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Luke Perry
Rowan University

Jandie Schwartz
Rowan University

Gus Slotman

Omar Al Ustwani

Nandini Kulkarni

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OCCULT RENAL CELL CARCINOMA PRESENTING AS A PALPABLE SUPRACLAVICULAR VIRCHOW’S NODE

Luke Perry, DO¹, Jandie Schwartz, DO¹, Gus Slotman, MD¹, Omar Al Ustwani, MD², Nandini Kulkarni, MD, FACS¹.

¹Department of Surgical Oncology, Inspira Health Network, 1505 W Sherman Ave., Vineland, NJ

²Department of Medical Oncology, Inspira Health Network, 1505 W Sherman Ave., Vineland, NJ

Background

- *Renal cancer is the 8th most common cancer in the US with Renal Cell Carcinoma (RCC) making up 85% of these cancers.
- *Clear cell subtype makes up 85% of RCC and papillary subtype makes up 10-15% ¹.
- *RCC metastasizes in 25-30% of patients. 5 year survival is approximately 10% ².
- *Common sites of RCC metastases in decreasing frequency: lung (30-50%), mediastinum, bone, liver, kidney, retroperitoneum, and brain ³.
- *Rudolf Virchow, M.D. identified Virchow’s Node in 1848. It is the last lymph node in the supraclavicular chain located at the jugulo-subclavin junction where the thoracic duct enters venous circulation.
- *Positive Virchow’s node is concerning for abdominal cancer, most commonly gastric cancer.

Case Report

- *A 71 year old male presented with altered mental status.
- *CT imaging visualized a lingula mass with diffuse lymphadenopathy and lytic bone lesions
- *Excisional biopsy of Virchow’s node revealed Renal Cell Carcinoma Papillary Subtype
- *CT imaging of the abdomen and pelvis showed no renal mass
- *Due to the inability to lateralize the primary tumor a nephrectomy was not offered and metastatectomy was not feasible.
- *The Patient was started on Nivolumab, Ipilimumab, and Denosumab and discharged home once his altered mental status resolved to be with his family.

Figure 1: CT Thorax Showing Hilar Lymphadenopathy

Figure 2: CT Cervical Spine Showing Diffuse Cervical and Supraclavicular Lymphadenopathy.

Figure 3: CT Thorax with IV Contrast Visualizing a Lingula Mass.

Pathology Results of Virchow Node Excisional Biopsy:

- +: Pancytokeratin, PAX8, Vimentin, and CD10
- : CK7, CK20, TTF1, Napsin A, GATA3, PLAP, CD117, Glypican 3, NKX3.1, S100, and CD45

Findings suggestive of Renal Cell Carcinoma Papillary Subtype.

Figure 4: Ultra Sound Imaging of the Left Supraclavicular Lymphadenopathy.

CONCLUSION

Occult Renal Cell Carcinoma metastatic to Virchow’s Node is a very rare presentation requiring a multidisciplinary team to keep the patient functional and symptoms controlled for as long as possible.

*Lateralized nephrectomy with complete metastastectomy compared with incomplete/ no metastastectomy increased survival by 40.8 months ⁴.

*CT Thorax and Abdomen/Pelvis with IV and PO contrast is the preferred imaging modality for identifying and monitoring RCC and metastasis.

*View thorax in arterial phase and abdomen/ pelvis in venous phase ².

*Nivolumab (PD-1 inhibitor) and Ipilimumab (CTLA-4 activator) increases T cell activity allowing it to attack cancer cells

*Denosumab (RANKL inhibitor) inhibits osteoclast function, shown to be equal to superior of zoledronic acid (3rd generation bisphosphonate).

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