

Clinical Case

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Portuguese Team



ESIM 2012, Saas-Fee

Personal data and history of present illness

- 61y, male, carpenter
- Smoker: 40 cigarettes/day
- Alcohol: 54g/day
- Drugs: ∅
- Medication: ∅
- No history of past illness or surgery

left supraclavicular adenopathy (2cm)

+

productive cough

+

asthenia and anorexia

+

weight loss (5Kg: 9%)

+

shortness of breath

JUNE 2011

Personal data and history of present illness

Study at GP (September):

- Cervical ultrasound: expansive mass (suggestive of multiple adenopathy) and 2 thyroid nodules (14 e 11mm)
- FNAB: metastasis of poorly differentiated adenocarcinoma

During September:

- Worsening of general condition
- Mass enlargement
- Dyspnea for moderate exertion
- Uncontrolled pain (neck)
- Dysphagia



Emergency department

Clinical Examination

- Neurological examination: normal
- Vital signs: normal
- Cardiac and pulmonary auscultation: normal
- Abdomen: normal
- Prostatic evaluation: normal
- Left supraclavicular mass, with 6cm, hard, painful, well-defined limits, fixed
- No other palpable masses

Key points: problems

- ✓ Male, 61 y, heavy smoker
- ✓ Left supraclavicular mass (metastasis of adenocarcinoma)
 - * Virchow node
- ✓ Asthenia, anorexia, weight loss
- ✓ Dysphagia
- ✓ Shortness of breath
- ✓ Productive cough
- ✓ Uncontrolled pain


Hypotheses for the diagnosis?

Diagnostic Hypotheses

- ✓ Gastric carcinoma
- ✓ Pulmonar carcinoma
- ✓ Pancreatic carcinoma
- ✓ Renal carcinoma
- ✓ Prostatic carcinoma
- ✓ Esophagus carcinoma
- ✓ Thyroid carcinoma

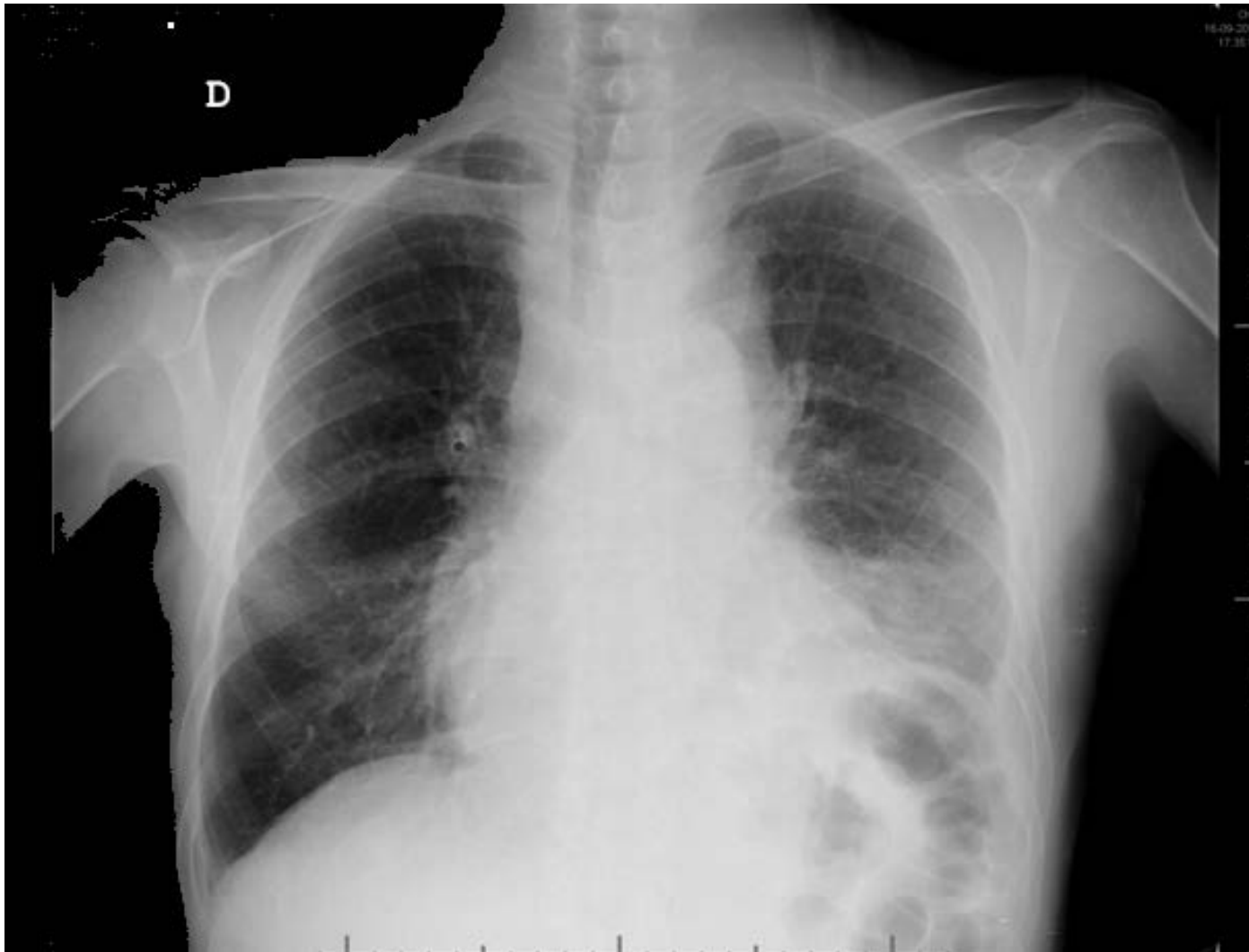
What next?

Initial work-up?

- 1) Complete blood count
 - 2) Basic serum chemistries
 - 3) Urinalysis
 - 4) Prostate specific antigen (PSA)
 - 5) Chest radiography
- Normal
- 



Chest Radiography

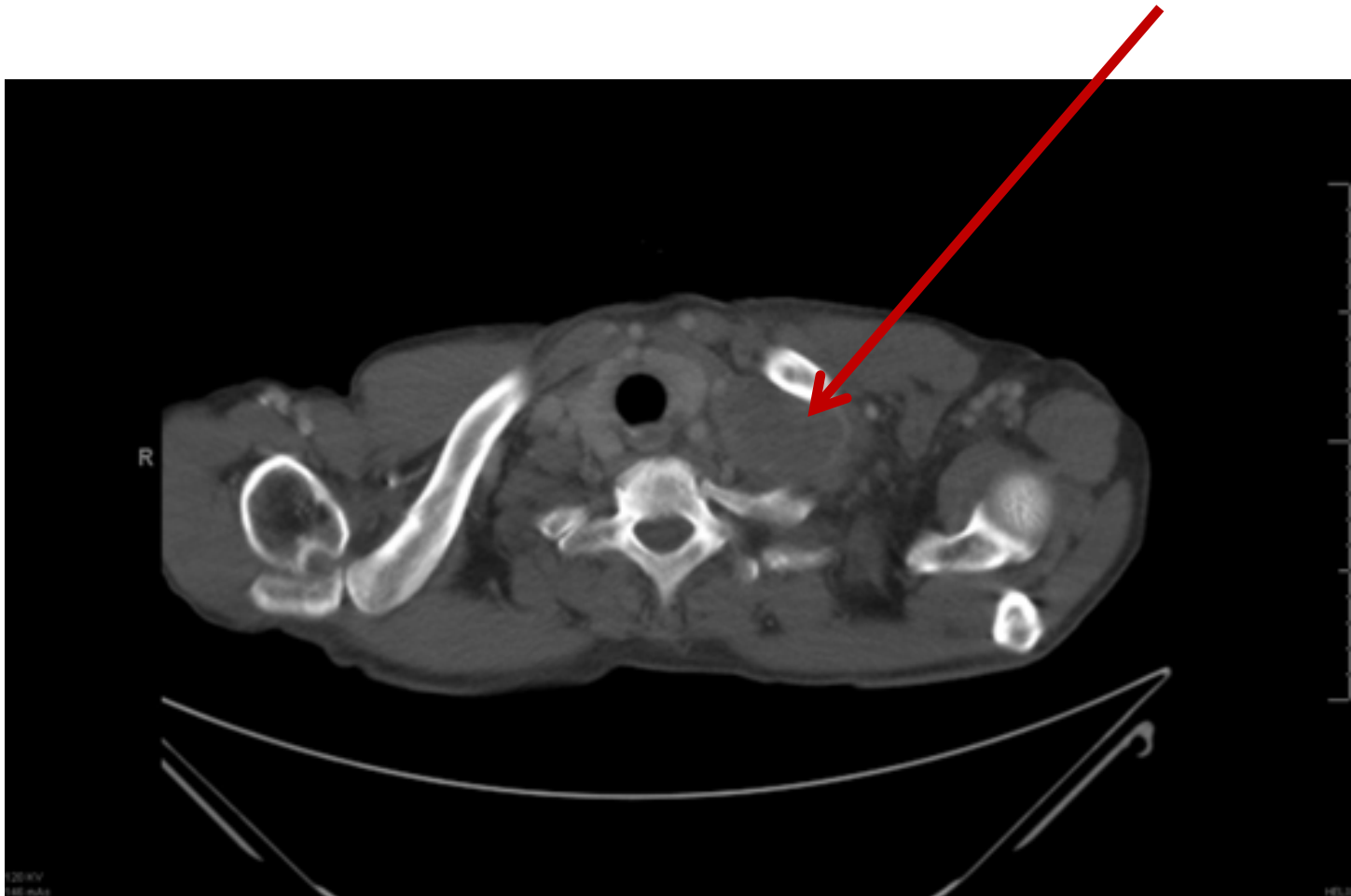


Any other exams?

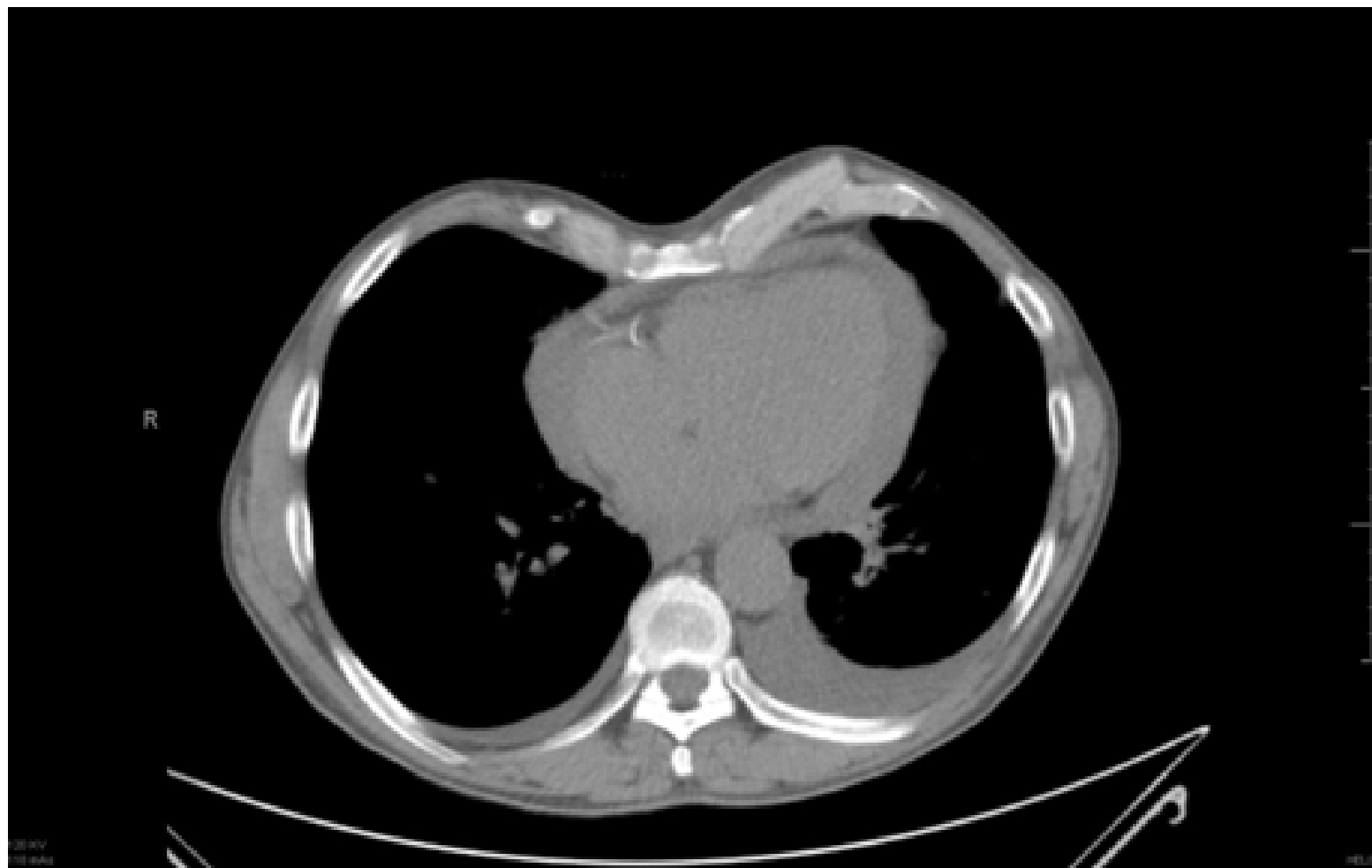
- * CT Scan (cervico-thoraco-abdomino-pelvic)
- * Bronchoscopy
- * Upper endoscopy
- * Echocardiography



CT Scan



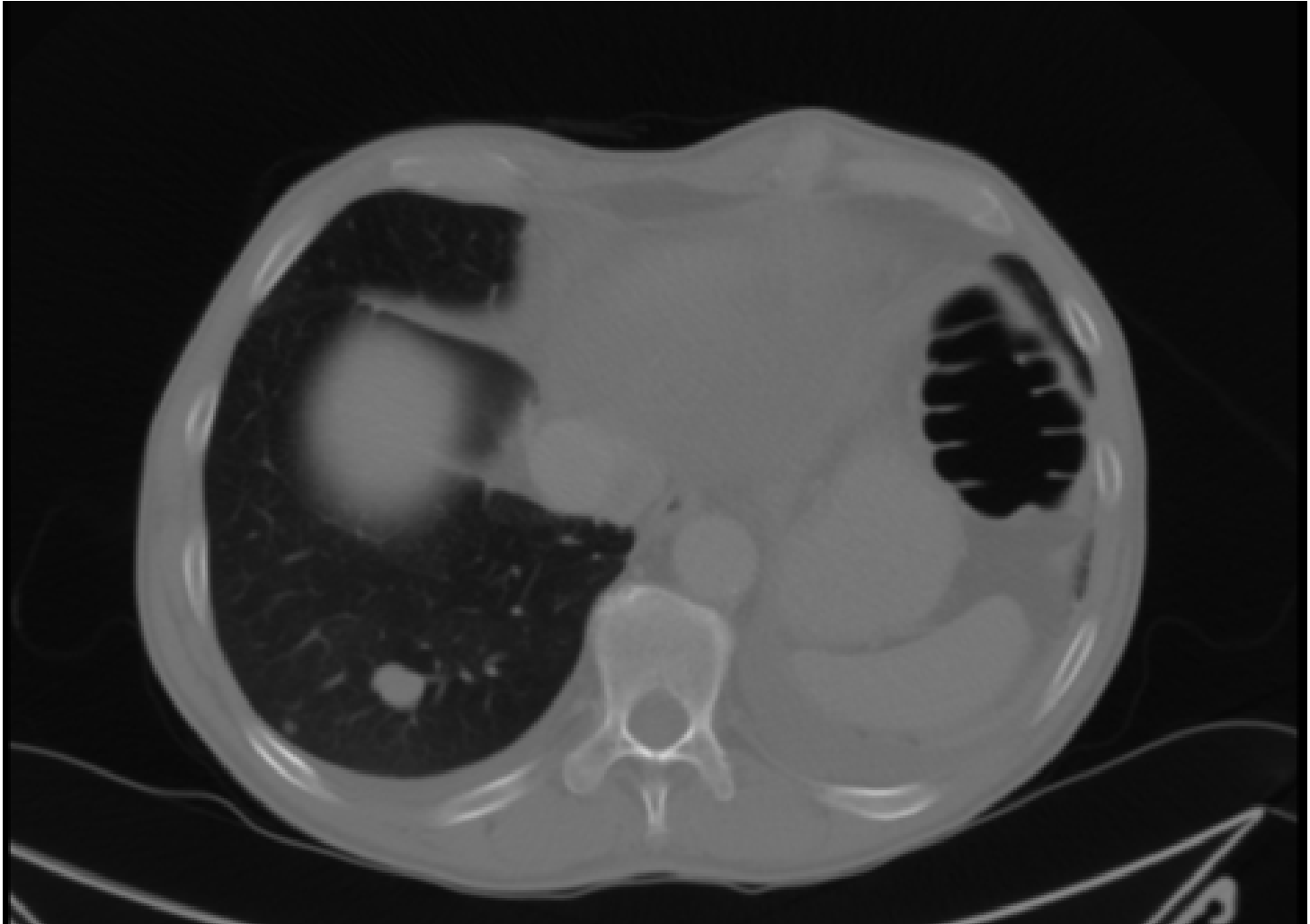
CT Scan



CT Scan



CT Scan



Results...

- Bronchoscopy: normal
 - * Cytology: negative for malignant cells
- Upper endoscopy: gastric ulcer/ chronic duodenitis
 - * Histology: negative for malignant cells
- Ecocardiography: medium pericardial effusion

What next?

Results...

- * Thyroid biopsy ?
- * Repeat biopsy of supraclavicular mass with immunohistochemistry?
 - Thyroid biopsy : colloid nodules
 - Supraclavicular mass biopsy: metastasis of adenocarcinoma (CK7 + /CK 20 -/ PSA -)

And...how about the patient?

Evolution...

- Worsening dyspnea
- Respiratory distress
- Cervical refractory pain: Pain Consult Group
- D16: chest pain+ dyspnea+ hypotension + jugular venous distension + muffled heart sounds
 - » Cardiac tamponade
 - » Pericardiocentesis
 - » Pericardial involvement by adenocarcinoma

And...now?

- Oncology group discussion
 - continue the study?
 - stop?
 - palliative chemotherapy?

- 
- *Died at day 31*

Diagnosis ?

- Adenocarcinoma of unknown primary site
 - with lymph node and pericardium metastasis
 - pulmonary metastasis?

CK7 +/- CH20-

- * non-small cell lung cancer
- * small cell lung cancer
- * breast cancer, endometrial cancer, nonmucinous ovarian cancer, squamous cancer of cervix

Take home message

- Cancer of unknown primary (CUP) site: 5% of all invasive cancers
- Adenocarcinomas of unknown primary site compromise 70% of all CUPs
- The most frequent identified primary sites are: lungs, pancreas, hepatobiliary tree and kidney
- Even at postmortem examination: **30% have no detectable primary site**

Take home message

- Most patients with adenocarcinoma of unknown primary have widespread metastases and poor performance status at diagnosis
- Median survival: 4-6 months



Thank you!

