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 invade the suberosa 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 SFU, 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 tonsilar 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 undergone 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.

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

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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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Provision of study materials or patients: Amel Mezlini, Azza Gabsi, Fahmi Mghirbi
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References