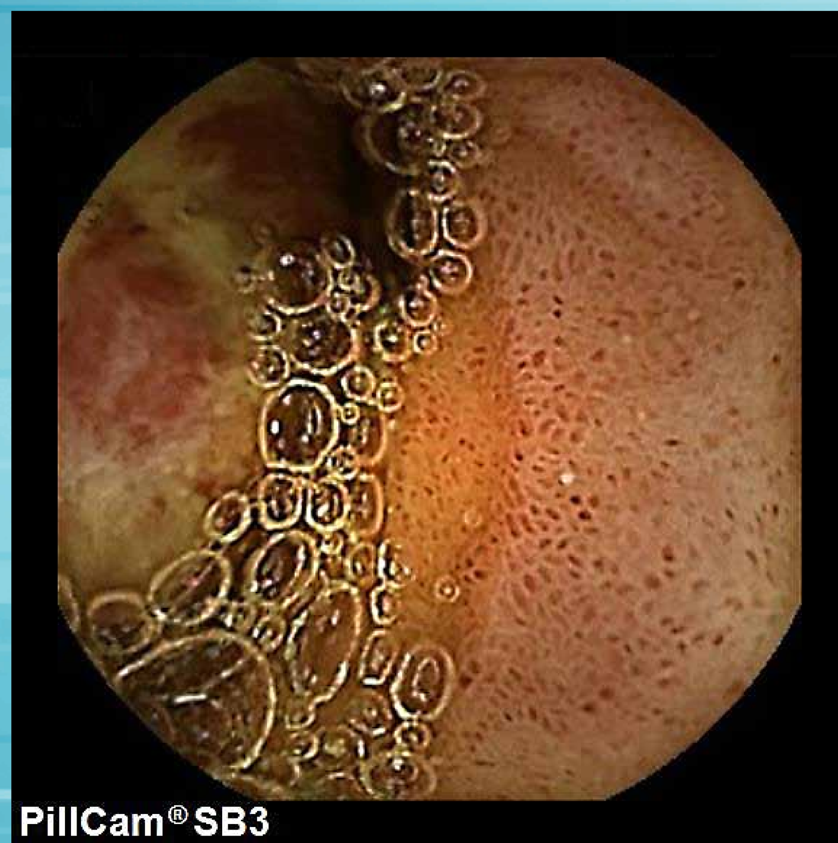

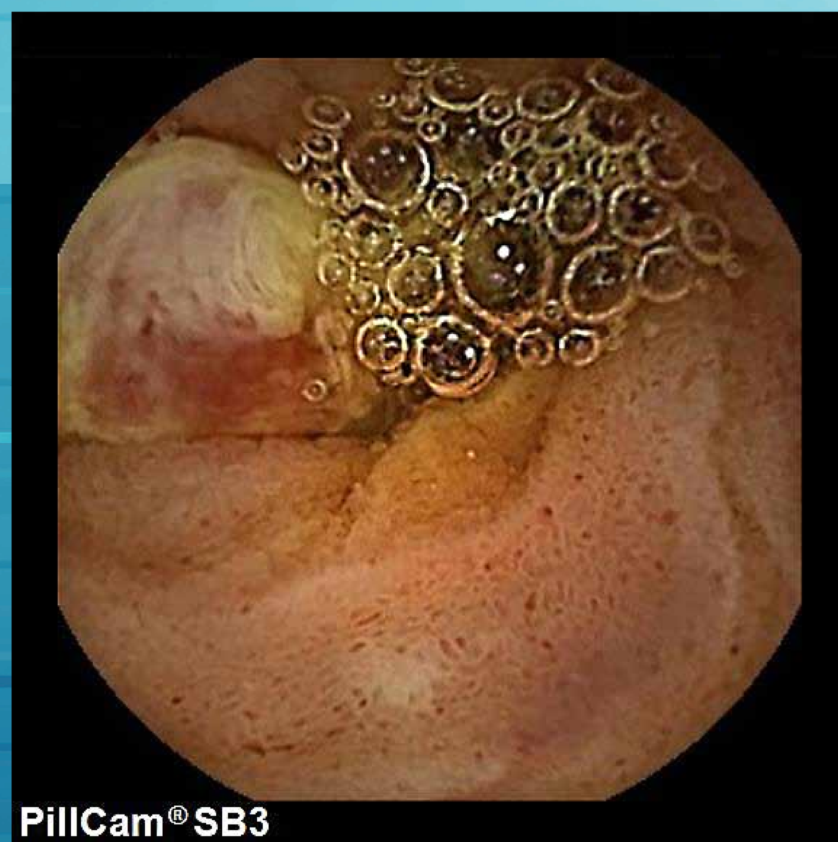

Introduction

Renal cell carcinoma is a common cause of urological malignancy that can have many systemic complications.[1] Metastatic RCC is prevalent as high as 30% at the time of diagnosis, however some signs may not lead physicians to timely diagnosis.[2] Metastatic RCC to the small bowel is <0.5% of cases[4] and of these cases; gastrointestinal bleeding is as low as 1% of cases with <1% of cases coming from the small bowel.[1,3] Presence of small bowel involvement is rare and have limited case reports.[3,4] Gastrointestinal hemorrhage from metastatic renal cell carcinoma is an underdiagnosed disease and unfortunately can cause increased morbidity and mortality.

Case Presentation

A 55 year-old female with previous clear cell renal cell carcinoma removed with nephrectomy and breast cancer on chemotherapy who presented with melena and abdominal pain. The patient was assessed in the ED and was hemodynamically stable. On exam she had tenderness in her left lower quadrant. She was found to have a hemoglobin of 8.2 g/dL, previously 12.9 g/dL. CT A/P revealed active diverticulitis. Gastroenterology evaluated the patient and recommended admission and EGD for further evaluation.

Results/Discussion

The EGD was obtained which did not reveal any source of bleeding, which prompted colonoscopy. On colonoscopy, sigmoid diverticulosis and patchy segmental inflammation of the sigmoid colon was present, but no active bleeding. Approximately one week later, the patient was readmitted for worsening fatigue and continued melena. A capsule endoscopy was done which revealed a bleeding mass in the proximal and distal small bowel. A push enteroscopy was done with India ink tattoo to marcate the most distal area reached. A MRE was completed, which revealed a 1.9x1.6cm enhancing nodule in the left pelvic small bowel, diverticulitis as well as a 3.2x2.2cm enhancing left lower pole renal mass. The patient later went for an exploratory laparotomy with two segment bowel resections. Pathology resulted showing metastatic renal cell carcinoma to the small bowel.

Being able to diagnose metastatic cancer and small bowel bleeding can be difficult, however when it causes potentially life-threatening symptoms, it becomes a priority. Proper and speedy treatment requires prompt knowledge of potential complications of renal cell carcinoma. Being able to identify these complications will not only allow us to improve outcomes in patients, but to better understand and anticipate future complications for all of our future patients.

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