

# Late Metastatic Recurrence of RCC to the Pancreas Presenting with Occult GI Bleeding and Symptomatic Anemia

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## Introduction

Metastatic disease to the pancreas accounts for 2-5% of pancreatic malignancies. Renal cell cancer (RCC) is the most common primary malignancy which metastasizes to the pancreas. RCC is unique among cancers that metastasize to the pancreas in that metastatic disease may not appear until over a decade after nephrectomy with curative intent. Guidelines recommend surveillance for recurrent disease with cross-sectional imaging for five years with further surveillance at the discretion of the clinician. We present a case of very late metastatic recurrence of RCC to the pancreas.

## Case

A 68-year-old man with extensive tobacco use, **RCC status post nephrectomy 21 years prior**, and lung adenocarcinoma status post wedge resection 8 years prior presented with one month of shortness of breath.

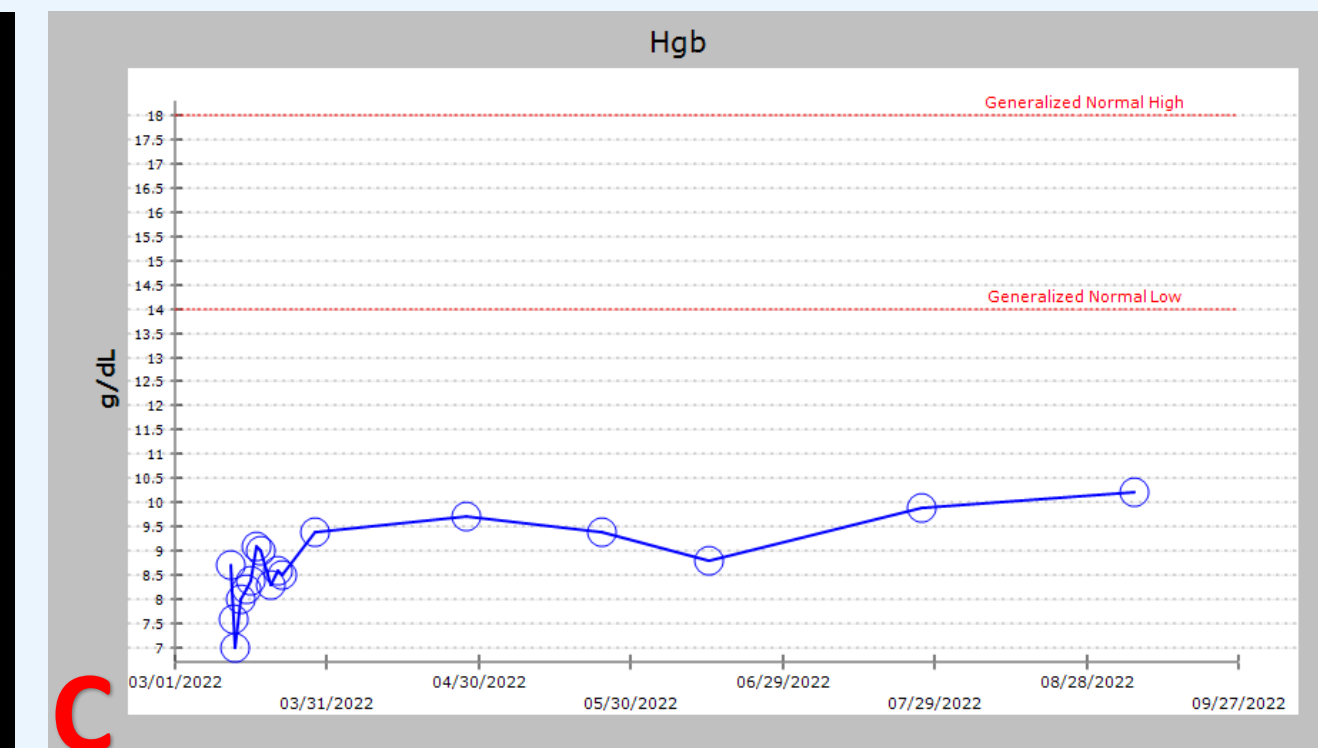
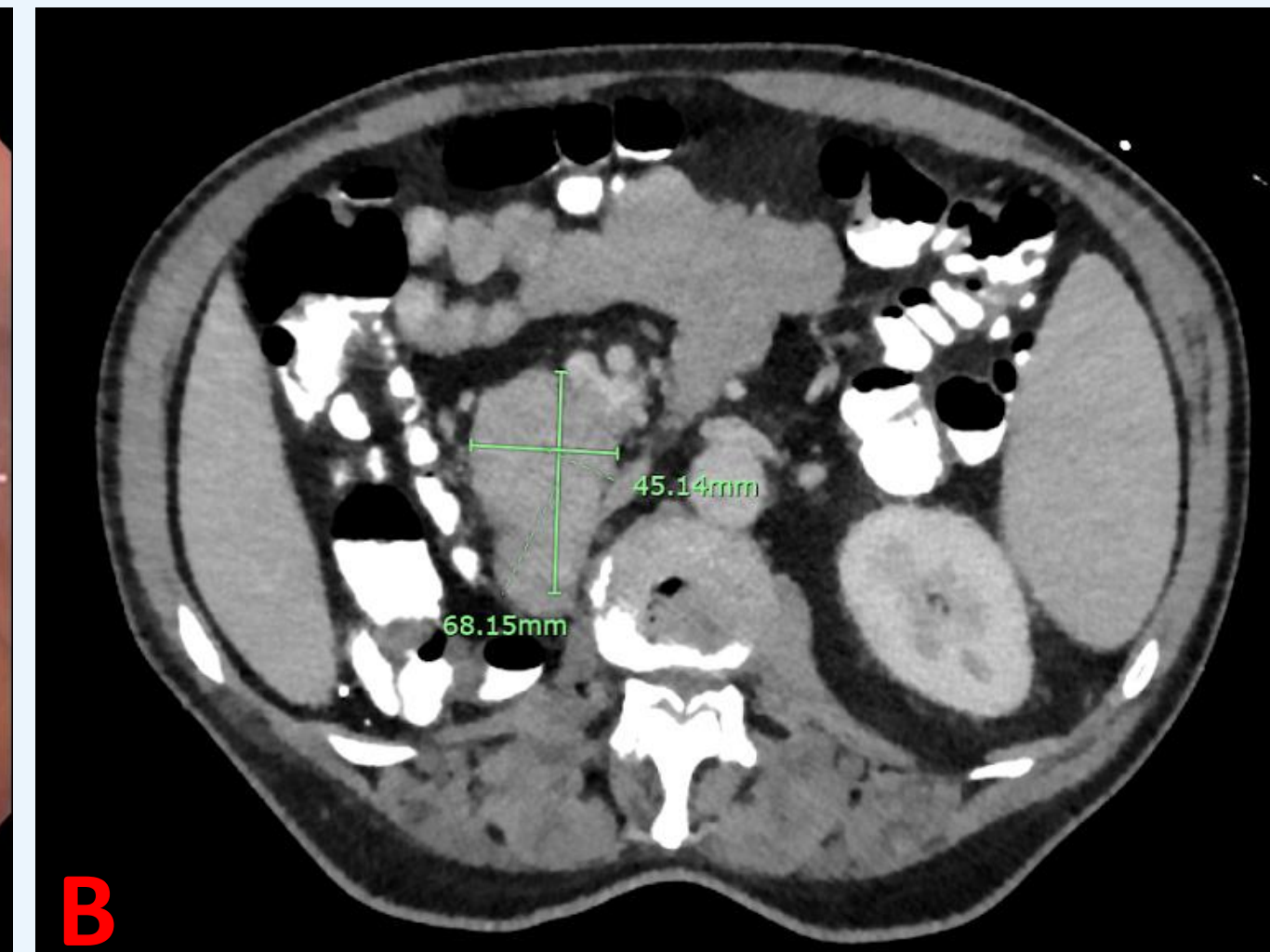
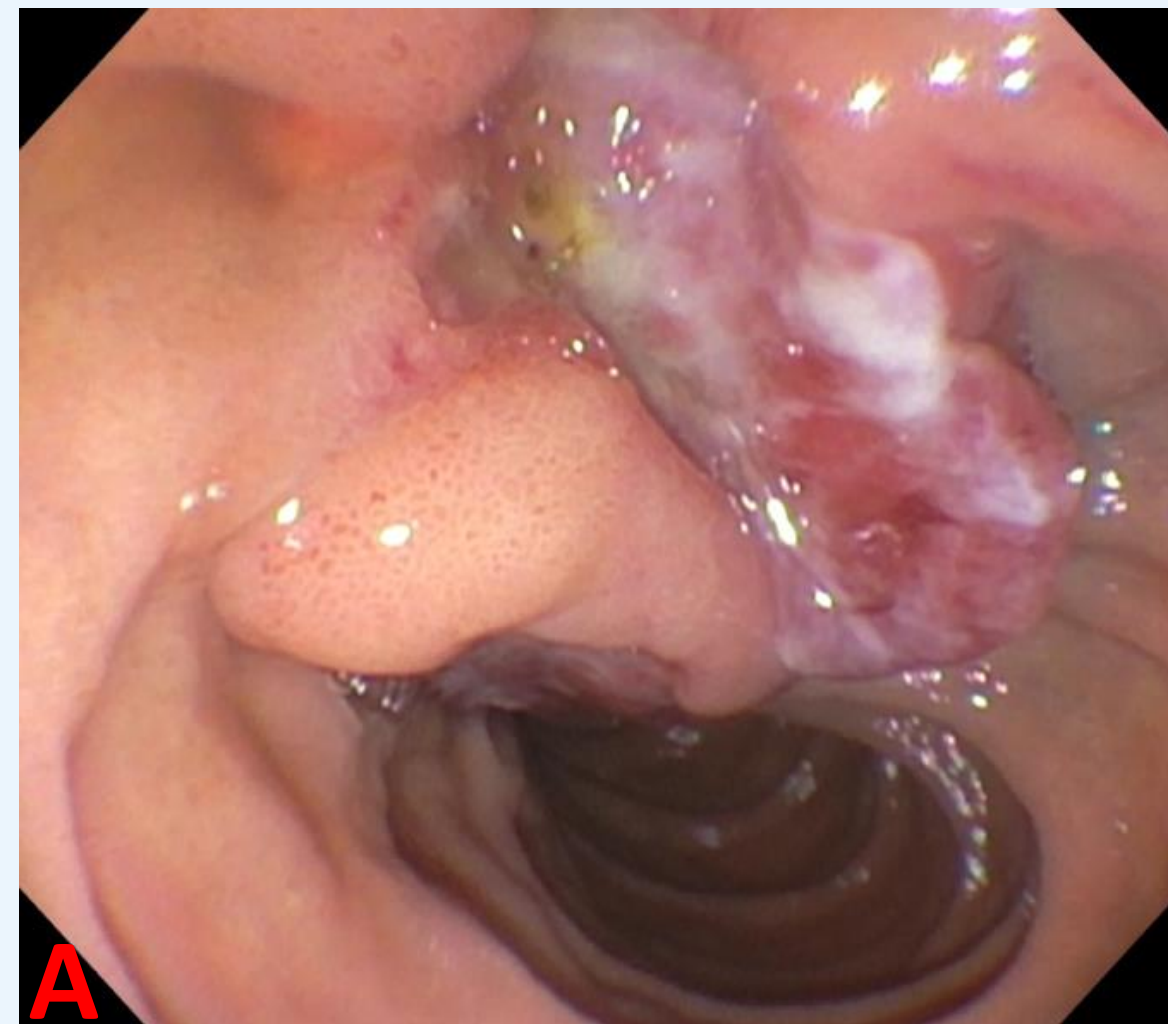
His physical exam was notable for pallor and small external hemorrhoids. Initial labs were notable for new iron deficiency anemia with hemoglobin 7.5 g/dL (MCV 76.8) and ferritin 5.4 UG/L.

On EGD he was found to have an ulcerated, friable mass surrounding the ampulla which was better visualized with a side-viewing scope; biopsies were taken.

A CTAP was obtained with IV contrast which demonstrated two masses in the pancreas, one invading into the second part of the duodenum, without evidence of any other sites of disease. Pathology returned consistent with metastatic clear cell RCC.

He underwent total pancreatectomy, hepaticojejunostomy, gastrojejunostomy, cholecystectomy, and splenectomy with curative intent. Eight weeks later he was started on pembrolizumab with a plan for one year of treatment.

## Images



- A. Ulcerated mass in the second part of the duodenum seen on EGD.
- B. CTAP identifying a mass in the pancreatic head inseparable from the duodenum.
- C. Hemoglobin trend from admission to six months follow up.

## Discussion/Conclusion

Late metastatic recurrence of RCC after curative resection is a common phenomenon but usually occurs within five years of nephrectomy. Here we present a case of a very late recurrence, **21 years after nephrectomy**, presenting as metastatic disease to the pancreas invading the duodenum leading to GI bleeding and symptomatic anemia.

This case highlights the potential for late metastatic RCC to present as pancreatic malignancy over two decades after nephrectomy. **The clinician must maintain a high index of suspicion in all patients with a history of RCC, no matter how remote**, who present with new pancreatic masses. This case also demonstrates the wide array of presentations of metastatic disease to the pancreas with the presenting symptom in our patient being symptomatic anemia secondary to occult GI bleeding from duodenal invasion and ulceration.

## References

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