Images in surgery

This section features outstanding photographs of clinical materials selected for their educational value or message, or possibly their rarity. The images are accompanied by brief case reports (limit 2 typed pages, 4 references). Our readers are invited to submit items for consideration.

Pancreatic renal cell carcinoma metastasis presenting with upper gastrointestinal bleeding

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A 62-YEAR-OLD MAN WAS ADMITTED to our clinic with upper gastrointestinal bleeding. In the patient's history, there were a left nephrectomy (9 years earlier) that was caused by renal cell carcinoma and a palliative biliary drainage procedure (1 year earlier) that was caused by obstructing jaundice from pancreatic metastasis. During the latter operation, which was performed in a different clinic, the tumor was considered to be nonresectable; therefore, a palliative procedure was carried out. Upper gastrointestinal endoscopy revealed that gastrointestinal bleeding was related to tumor infiltration in the duodenal wall. Computerized tomography scans exposed 2 metastatic tumors that were located in the head ($7 \times 12 \times 12$ cm) and tail (4×4 cm) of the pancreas. The tumors were considered to be resectable, and total pancreatectomy and splenectomy were performed (Fig 1). The tumoral mass in the head was found to invade the duodenum in two separate sites (Fig 2). The histopathologic examination confirmed the diagnosis of renal cell carcinoma metastasis. The patient was referred to the oncology department, but no adjuvant treatment was suggested by the oncologists. The patient is free of tumor recurrence at 7 months after operation.

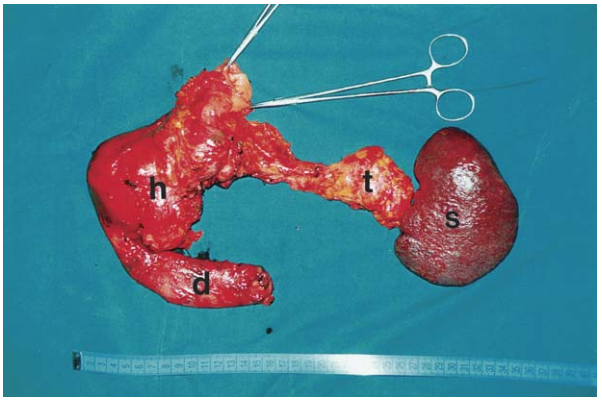


Fig 1. The surgical specimen includes the duodenum, pancreas, and spleen. *h*, Tumor at the head of pancreas; *t*, tumor at the tail of pancreas; *s*, spleen; *d*, duodenum.

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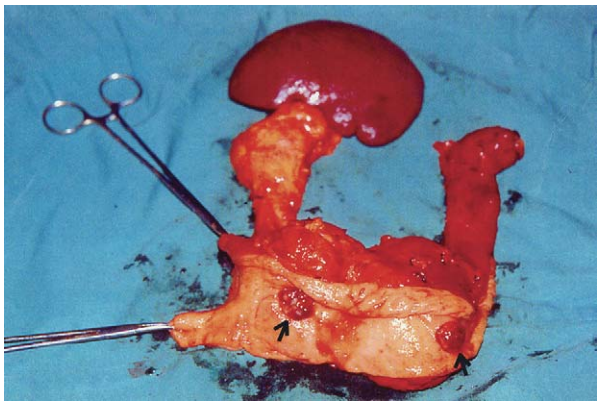


Fig 2. The intraluminal view of the tumor that invades the duodenal wall in two separate sites (*arrows*).

DISCUSSION

Metastatic disease to the pancreas is rare, but the most common primary neoplasm that spreads to the pancreas is renal cell carcinoma.[1,2] Unlike other tumors of the pancreas, renal cell carcinoma metastases are associated with good prognosis, if treated by curative resection.[3]

Renal cell carcinoma is characterized by the appearance of metastases many years after nephrectomy.[4] Pancreatic metastases from renal cell carcinoma are estimated to occur in 1% to 2% of cases. The mean time from nephrectomy for resection of the primary tumor to reoperation for pancreatic recurrence is 9.8 years.[2,3] In contrast to primary pancreatic carcinoma or other metastatic tumors of the pancreas that have a poor prognosis, resection of renal cell carcinoma metastases to the pancreas can achieve a 5-year survival rate of 75%.[1-3,5] This possibility encourages and justifies a more radical attitude toward pancreatectomy when apparently isolated renal cell metastases are found in the pancreas.

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