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CASE REPORT

Clear-cell renal carcinoma metastasis to the base of the tongue and sphenoid sinus: Two very rare atypical ENT locations

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KEYWORDS
Renal clear cell carcinoma;
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Base of the tongue;
Sphenoid sinus;
Surgery

Summary
Introduction: Kidney cancer, and especially clear cell carcinoma, has an unpredictable clinical course, with metastatic potential that is variable over time and in location. Six percent of atypical locations are ENT. The three most frequent sites are the thyroid, sinus and parotid gland.
Case report: We report two rare locations: the base of the tongue, and the sphenoid sinus.
Discussion: First-line treatment is surgical, due to low radiosensitivity, with radiation therapy as a possible second line. Functional impact is a prime issue, to avoid functional mutilation.
Conclusion: Such metastases may sometimes occur years after the discovery of the primitive renal tumor; any history of kidney cancer should, therefore, be noted in patients with suspect ENT lesions.

Introduction

Three percent of cancers in adults involve the kidneys, 80% of these being clear-cell carcinoma. Evolution is unpredictable: either revealed by multiple metastasis, or dormant over a long period before recurrence. Metastasis may involve any organ, which complicates diagnosis. Six percent of atypical metastasis locations are ENT, and notably at three sites: thyroid, sinus and parotid gland.

We here report two cases: one metastasis to the base of the tongue, and one to the sphenoid sinus and infratemporal fossa.

Clinical cases

Case no. 1

Ms M., aged 48 years, presented in July 2004 with right renal clear-cell carcinoma, which was managed by total nephrectomy. The specimen was classified as Führman pT3N0M0, grade 3 (high grade).

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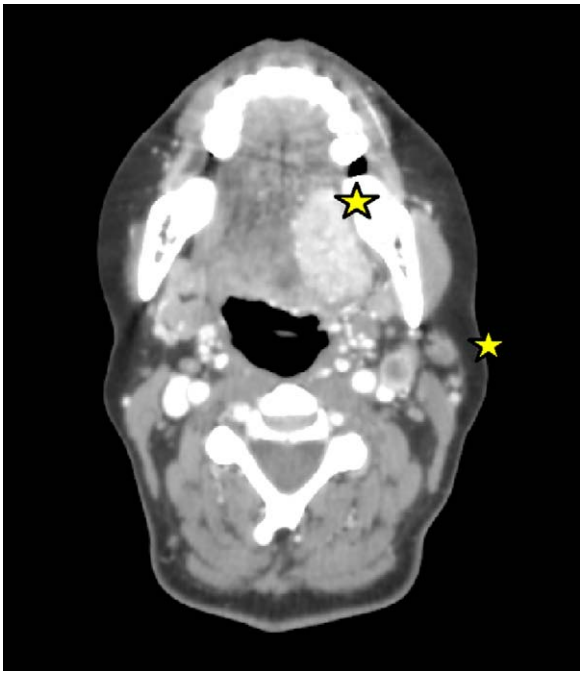

Figure 1 Hypervascularized metastasis to the left hemibase of the tongue, and left area II lymph node metastasis: aspect on contrast-enhanced CT.

Surveillance scintigraphy performed in October 2005 found right humeral metastasis, which was surgically removed. Control PET-CT performed in January 2007 was normal.

In October 2007, patient consulted for a left laterocervical mass with reflex otalgia. She presented with a painful lesion of the left hemi-base of the tongue associated with left retromandibular adenopathy. Cervicothoracic CT (Fig. 1) found a 30 mm nodule of the lateral left hemi-base of the tongue, without extension beyond the midline, showing contrast medium uptake, and adenomegaly of area II. PET-CT found significant hyperfixation. Cytologic analysis of the adenopathy suggested kidney cancer metastasis. Biopsy of the lingual lesion, taken during endoscopy (Fig. 2), confirmed metastasis of renal origin.

As renal carcinoma shows low radiosensitivity, in March 2008, the patient underwent surgical removal of the left hemi-base of the tongue with bilateral functional curage of the neck.

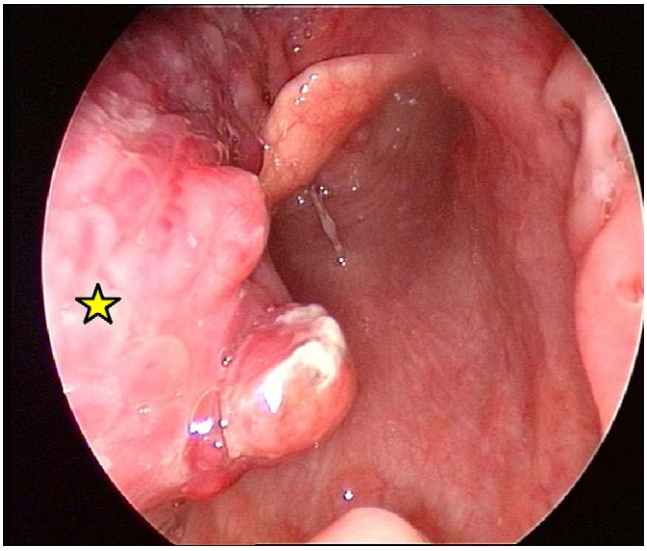

Figure 2 Renal metastasis to the left hemibase of the tongue: aspect on suspension laryngoscopy.

PET-CT performed in February 2009 found multiple metastatic recurrence: left surrenal, L5 vertebra and left submandibular adenopathy.

Analgesic radiation therapy on L5 was associated to targeted sunitinib malate.

Five-year follow-up found all sites to be stable.

Case no. 2

Mr. L., aged 53 years, was operated on in February 2007 for lumbar melanoma; postoperative cerebro-cervicothoracic CT found a lytic lesion of the left infratemporal fossa extending to the floor of the left sphenoid sinus (Fig. 3). The lesion showed no contrast enhancement, and included the left internal carotid artery and the inferior part of the cavernous space, up to the temporal lobe.

The patient reported chronic left rhinorrhea. Nasofibroscopy was normal. There was no cranial nerve impairment.

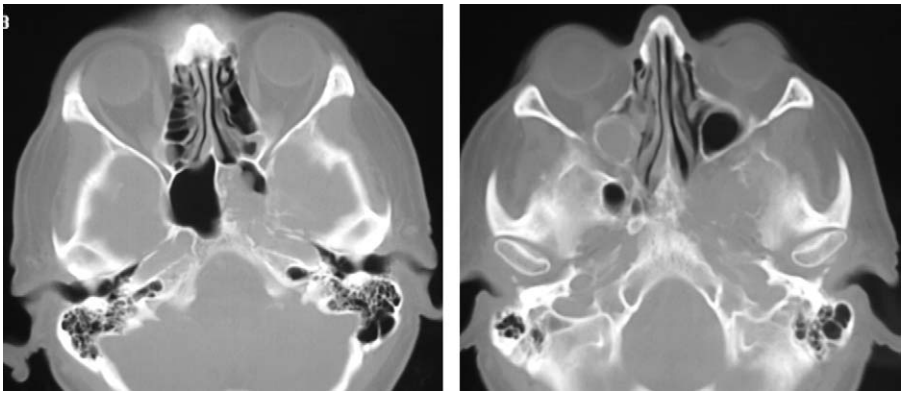

Figure 3 Lytic metastasis of renal origin to the left sphenoid: axial CT aspect.