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Renal Cell Carcinoma with Gastric and Paratracheal Metastases

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Description

Renal cell carcinoma (RCC) has been known to metastasize to almost all organ systems [1], however gastric metastasis is rare, with 50 cases reported in the literature to date [2]. There are also few reports of Para-tracheal RCC metastases. Here we describe a case of a 73-year-old patient with disseminated metastatic renal cell carcinoma (RCC) with gastric metastasis and a large para-tracheal deposit resulting in tracheal invasion and compression.

The RCC was initially resected in 2009 with a right partial nephrectomy, followed by a complete right nephrectomy in 2014 after tumour recurrence. He had stable disease on Pazopanib, however presented in August 2016 with melena, and was found to have a large polypoid lesion at the gastric greater curvature on gastroscopy (**Figure 1**). This was revealed to be an ulcerated metastatic RCC deposit on histopathology. He underwent a distal gastrectomy in September 2016 and was commenced on Sunitinib. PET-CT also showed a suspicious large left para-tracheal mass (**Figures 2 and 3**), and despite the chemotherapy, had grown on a subsequent CT in January 2017, with tracheal deviation and invasion causing haemoptysis and stridor. After multidisciplinary consultation, he decided for palliative treatment and died due to acute respiratory distress 5 days later.



Figure 1: Gastric RCC deposit on gastroscopy in August 2016.



Figure 2: CT axial slice of left paratracheal deposit causing tracheal deviation in January 2017.

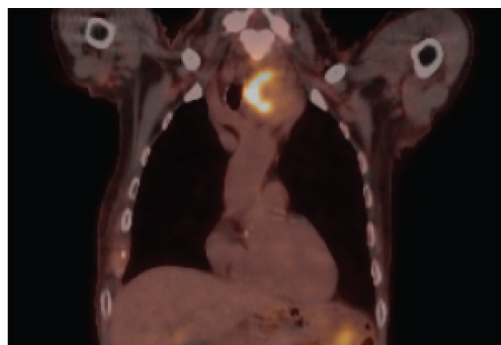


Figure 3: PET/CT of left paratracheal deposit, again demonstrating tracheal deviation to the right, as well as the FDG avid gastric lesion.

References:

1. Maldazys JD, De Kernion JB (1986) Prognostic factors in metastatic renal carcinoma. *Journal of Urology* 136: 376-379.
2. Akay E, Kala M, Karaman H (2016) Gastric metastasis of renal cell carcinoma 20 years after radical nephrectomy. *Turk J Urol* 42: 104-107.