Jejunal metastasis of renal cell carcinoma

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CASE REPORT

A 71-year-old female presented with melena and anemia. She had a past medical history of renal cell carcinoma diagnosed six years earlier and treated with left nephrectomy. Gastroscopy and colonoscopy showed no abnormalities. Capsule endoscopy identified a polypoid and ulcerated mass, measuring about 5 cm, located in proximal jejunum (Fig. 1). Abdominal CT scan was performed, observing a jejunal mass of 6 x 5 x 5 cm (Fig. 2). The mass was surgically removed. Pathologic findings revealed a metastatic cell carcinoma of renal origin (Fig. 3). After 13 months of follow-up, metastatic involvement was detected at liver, uterus and peritoneum, starting therapy with pazopanib for six months. It was required to change to sorafenib because of progression of metastatic disease.

DISCUSSION

Renal cell carcinoma (RCC) is the third commonest urological malignancy, and approximately 25-50% of patients develop metastatic disease after surgery of the primary tumor (1). The most common sites of metastasis involve lung, lymph nodes, liver, bone and adrenal glands (2). Small bowel metastasis from RCC is a rare event, being described in the literature an incidence that ranges from 0.7% to 14.6% in autopsied cases; however, only a few cases of small bowel metastases have been reported (3).
Gastrointestinal bleeding, as in this case, can be the presenting symptom of small bowel metastatic involvement in patients who have previously undergone a nephrectomy for RCC.

Finally, it must be highlighted the importance of a long and appropriate follow-up of these patients to detect any possible late recurrence.

REFERENCES

