# Chapter 6

# A CASE OF TONSILLAR METASTASIS FROM GASTRIC CANCER AND LITERATURE REVIEW

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## INTRODUCTION

Metastatic carcinoma of the tonsil is uncommon, with only 100 cases reported in the English-language literature. The most common sites of metastases in patients with gastric cancer are liver, peritoneum; lung, adrenal gland and ovaries. Also, tonsillar metastases from a gastric cancer are very rare (Yamaguchi &.et al.2010). We present a gastric cancer patient with right palatine tonsil metastasis.

## CASE

The patient was 58-year-old man who had undergone gastric cancer surgery . He presented with a 1-year history of progressively worsening epigastric pain, anemia and weight loss for 6 months. He had no specific previous medical or surgical history including cancer. On physical examination, no tenderness or palpable mass were identified. Esophago-gastro-duodenoscopy (EGD) showed a 10 to 5 cm size ırregular ulcero-infiltrative (Bornmann type 3) lesion on the greater curvature. Endoscopic biopsy confirmed a histologic diagnosis of poorly differentiated adenocarcinoma .No other metastatic lesions in other organs were found on abdominal CT scan. A subtotal gastrectomy, partial transvers colon resection and a lymph node dissection (D1) were performed. During the operation, there was no other evidence of metastatic disease in the abdominal cavity. The tumor was stage IIIB (T4bN1M0) according to TNM classification.. Additional histologic findings were high venous and lymphatic vessel invasion. After the surgery,5 cycles of adjuvant.chemotherapy with 5-fluorouracil (425 mg/m2 and calcium folinat 20 mg/m2 bolus infusion on day 1-5) in four week intervals for 5 months plus concurrent radiotherapy (45 Gy) were performed and continued to be monitored on an outpatient clinic. After 6 months, he complained abdominal pain and abdominal CT was performed. Two cm size lesion was found on the splenic flexura and PET/CT showed no distant metastases. He was decided laparatomy but diaphragmatic infiltration was seen during laparatomy and oper-

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RJ& et al.1979) . For direct invasion from a metastasis of a surrounding lymph node but this mechanism is unusual for tonsillar metastasis, and hematogenous metastasis is generally considered most likely.

The duration of survival was reported in 5 treated patients. The longest survival time was 30 months, median survival time was 14.6 months (Yamaguchi &.et al.2010). Our patient's survival time was 19 months. On the other hand, among the patients receiving besr supportive care, the median survival was 3.8 months (Yamaguchi &.et al.2010). Although our patient received chemotherapy after tonsil metastasis, survival was 5 months. We observed progressive disease after 3 cycles and followed the patient with best supportive care.

The tonsillar metastatic lesion didn't occlude in our case, although the risk of airway occlusion by hemorrhage or blood clot is high. Also, due to the risk of sudden death caused by occlusion, tonsillar metastases should be followed closely.

In conclusion tonsillar metastases is a systemic malignant tumor metastases, treatment should be individually because long tern survival may be possible.

## REFERENCES

Asami K, Yokoi H, Hattori T & et al (1989). Metastatic gall bladder carcinoma of the palatine tonsil. J Laryngol Otol. 1103:211–213. doi: 10.1017/S0022215100108485

Batson OV (1942). The role of the vertebral veins in metastatic processes. Ann Intern Med. 26:38–45.

Brownson RJ, Jaques WE, LaMonte SE & et al (1979). Hypernephroma metastatic to the palatine tonsils. Ann Otol Rhinol Laryngol.88:235–240

Friedmann I, Osborn DA (1965). Metastatic tumours in the ear, nose and throat region. J Laryngol Otol.;79:576–591. doi: 10.1017/S0022215100064100

Gallo A, Pescarmona E, Crupi J & et al(1992). Bilateral tonsillar metastasis of gastric adenocarcinomas. Head Neck.14:55–57. doi: 10.1002/hed.2880140112

Kleinschmidt HJ(1966). Tonsillar metastases of primary bronchial and gastric carcinomas. Z Laryngol Rhinol Otol.45:389–394

Yamaguchi E, Uchida M, Makino Y(2010).Tonsiller metastasis of. gastric cancer.Clin J Gastroenterol. 3(6):289-95. doi: 10.1007/s12328-010-0176-7