# ATYPICAL METASTATIC NECK MASS: A CASE REPORT

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## INTRODUCTION

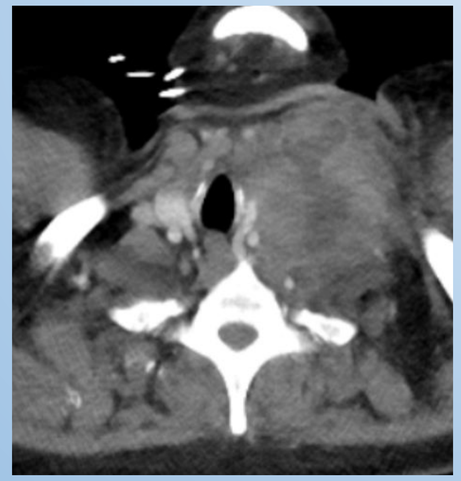
- Head and neck malignancies account for 3-4% of all cancers
- Common sources of metastatic lesions to the neck include: Lung, Esophagus, Kidney, Ovary, Cervix and Prostate
- Over 65,000 cases of uterine cancers will be diagnosed this year
- Overall 5-year survival is estimated at 81%
- When distant metastasis is found, 5-year survival rates drop to approximately 17%

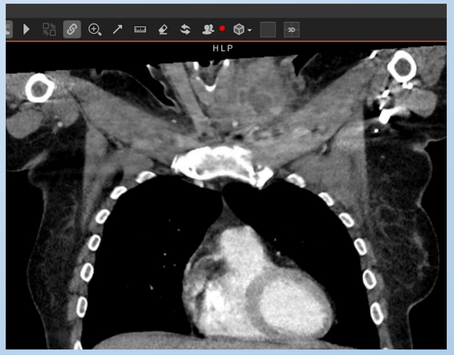
## CLINICAL COURSE

- 42 year old female with PMH of Endometrial Adenocarcinoma s/p partial hysterectomy w/ brachytherapy 1 year prior presented with left neck swelling concerning for an abscess
- Patient had previously been incarcerated and began to notice swelling of her left neck
- An initial biopsy showed no evidence of malignancy
- Subsequently underwent an incisional biopsy at an OSH, pathology reportedly returned dx of potential malignancy
- She developed swelling under the original incision site and was treated for a presumed abscess
- She was subsequently released from prison and instructed to follow up in the ER for treatment
- Patient transferred from outside facility for ENT evaluation of left neck mass presumed to be abscess
- Physical exam notable for: bulky left lymphadenopathy, 7 cm in greatest dimension, protuberant fistulous tract with surrounding induration and erythema in level 4 in the left neck
- Culture of wound taken and sent for fungal, AFB, anaerobic, aerobic bacteria. All cultures returned negative for growth
- WBC:6.5 HgB:10.5(Low) Plt: 276 Fe:20(Low) Ferritin:175 TIBC:260(Low)

## CLINICAL COURSE CONTINUED

- CT neck official read: Large necrotic left neck mass with a 2 x 5.5 cm irregular rim enhancing collection consistent with residual abscess
- Patient started on Unasyn and Vancomycin following ID consultation
- After multiple attempts, unable to retrieve previous pathology results from prison physicians
- Taken to OR 1 day after presentation for incision and drainage. 15cc of serous drainage removed along with copious exudative material. Noted extensive cavernous tract of the mass along the lateral tracheal/laryngeal wall
- Final pathology: Immunohistochemical stains positive for CK7, pax8, estrogen receptor, and progesterone receptor, and negative for CK20 and TTF-1, consistent with metastatic adenocarcinoma of endometrial origin
- Initial treatment plan: surgical debulking followed by local radiation therapy for neck disease
- CT A/P: NODES: 3.5 x 5 cm left para-aortic retroperitoneal nodal mass, inseparable from the psoas muscle. 2.1 cm left iliac node. 2 cm left pelvic sidewall node. 3cm right pelvic sidewall node
- Given CT A/P Heme/Onc recommended Carboplatin, Paclitaxel therapy w/wo RT
- Patient opted to follow up with specialists closer to home and was subsequently discharged from the hospital after follow up appointments arranged





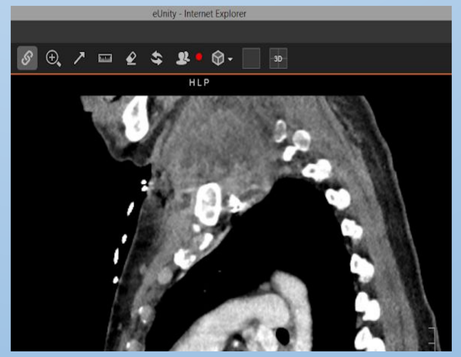




Figure 1. CT Soft Tissue Neck showing: 2 x 5.5 cm irregular rim enhancing collection consistent with residual abscess.

## DISCUSSION

- Recurrent and/or primary metastatic adenocarcinoma has a wide variety of metastatic patterns
- Incidence of endometrial carcinoma with extra-abdominal metastasis is approximately 2-3%
- The more commonly known metastatic regions include: local pelvic recurrence, pelvic and para-aortic nodes, peritoneum and lung
- Atypical sites of metastatic cases in the head and neck region include: Larynx, Skin, Nasal Cavity, Paranasal Sinuses, and Thyroid Gland
- Of the atypical presentations, extra-abdominal nodal metastasis is the highest comprising approximately 1% of cases
- Estimated overall 3 year survival after distant metastasis is approximately 14%
- Within this group the most common nodal metastasis is seen in the supraclavicular nodal group and primarily on the left side given the location of the thoracic duct
- Multiple studies of Stage IVb disease: improved survival with initial tumor reduction procedures followed by Radiation w/wo Chemotherapy

## CONCLUSIONS

- Head and neck are rare distant sites in endometrial adenocarcinoma metastatic disease
- This case displays the importance of good history taking and the importance of adequate documentation and sharing of information to ensure appropriate continuity of care

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