



## Case Report

# Multiple distant organ metastases from squamous cell carcinoma of the lower gingiva that followed a rapid course: An autopsy case report

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## ABSTRACT

We experienced a rare case, which was distant organ metastatic squamous cell carcinoma (SCC) and had deteriorated rapidly. An 80-year-old man was transported to hospital because of a sudden loss of consciousness. A tumor was found in his right mandibular gingiva, which was histopathologically diagnosed as SCC. A large tumor was detected in the pelvic soft tissue on a thoracoabdominal computed tomography scan. The patient died on the 22nd day after he was admitted to hospital. We performed an autopsy. The autopsy revealed multiple distant organ metastases, and all of the lesions were histopathologically diagnosed as SCC.

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## 1. Introduction

Oral cancer generally metastasizes to the lungs, bone, and liver. Distant metastases are occasionally found in multiple organs [1]. In some rare cases, oral cancer metastasized to the myocardium, and the patients died shortly after being diagnosed [2–4]. However, to the best of our knowledge, there has not been any case report about pelvic metastatic tumors derived from oral cancer.

The rescue rate of metastatic cancer is clearly lower than that of primary cancer, and it has been reported that in oral cancer the likelihood of survival is drastically reduced by metastasis to the lungs or bones [5]. In particular, in the case of distant metastasis to rare sites, discovery is delayed, and it is often difficult to determine an appropriate treatment course.

Although the frequency of autopsies has been decreasing recently [6], we experienced an autopsy case in which a mandibular

gingival squamous cell carcinoma (SCC) metastasized to multiple organs. The autopsy was performed after receiving consent from the patient's family because this case followed a rapid course, and the patient's family also hoped to learn the cause of the patient's death. We expect that investigating cases such as this will lead to the development of effective treatments for cancer metastasis.

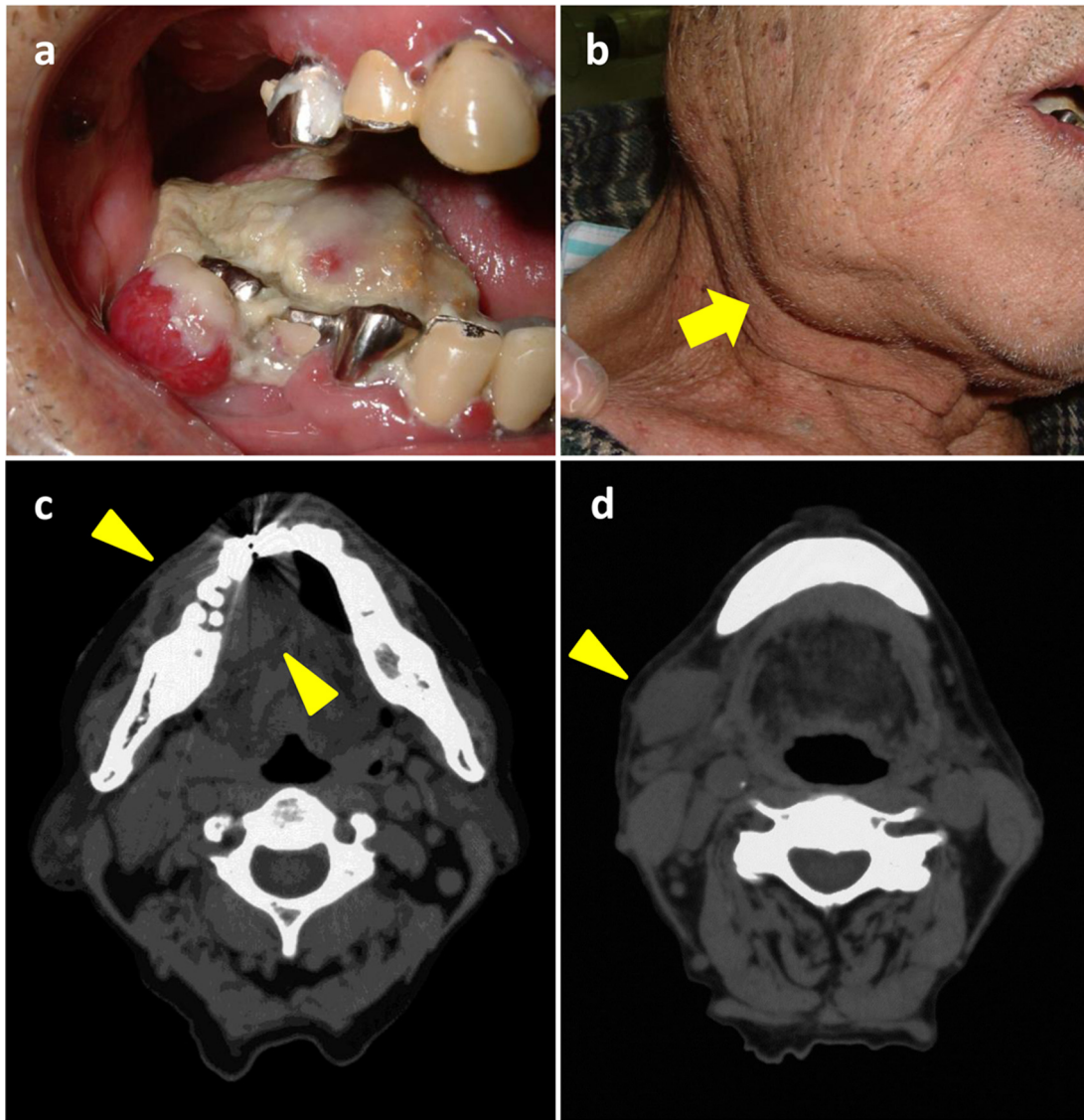
## 2. Case report

An 80-year-old man was transported to a local hospital because of a sudden loss of consciousness. After admission, he was diagnosed with acute prostatitis and received an intravenous drip. Although he regained consciousness, his general condition worsened. He found it difficult to walk and suffered from loss of appetite. The treating physicians found a tumor in the right mandibular gingiva, and it was suggested that this was the cause of the patient's poor general condition. Thus, he was referred to our hospital for a closer examination.

He arrived at our hospital in a state of hypoalbuminemia, hypercalcemia, and dehydration. Hematological and biochemical investigations showed the following: total protein, 5.9 g/dl (standard value: 6.5–8.2 g/dl); albumin 1.9 g/dl (standard value:

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**Fig. 1.** Clinical findings in the first examination. (a) Intraoral finding. The tumor was located in the right molar region of the mandibular gingiva. (b) Extraoral finding. The arrow shows swollen right submandibular lymph node. (c, d) CT findings of the head and neck region. The arrowheads of c shows gingival tumor, and the arrowhead of (d) shows submandibular lymph node.

4.3–5.4 g/dl); calcium, 11.3 mg/dl (standard value: 7.5–9.8 mg/dl); urea nitrogen, 94.3 mg/dl (standard value: 9–20 mg/dl); and creatinine, 2.30 mg/dl (standard value: 0.3–1.1 mg/dl). The tumor was located in the right molar region of the mandibular gingiva, and it measured 55 × 36 × 34 mm. On palpation, a fixed and swollen lymph node, the size of a pigeon's egg, was discovered in the right submandibular region (Fig. 1a–d). As mainly many small tumor alveoli infiltrated or grew, the histopathological diagnosis of the gingival tumor was a poorly differentiated SCC.

Computed tomography (CT) showed a tumor at the above-mentioned site. On CT of the thoracoabdominal region, a large tumor was noted in the pelvic soft tissue, and bone absorption of the substernal right sacral and iliac regions and the left acetabular roof were also observed (Fig. 2a–c). The clinical diagnosis was an SCC of the right mandibular gingiva, metastatic carcinoma of the right lung and thoracic bone, and a large tumor in the right pelvis.

As the patient's state had worsened markedly, active treatment was difficult. We deemed that medical treatment should not be instigated because of the problems associated with anamnesis and the patient's overall general condition and advanced age. He was given palliative care and died on the 22nd day after being admitted

to our hospital. We performed an autopsy on the same day after receiving consent from the patient's family.

### 2.1. Gross and histopathological findings of the lesions

The primary tumor in the right mandibular gingiva measured 35 × 60 mm, and tumor alveoli of various sizes were observed. In addition, the SCC cells were well to moderately differentiated and displayed marked atypia (ly2, v1, pT3N2aM1, and stage IVC) (Fig. 3a and b). A clear transition was observed between the tumor and the surrounding normal tissue (Fig. 3c). In the bilateral lungs, multiple moderately to poorly differentiated SCC lesions (of up to 20 mm in diameter) were found, and moderately to poorly differentiated SCC lesions of the pulmonary hilar had infiltrated the region around the tracheal cartilage. In addition, three moderately to poorly differentiated SCC lesions were found in the peripheral lung tissue (the alveolar space). Furthermore, multiple moderately to poorly differentiated SCC lesions (up to 5 mm in diameter) were found in the right thoracic wall, and moderately to poorly differentiated SCC lesions that exhibited osteoclastic invasion were observed on the thoracic vertebra (up to 50 mm in diameter).

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