

Cervical lymphadenopathy as the first manifestation of a metastatic colorectal carcinoma – case report

Bortlík M.¹, Mamiňák K.¹, Nováková M.², Astl J.¹

1. Department of Otorhinolaryngology, 3rd Medical Faculty, Charles University and Military University Hospital Prague, Czech Republic

2. Department of Pathology, Military University Hospital Prague, Czech Republic

INTRODUCTION

- **Cervical lymphadenopathy** – common, non-specific symptom
- Most common **malignant origin** – lymphomas and metastases of HNSCC
- **Metastatic involvement** – follows established anatomic lymphatic pathways, supraclavicular nodes in particular can be the target of metastatic involvement from infraclavicular tumours, notably breast and upper GIT

Fig. 2
Full body
PET/CT
scan
showing
metastases
and
primary
tumour in
the ceco-
ascendens

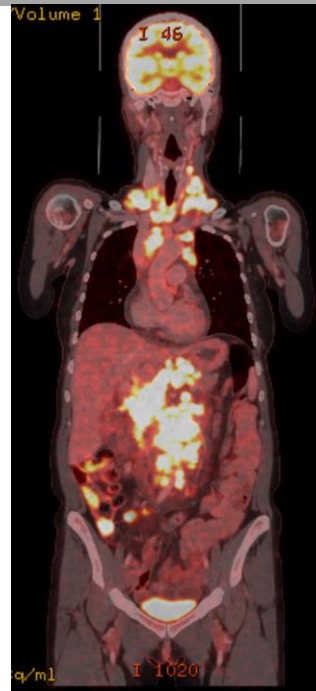


Fig. 3
Stenosing
tumour of
the
ascending
colon,
impassable
to the
scope

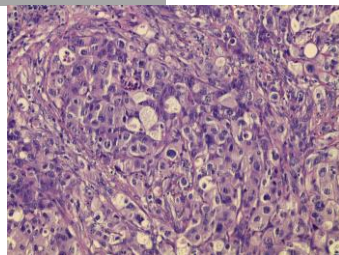


Fig. 1 Histology sample, H&E staining:
Mucus-producing poorly differentiated
adenocarcinoma

CASE REPORT

- 47 year old female patient, non-tender cervical lymphadenopathy for 6 weeks, **no other symptoms**, referred for node biopsy
- Results of already performed chest CT scan and USG of neck and abdomen: mediastinal mass, bilateral cervical lymphadenopathy, mesenterial and retroperitoneal lymphadenopathy – suspicion of lymphoma
- Results of biopsy of a node in level Vb. on the left: poorly differentiated adenocarcinoma, most probable origin in the lower GIT (fig. 1)
- Results of MDT recommended full body PET/CT scan: multilevel bilateral FDG avid cervical lymphadenopathy, mediastinal mass, bilateral hilar lymphadenopathy, foci in S7 segment of right lung and in left adrenal gland, mesenterial and retroperitoneal lymphadenopathy, focus in cecum and ascending colon (fig. 2)
- Results of subsequent colonoscopy: ulcerated stenotic tumour of the ascending colon, impassable to the scope (fig. 3)
- Patient also examined in Oncology department, **during the entire examination process she denied any associated symptoms, including difficulties with oral intake, changes in bowel habits, or unintentional weight loss**
- 1 month after the biopsy patient died in the metabolic ICU

CONCLUSION

- Metastatic involvement of cervical nodes originating in the GIT is uncommon, vast majority of cases describe the origin in the upper GIT, involving only supraclavicular nodes
- Colorectal carcinoma presenting with multilevel bilateral cervical lymphadenopathy with no other symptoms is unique in literature
- Patient's family was alerted to the possibility of hereditary tumour syndromes and the possibility of genetic testing