

## Introduction:

- Clear cell renal cell carcinoma (RCC) comprises 3% of all adult malignancies and is often diagnosed incidentally.
- Metachronous metastatic disease can occur even several years after nephrectomy with curative intent. Pancreatic and duodenal metastases from RCC are exceedingly rare.
- We describe an unusual case of upper GI bleeding from pancreatic RCC metastases eroding into the duodenum, diagnosed over 2 decades following nephrectomy.

## Case Description:

- A 62-year-old male with a history of clear cell RCC and distant nephrectomy (1999) believed to be in remission, presented to an outside hospital with melena, hemorrhagic shock, and hemoglobin of 5.9 g/dL.
- EGD revealed a protuberant ulcerated lesion in the post-bulbar region of the second portion of the duodenum with stigmata of recent bleeding, treated with hemostatic clip placement.
- Due to bleeding recurrence, repeat EGD with epinephrine injection and APC was done but failed to achieve hemostasis, as did subsequent embolization of the GDA by interventional radiology.
- He was transferred to our institution where he underwent successful embolization of the celiac and superior mesenteric artery branches. CT showed a 4.8 cm pancreatic head mass.

## Duodenal Hemorrhage from Eroding Pancreatic Metastases of Renal Cell Carcinoma

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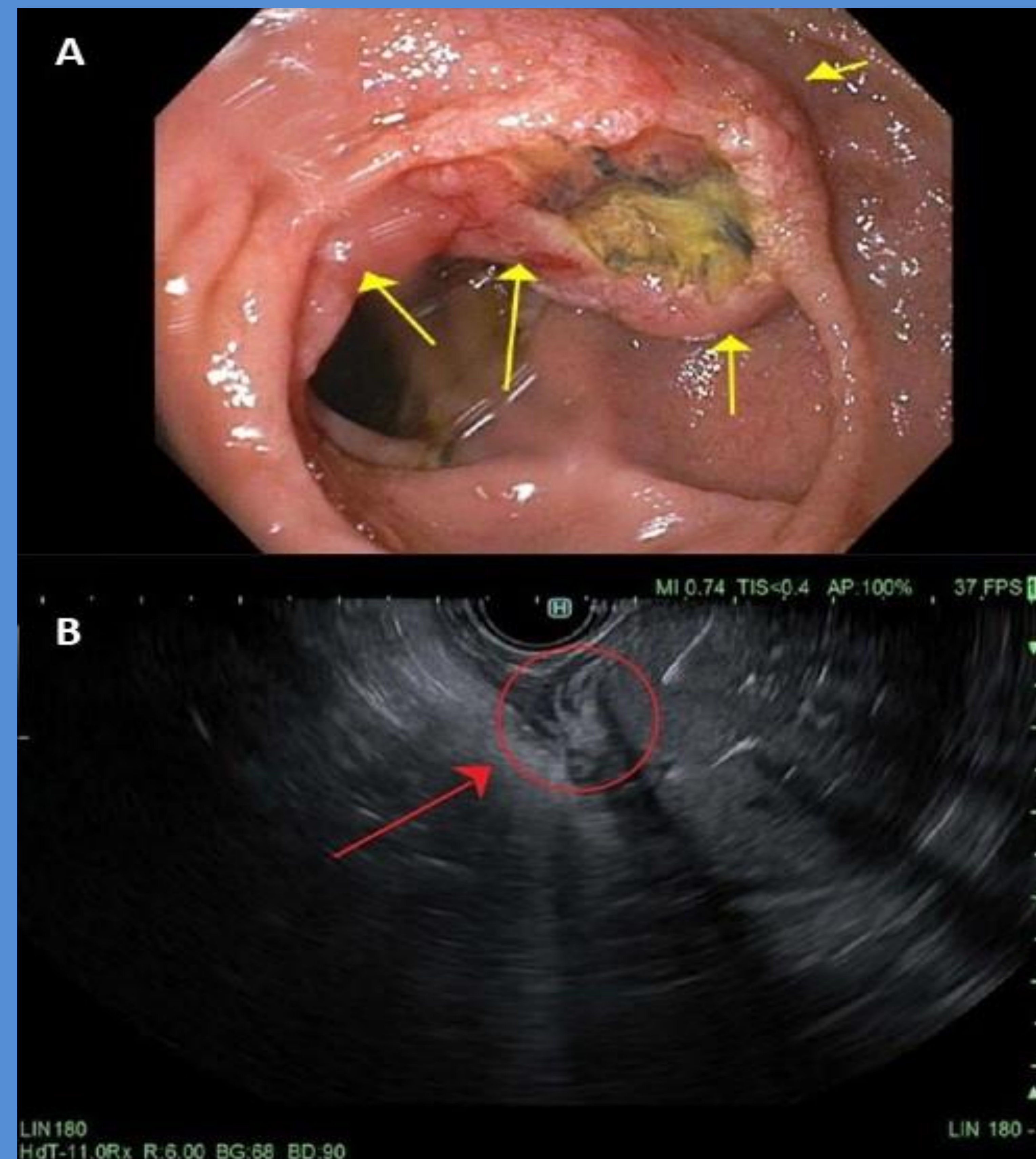


Figure 1: Eroding ulcerated mass in the duodenum seen on EGD (A). Pancreatic mass seen on EUS (B).

## Case Description (continued):

- Follow-up EGD with EUS demonstrated a hypervascular mass in the pancreatic head eroding into the adjacent duodenum. Fine needle biopsies were consistent with metastatic clear cell RCC.
- Further staging work-up showed no other lesions, and the patient underwent successful Whipple resection

## Discussion:

- Metastatic RCC outcomes are poor with 1-year survival less than 50%. Usual sites of RCC metastasis are lung, soft tissue, bone, and rarely, the small intestine or pancreas.
- Interestingly, pancreatic RCC metastases are frequently found as the only site of metastasis and thus can potentially be managed with surgical resection to improve prognosis.
- Therefore, prompt recognition and identification of disease extent with EUS and cross-sectional imaging aids in determining feasibility of surgical resection.
- Unfortunately, early identification is hindered by the asymptomatic nature of pancreatic metastases. In this case, erosion of the pancreatic metastases into the duodenum resulted in life-threatening hemorrhage that led to the appropriate diagnostic work-up, and ultimately, surgical management.
- This case highlights a rare presentation of metastatic RCC and emphasizes the importance of maintaining a high index of suspicion for metastatic RCC even years after nephrectomy.



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