



## Case Report

## Cardiac metastasis of squamous cell carcinoma of the buccal mucosa

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## ABSTRACT

We reported an extremely rare case of cardiac metastasis of squamous cell carcinoma of the buccal mucosa. There were no abnormalities in the electrocardiogram and no prior symptoms. We performed an autopsy and confirmed metastatic lesions in the heart, lung, and liver that originated from the buccal mucosa carcinoma. This case should add to knowledge about rarely encountered cardiac metastasis.

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## 1. Introduction

Metastasis of head and neck squamous cell carcinoma (SCC) to the heart is unusual [1–3]. In patients with cancer, cardiac metastasis is usually difficult to diagnose unless they cause symptoms [3]. Only few cases with distant metastasis of SCC of the buccal mucosa have been reported in the English language literature [1,4,5]. To the best of our knowledge, this is a rare case of SCC of the buccal mucosa with multiple distant metastases to the heart, lung, and liver diagnosed by post-mortem examination.

## 2. Case report

A 90-year-old Japanese male presented with a chief complaint of progressive right buccal tumor (Fig. 1) in January 2013. A computed tomography (CT) scan of the head and the neck showed the large buccal tumor and metastatic neck lymph node (Fig. 2A). The <sup>18</sup>F-fluorodeoxyglucose positron emission tomography of the

whole body detected the large buccal tumor with a maximum standardized uptake value of 15.0 and one enlarged neck lymph node (Fig. 2B). A biopsy specimen showed poorly differentiated SCC (Fig. 3). We diagnosed a T4aN1M0 SCC of the buccal mucosa. The patient was treated with CyberKnife. The dose for the tumor ranged from 30.6 Gy (42.85% of dose) to 71.4 Gy (100% of dose), delivered five separate times as fractionated stereotactic radiation. No side effects were noted, except for slight stomatitis. His disease was stabilized by CyberKnife. In March 2013, he presented with

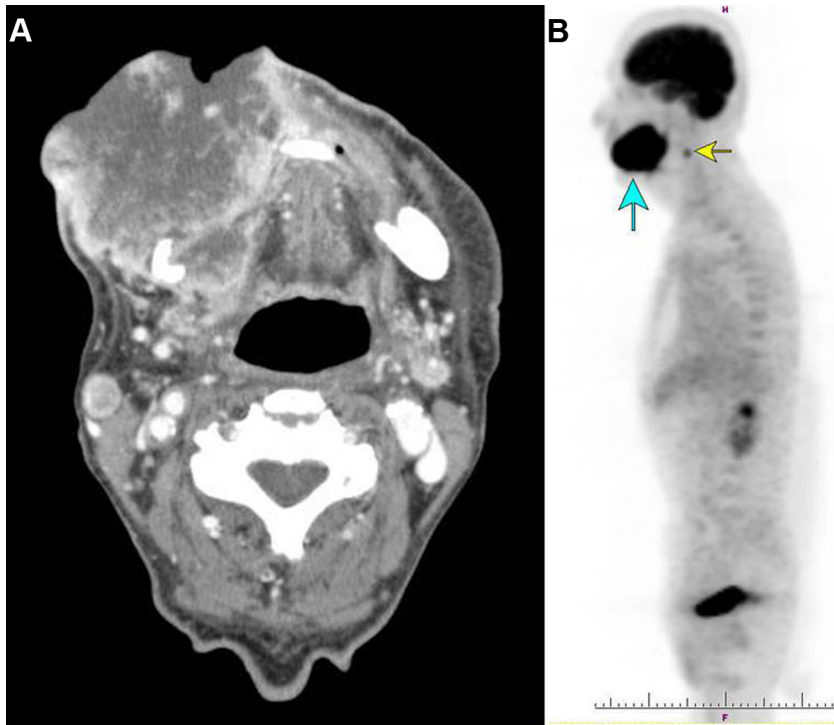


Fig. 1. Facial findings of the right side of the buccal tumor at first visit.

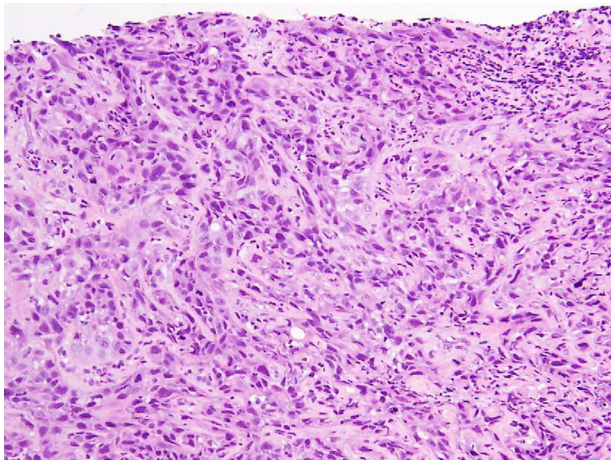
<sup>\*</sup> Asian AOMS: Asian Association of Oral and Maxillofacial Surgeons; ASOMP: Asian Society of Oral and Maxillofacial Pathology; JSOP: Japanese Society of Oral Pathology; JSOMS: Japanese Society of Oral and Maxillofacial Surgeons; JSOM: Japanese Society of Oral Medicine; JAMI: Japanese Academy of Maxillofacial Implants.

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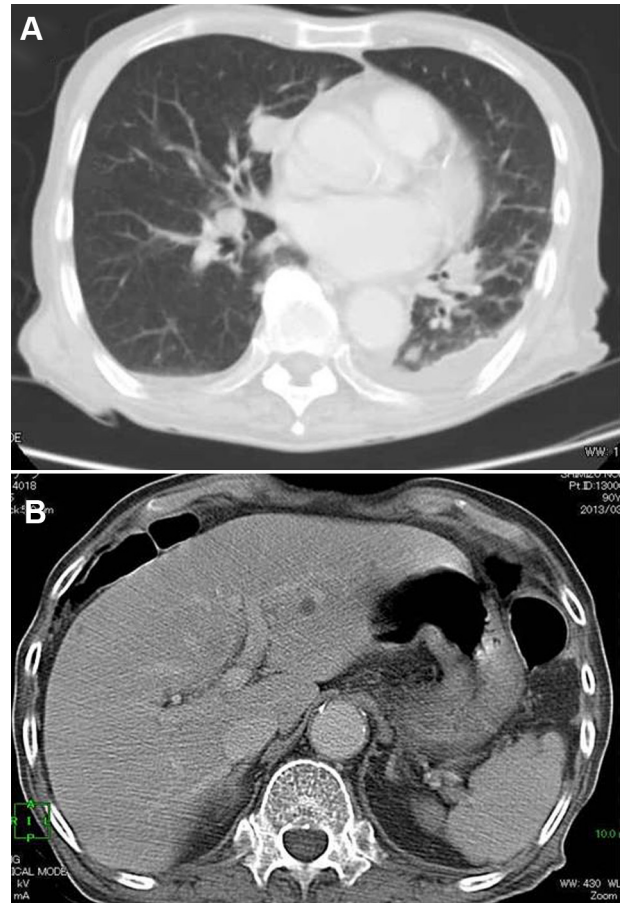
**Fig. 2.** (A) Computed tomography scan of the face and the neck showed the large buccal tumor and metastatic neck lymph node. (B) The <sup>18</sup>F-fluorodeoxyglucose positron emission tomography detected the large buccal tumor and one enlarged neck lymph node.



**Fig. 3.** Histological finding of biopsy specimen shows poorly differentiated squamous cell carcinoma.

weakness and shortness of breath. A CT scan of the chest and the abdomen showed pneumonia, multiple lung metastases (Fig. 4A), and liver metastasis (Fig. 4B). He ultimately developed respiratory failure and considering the advanced state of his metastatic cancer, life support was discontinued 2 months after the first visit to our hospital.

Post-mortem examination revealed metastatic tumor nodules in the right ventricle (Fig. 5A), lung (Fig. 5B), and liver (Fig. 5C). Microscopic examination revealed metastatic poorly differentiated SCC cells in the right ventricle (Fig. 6A), lung (Fig. 6B), liver (Fig. 6C), heart, thoracic diaphragm, and pleura. Multiple nests of SCC cells within neck lymph nodes were also noted. After conducting a retrospective survey of electrocardiographic findings with cardiac



**Fig. 4.** (A) Chest computed tomography scan of the lung shows pneumonia and multiple metastases. (B) Abdominal computed tomography scan of the liver shows metastatic tumor.

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