

Isolated Renal Cell Carcinoma metastasis presenting as a cratered gastric ulcer

Arsh Momin, MD^{1,2}; John Erikson L. Yap, MD¹; Matt Powell, MD¹; Zain Sobani, MD¹; Kenneth J. Vega, MD¹; Viveksandeeep Thoguluva Chandrasekar, MD¹

¹Augusta University Medical College of Georgia, ²Penn State Health Milton S Hershey Medical Center

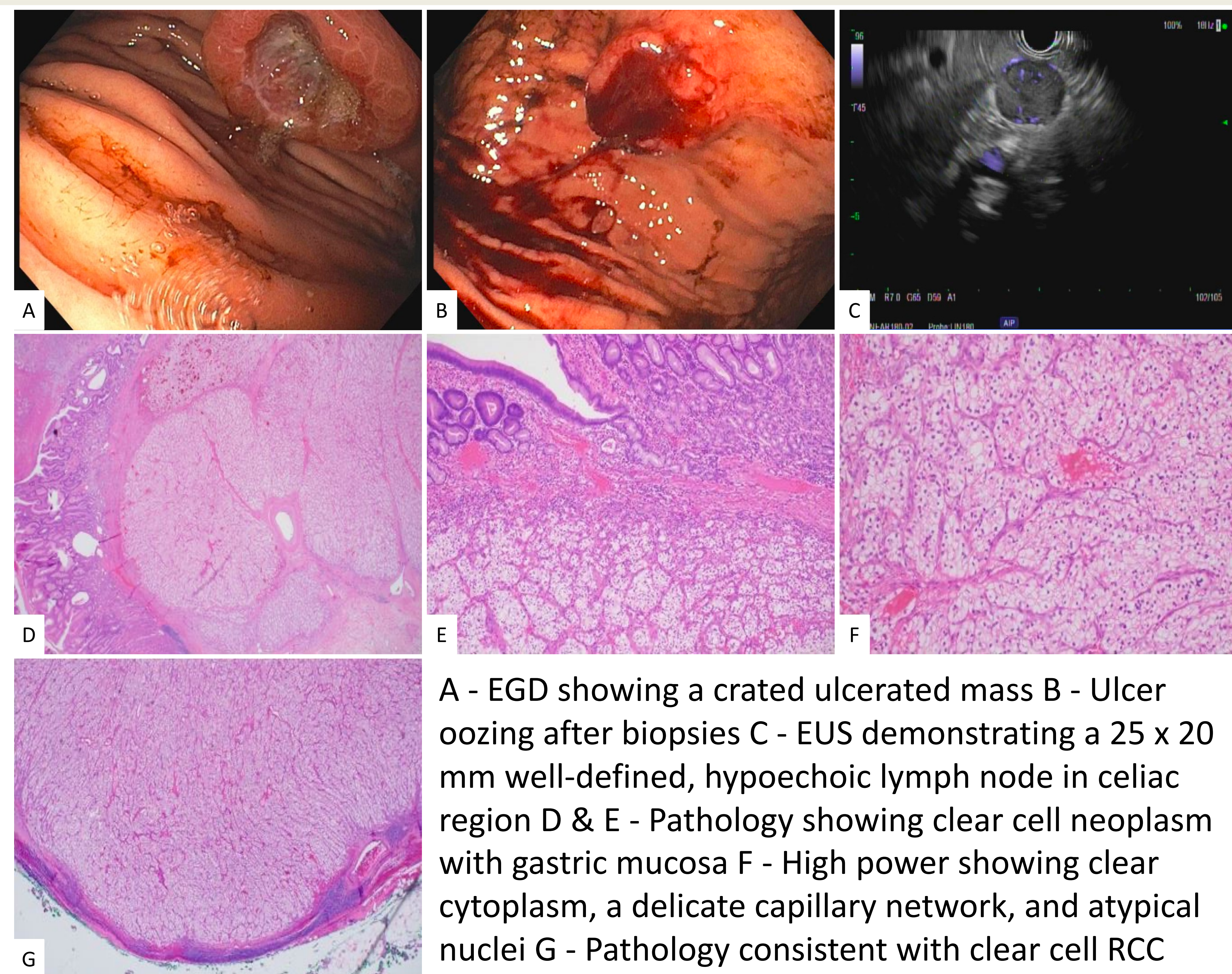
INTRODUCTION

- Renal Cell Carcinoma typically presents as localized disease - confined to the kidney (65%), regional disease - spread to regional lymph nodes (17%), and metastatic disease (16%)
- Metastatic lesions in the stomach are rare, with autopsy studies showing < 1% rate of involvement.
- We report a patient with recurrent renal cell carcinoma (RCC), who was 8 years in remission, presenting with an oozing gastric ulcer and celiac lymphadenopathy.

CASE PRESENTATION

- A 66-year-old male with past medical history of renal cell carcinoma status post laparoscopic left nephrectomy 8 years ago presented with iron deficiency anemia.
- Patient's last colonoscopy, 7 months ago, was normal aside from adenomatous polyps.
- A CT scan for RCC surveillance from 6 months ago showed a 20x18mm lymph node around the celiac axis.
- Interventional radiology (IR) guided biopsy of it was inconclusive.
- A PET-CT showed a 24x22 mm lymph node adjacent to the celiac axis with hypermetabolic activity, concerning for nodal metastasis.
- EGD showed a 20x20 mm cratered ulcerated, friable mass in the mid-gastric body along the greater curvature (Figure A,B). It oozed post biopsy requiring Hemospray for hemostasis.
- EUS showed an 19x17 mm ill-defined, hypoechoic, heterogenous gastric body mass involving all layers up to the muscularis propria. Fine needle biopsy (FNB) was inconclusive.
- Ulcer biopsy revealed metastatic Renal Cell Carcinoma.
- Patient underwent partial gastrectomy with retroperitoneal lymph node excision. Pathology from the excised gastric mass showed a clear cell neoplasm interfacing with gastric mucosa and high power images revealed a nested neoplasm with clear cytoplasm, a delicate capillary network and atypical nuclei consistent with metastatic RCC (Figures D,E,F).
- The same neoplasm was also identified in the excised celiac lymph node (Figure G).

IMAGES



DISCUSSION

- Our patient is currently undergoing outpatient chemotherapy and doing well without evidence of residual disease.
- Gastric metastasis from RCC is very rare and seen in 0.2% of cases.
- The median time from RCC diagnosis to gastric metastasis in the literature is 7.6 years and can present with GI bleeding or iron deficiency anemia.
- Renal cell carcinoma that is associated with metastasis to other organs has poor prognosis, but fortunately our patient did not have other organs involved.
- In the literature, surgical resection of symptomatic solitary metastasis of RCC is recommended.