



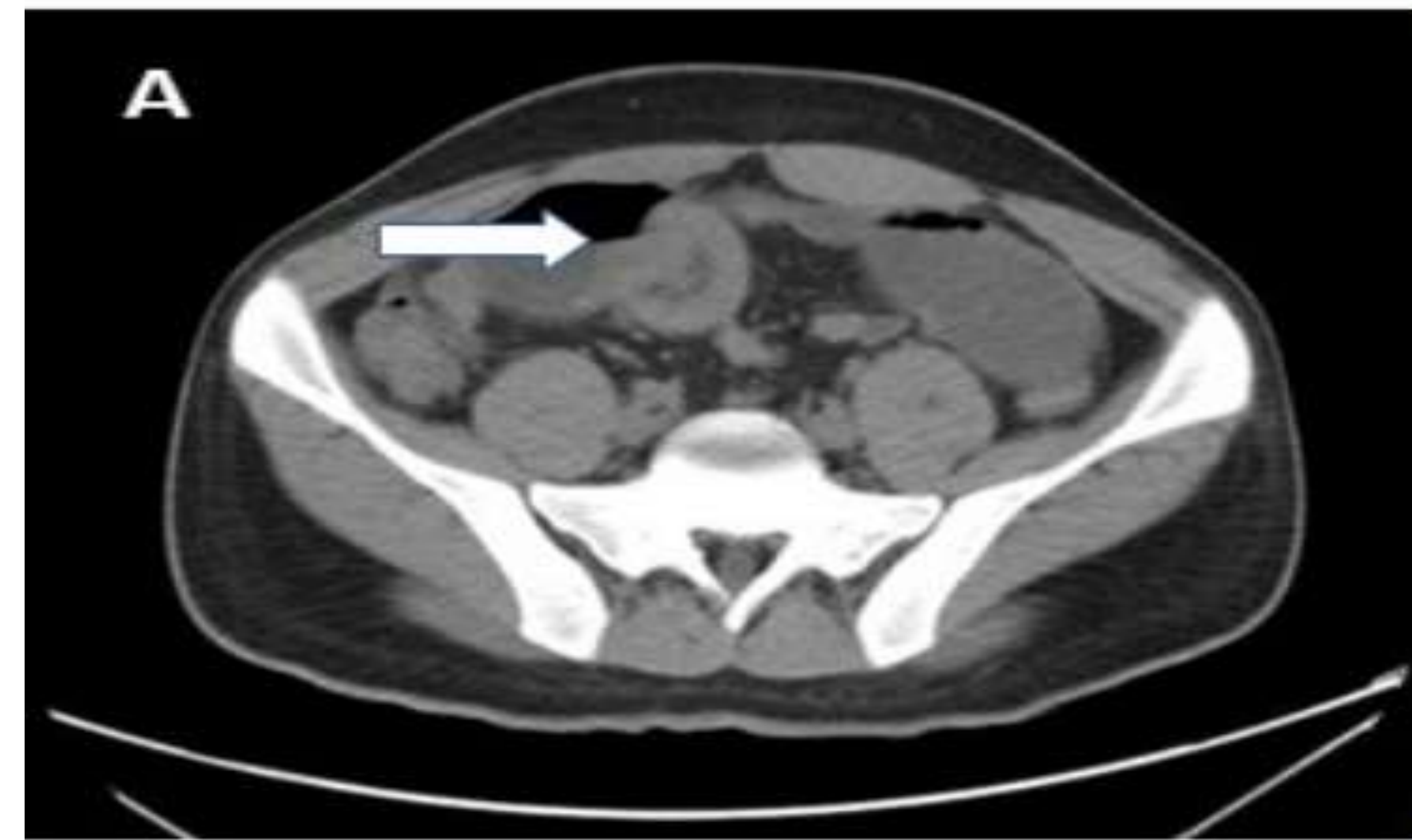
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Case Presentation

- A 20-year-old male presented with a 3-week history of dull epigastric pain, nausea, and vomiting.
- Past medical history was significant for iron deficiency anemia, and metastatic RCC was diagnosed in 2021 status post right open radical nephrectomy.
- The biopsy showed Xp11.2 translocation associated renal cell carcinoma WHO grade 4. The patient had lost follow-up previously.
- His laboratory workup this admission showed persistent iron deficiency anemia with mild leukocytosis and thrombocytosis and elevated liver enzymes.
- CT chest/abdomen/pelvis showed concern for intussusception in the distal jejunum causing an obstruction.
- Surgery team was consulted who took patient for diagnostic laparoscopy. Intraoperatively intussusception was partially reduced laparoscopically but could not be completely reduced since there was a big mass acting as a lead point.
- The decision was then made to convert to a mini-laparotomy.
- Small bowel resection with primary anastomosis was performed. Pathology from the specimen confirmed metastatic RCC.
- Oncology was consulted who plan to start pembrolizumab plus axitinib for systemic therapy.



Discussion

- RCC intraluminal metastases in the small intestine are unusual reported as 2-4% incidence.
- Bowel metastases from RCC can manifest in several different forms including intussusception, bowel perforation, gastrointestinal bleeding and symptoms of intestinal obstruction due to the presence of a mass within the intestinal wall.
- This case presented a young male with metastatic RCC to small bowel which has not been reported so far.

Conclusion

- Clinicians should be aware that, in patients presenting with anemia, clinical symptoms of bowel obstruction and a history of RCC, intestinal tumor involvement should be considered.
- Metastectomy may extend patient survival and surgical resection of the involved intestinal segment has been recommended as the treatment of choice.

References

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