

CERVICAL LYMPHADENOPATHY AS INITIAL MANIFESTATION OF COLON CANCER

ADENOPATIA CERVICAL COMO MANIFESTAÇÃO DE CANCRO DO CÓLON

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ABSTRACT

Introduction: Colorectal cancer is one of the most frequent cancers worldwide, being the third most common cancer diagnosed and corresponding to the second cause of death by cancer. Approximately 25% of patients have already disseminated disease at the time of diagnosis. **Case Report:** We present the case of a 68-year-old female patient presented with complaints of cervical mass. She was then submitted to a biopsy of the cervical adenopathy that revealed metastatic adenocarcinoma tissue with probable gastrointestinal origin. A work-up was performed and revealed a sigmoid colon adenocarcinoma. Due to associated morbidities she was submitted to supportive treatment. **Discussion:** This case demonstrates the singularity of metastatic pattern in colon carcinoma. The mechanism of distant lymph node metastases in colorectal cancer still remains uncertain, nevertheless this represents an advanced stage of the disease that bears a poor prognosis. **Conclusion:** Few reports in the literature showed a good outcome with primary tumor excision and adjuvant chemotherapy but this decision should be discussed in a multidisciplinary team in order to decide the best treatment option for each patient.

Keywords: cervical lymphadenopathy, metastasis, colonic cancer.

RESUMO

Introdução: O cancro colorectal é um dos cancros mais frequentes a nível mundial, sendo o terceiro cancro mais frequentemente diagnosticado e corresponde à segunda causa de morte por cancro. Cerca de 25% dos doentes apresentam doença disseminada à data de diagnóstico. **Caso Clínico:** Os autores apresentam o caso de uma doente de 68 anos, do sexo feminino, que se apresentou com queixas de uma tumefacção cervical. Foi posteriormente submetida a biópsia excisional que revelou a presença de metástase de adenocarcinoma provavelmente intestinal. Foi realizado o estudo complementar com identificação de um adenocarcinoma do cólon sigmoide. Devido às morbilidades associadas foi oferecido tratamento de suporte. **Discussão:** Este caso representa a singularidade do padrão de metastização do cancro do cólon. O mecanismo de metastização ganglionar à distância não se encontra totalmente esclarecido, no entanto, representa um estadió de doença avançado com um mau prognóstico associado. **Conclusão:** Alguns casos na literatura demonstraram bons resultados com a excisão do tumor primário seguida de quimioterapia adjuvante, esta decisão deve ser realizada por uma equipa multidisciplinar de forma a avaliar a melhor opção terapêutica para cada doente.

Palavras-chave: adenopatia cervical, metástases, cancro do cólon.



INTRODUCTION

Colorectal cancer is one of the most frequent cancers worldwide, being the third most common cancer diagnosed and corresponding to the second cause of death by cancer.¹ Approximately 25% of patients have already disseminated disease at the time of diagnosis. Colorectal cancer can spread through hematogenous, direct spreading and lymphatic route reaching distant organs. The most frequent sites of metastasis are liver, lung, bone and peritoneum.²

In this case the authors present the case of a sigmoid colon carcinoma that presented as a cervical lymphadenopathy.

CASE PRESENTATION

A 68 year-old female patient presented to outpatient consult with complaints of a left cervical mass with one month duration, she also referred unquantifiable weight loss. She had no gastrointestinal complaints, namely abdominal pain, hemorrhage or alteration of bowel habits. The patient suffered from a severe form of schizophrenia, which impaired significantly her daily activities. On physical examination it was identified an exuberant lymphatic conglomerate at the left lateral neck. It was performed a CT scan that showed multiple enlarged lymphatic nodes at level II along with mediastinal and lombo-aortic nodes and a mesenteric mass near the sigmoid colon (images 1 and 2). There was no solid organ disease, including liver, lung and skeleton. The patient was submitted to a biopsy of the cervical adenopathy that revealed metastatic adenocarcinoma tissue, immunochemistry revealed CK20+, CK7-, CDX2+, TTF1-, estrogen receptors negative, with a high possibility of gastrointestinal origin. A colonoscopy was performed and revealed a colon sigmoid tumor that was biopsied. The histologic examination confirmed a moderately differentiated adenocarcinoma. After the diagnosis



IMAGE 1 – Cervical lymphadenopathy signaled with the arrow.

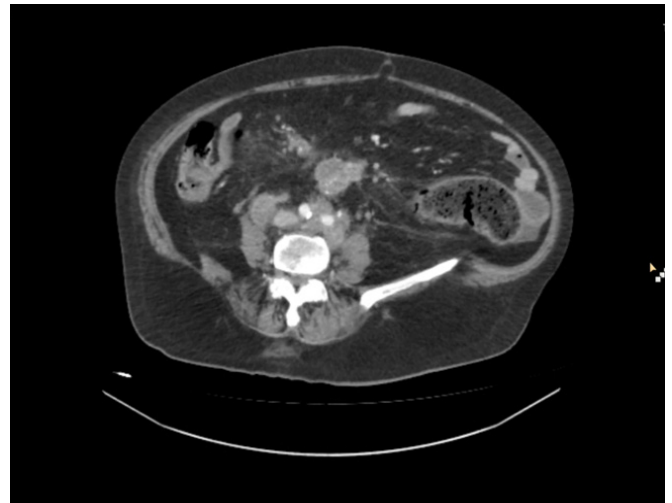


IMAGE 2 – Mesenteric and lombo-aortic lymph nodes.

the case was discussed in a multidisciplinary decision team and with the legal tutor, due to the elevated level of dependence it was concluded that she would have side effects from chemotherapy that could impair significantly her quality of life and so it was decided that she would benefit from supportive treatment witch she is receiving.



CONCLUSION

This case demonstrates the singularity of metastatic pattern in colon carcinoma. The mechanism of distant lymph node metastases in colorectal cancer still remains uncertain, nevertheless this represents an advanced stage of the disease that bears a poor prognosis.

Cervical lymphadenopathy related to gastrointestinal organs has been described in the literature, the most recognizable situation is the diagnosis of left supraclavicular lymph node, known as the Virchow lymph node. This was initially described by a German pathologist named Rudolf Virchow. Originally it was described in relation to gastric cancer. It usually relates to an advanced stage of the disease (stage IV). Nowadays Virchow node is regarded as a clinical sign of a possible upper abdomen malignancy.³

There are some cases in the literature of cervical lymph node disease related to colorectal carcinoma, however this remains an exceedingly rare form of colorectal cancer dissemination. A

cervical adenopathy is a rare site for colon cancer progression, even so, when there are no other metastatic sites identified. A report from the Roswell Park Memorial Institute in New York that analyzed a total of 254 patients with metastatic cancers with occult primary origin over a period of 24 years, reported only 3 cases of laterocervical metastasis from colorectal cancer.⁴

The most common sites of disease spread in colorectal cancer are the regional lymph nodes, liver and lung; however, peritoneum, ovary, central nervous system, bone and kidney may also be affected.⁵

The presence of a cervical lymphadenopathy reveals an advanced stage of the disease which in turns reflects an aggressive biology of the tumor, due to the paucity of cases there isn't an established recommendation for treatment in these cases. Few reports in the literature showed a good outcome with primary tumor excision and adjuvant chemotherapy but this decision should be discussed in a multidisciplinary team in order to decide the best treatment option for each patient.

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