

Tonsillar Metastasis of Gastric Carcinoma: A Case Report and Literature Review

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Abstract

Tonsillar metastasis of gastric cancer is very rare. We report a case of tonsillar metastasis from signet ring cell gastric carcinoma. We present the case of 66-year-old man who was treated for gastric cancer in 2014. After 2 years and 3 months, the patient developed a loco-regional recurrence. He underwent surgery and post-operative chemotherapy. During the follow-up, 21 months after the recurrence, the patient developed pharyngeal discomfort. A mass of 4 cm was observed in the palatine tonsil with multiple cutaneous metastases. It was diagnosed as a metastasis from gastric cancer. The patient died one month later.

Keywords: Tonsillar metastasis; Gastric carcinoma; Cancer; Chemotherapy

Introduction

Malignant tumors in the palatine tonsils are mostly primary malignancies. Metastatic carcinoma of the tonsil is uncommon. Tonsillar metastasis from a gastric cancer is very rare. The review of the literature reports only 12 cases of tonsillar metastasis of gastric carcinoma [1]. To our knowledge this is the first reported case that combines tonsillar and cutaneous metastases. We report a case of metastasis to palatine tonsil from a primary gastric signet-ring cell carcinoma. A review of the literature is also discussed.

Case Report

We present the case of 66-year-old man who was treated for gastric cancer in 2014. The diagnosis was made by upper gastrointestinal endoscopy. The Pre-operative CT scan showed no evidence of distant metastasis. He underwent a subtotal gastrectomy with a D1, 5 lymph node dissections. Histologically, the tumor was a moderately differentiated adenocarcinoma with signet ring cells invading the subserosa without lymph node metastasis. Additional histologic findings were venous and lymphatic vessel invasion. After the surgery a concomitant

chemo-radiotherapy was indicated. The treatment was well tolerated. Two years and 3 months after, the patient developed a loco-regional recurrence. He underwent surgery and post-operative chemotherapy by 12 courses of folox regimen including 5FU, folinic acid, and oxaliplatin. Grade 2 neuropathy was reported. During the follow-up period, 1 year and 9 months after the recurrence, the patient presented pharyngeal discomfort. A mass of 4 cm was observed in the palatine tonsil with multiple cutaneous mass of the head. The CT scan showed a left adrenal metastasis. The biopsy confirmed the diagnosis of a moderately differentiated adenocarcinoma, a metastasis from gastric cancer. The cutaneous nodules were also a metastasis of gastric cancer. The patient died after the diagnosis of tonsillar metastasis.

Discussion and Conclusion

Metastatic tumors to tonsil are rare. Gallo et al. reported that there were 100 cases published in the English-literature [2]. Many tonsillar metastases are from head and neck cancer [1]. Theories on the mechanisms of metastasis to the tonsils include: haematogenous metastasis, lymphatic metastasis and direct seeding to the tonsil due to regurgitation of the gastric content [1].

A PUBMED research using the keywords "tonsillar metastasis" and "gastric cancer" found 12 case reports with available data. To our knowledge this is the first reported case that combines tonsillar and cutaneous metastases.

Table 1 summarizes information on these 12 cases. Only 5 patients were treated for their tonsillar metastasis. Three patients underwent surgery (1 case combined with chemotherapy and 1 case combined with radiotherapy) and there was 1 case treated only with chemotherapy. BSC was provided to another 7 patients. The longest survival was 30 months, with a mean survival of 14.6 month for the patients who was treated. The survival of our patient did not exceed one month. This can be explained by the presence in addition to the cutaneous metastasis which are darkened the prognosis in the gastric adenocarcinomas. Although for the patients receiving BSC, the mean survival was 3.8 months. These data indicate that

surgical treatment, chemotherapy, and radiotherapy were effective in tonsillar metastasis from gastric cancer [1-11].

Table 1: Reported cases of tonsillar metastasis from gastric cancer.

Author	Age/sex	Gastric treatment	Interval	Tonsil treatment	Another metastasis	Prognosis
Grippaudo [3]	82/F	Gastrectomy	11 Months	Surgery	Liver	Unkown
Tanaka [4]	67/M	Gastrectomy	0 Months	BSC	None	4 Months
Passmore [5]	44/M	Gastrectomy/ Chemotherapy	36 Months	BSC	None	3 Months
Kadowaki [6]	48/M	Gastrectomy	16 Months	BSC	None	8 Months
Gallo [7]	68/M	Gastrectomy	6 Months	BSC	None	Unknow
Yamauchi [8]	74/M	Gastrectomy	12 Months	BSC	Liver	1 Months
Benito [8]	42/M	Chemotherapy	0 Months	Surgery/chemotherapy	None	2 Months
Suko [9]	59/M	Gastrectomy	24 Months	surgery	None	30 Months
Hurlstone [10]	69/M	Gastrectomy	0 Months	Surgery/RT	None	19 Months
Minami [11]	58/F	Gastrectomy	2 Months	Chemotherapy	None	14 Months
Satoh [7]	73/M	Gastrectomy	5 Months	BSC	Cerebral	3 Months
Yamaguchi [1]	88/F	Gastrectomy	27 Months	BSC	Adrenal gland	1 Months

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Not applicable.

Competing Interests

The authors declare that they have no competing interests.

Consent for Publication

In Tunisian law, patients consent is not mandatory for retrospective studies.

Declarations

Author's contributions

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