

Unusual Metastases of Renal Cell Carcinoma

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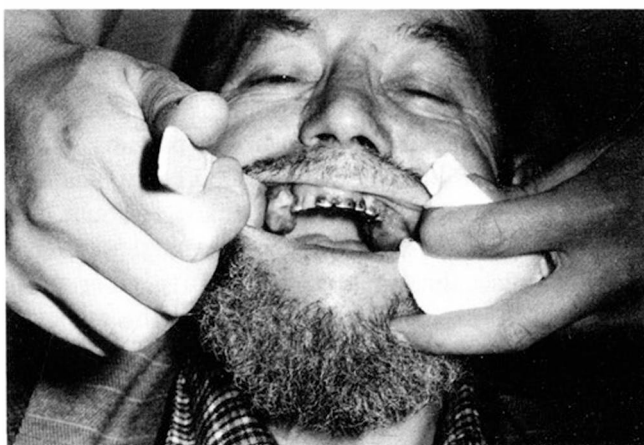
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Abstract. The case of a 55-year-old white male with recurrent metastases in the oral cavity and maxillary sinuses, as well as other organs, is presented. Local excision of the lesions, hormonal treatment and palliative measures for other metastases were used. The patient is alive 10 years after the initial diagnosis.

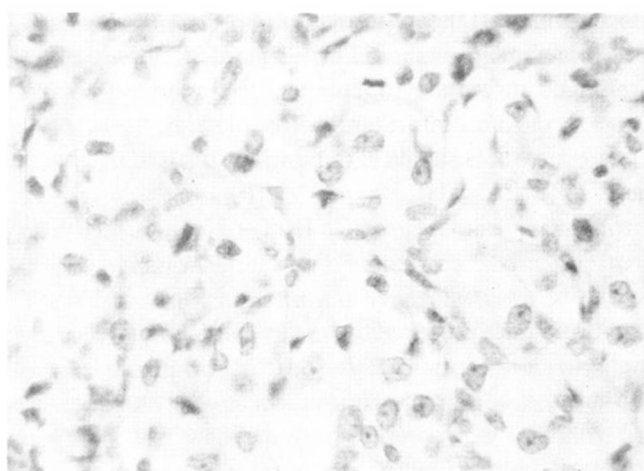
Although renal cell carcinoma of the kidney is known to metastasize mainly to lungs, liver, bones, lymph nodes and brain, unusual metastases have also been reported [1, 2]. Herein a male patient with metastatic renal cell carcinoma with recurrent metastases in the oral cavity and maxillary sinuses is presented.

Case Report

A 55-year-old white male with haematuria was treated by nephrectomy for right renal cell carcinoma in September 1976 in a hospital in Ankara. The tumour bed was irradiated by 4,000-rad supervoltage radiotherapy postoperatively. He was admitted to the same hospital in 1982 because of epistaxis. Tumour bulks, found in both maxillary sinuses, were excised and he was then referred to our clinic in October 1982 with a tumour in the occipital region of the brain. Erythrocyte sedimentation rate (ESR) was 17 mm/h, Hb 13.2 g/dl and kidney and liver function tests were normal. He was put on medroxyprogesterone acetate 1 g intramuscularly twice weekly. The head was irradiated by 4,000-rad supervoltage therapy. Skull examinations by radioisotopic and computerized tomographic methods were clear in February 1983. While on hormonal treatment, ESR rose to 50–60 mm/h during the consecutive months without any evidence of disease. Two lumps measuring 2–3 cm in the right and 3–4 cm in the left gingivobuccal sulci were detected in March 1983 (fig. 1) which were attributed to incisional metastases. They were immediately excised for the sake of feeding the patient, after which he felt quite well. The histopathological examination of the specimens revealed renal cell carcinoma typical pattern as the primary lesion (fig. 2). In May 1984 he was admitted once more for swelling of his right leg, which was treated with 2,000 rad of palliative radiotherapy. He remained well until June 1984 when another lump in his left gingivobuccal sulcus was detected which was also excised and showed the same histological pattern.



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Fig. 1. Metastatic tumour lumps in both gingivobuccal sulci.

Fig. 2. Section of metastatic tumour in the oral mucosa composed of clear cells. HE, $\times 600$.

Discussion

Boles and Cerny [3] stated that 15.2% of all patients with renal cell carcinoma develop metastases in the head and neck. Half of these patients are admitted to the hospital with symptoms due to these metastases. The most common metastatic tumour in the paranasal sinuses is renal cell carcinoma [4, 5]. Among 1,451 cases of renal cell carcinoma collected from the Annual of the Pathological Autopsy Cases in Japan (1959–1977), neither paranasal sinus nor oral cavity metastases was detected [2]. According to Flocks and Boatman [6] the incidence of metastases to the head and neck was only 6%. Patel [7] reported 6 cases with head and neck metastases among 166 patients with renal cell carcinoma.

Nose and paranasal sinuses are the most common sites of renal cell carcinoma metastases in the head and neck region, but bilateral maxillary sinus metastases are very rare. We have found one single case in the literature [8]. We believe that the oral cavity metastases were incisional metastases. This patient is still alive 10 years after the initial diagnosis despite metastases at various body sites.

Local excision of paranasal sinus and oral cavity metastases, hormonal treatment and palliative methods for other metastases prolonged the life of this particular patient.

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