

CASE REPORT

Bilateral synchronous submandibular lumps in a patient with gastric carcinoma

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This case report deals with a patient who was readmitted with a bilateral submandibular swelling after having received primary surgery due to gastric adenocarcinoma 6 months before. After bilateral submandibulectomy both glands were diagnosed histopathologically as metastasis of adenocarcinoma. This is the rare case of a submandibular gland metastasis and the first case of a bilateral synchronous submandibular gland metastasis from gastric carcinoma.

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A 63-year-old male patient was admitted to our hospital diagnosed of untreatable achalasia. He presented a 6-month history of increasing swallowing problems resulting in the need of fluid nutrition. First after receiving laparotomy he was diagnosed of intramural gastric cancer. After completion of the patient's staging, he underwent an operation of gastrectomy with D2-lymph node dissection, resection of the distal oesophagus and reconstruction by a Roux-Y-oesophagojejunostomy. The postoperative stage of tumour was UICC IIIA classified so that, according to the German guidelines, an adjuvant chemotherapy has not been indicated.

One year after the patient's discharge from hospital he was readmitted with bilateral lumps in the submandibular region (Fig. 1). Preoperative examinations included a computed tomography of the neck suggesting enlarged submandibular glands on both sides (Fig. 2). Extirpation of the submandibular glands revealed the histopathological result of bilateral synchronous metastases of an adenocarcinoma, present in each of the two glands (Figs 3, 4).

Lateron, the patient was restaged by further computed tomography, scintigraphy and x-rays of the skeleton.



Figure 1 Bilateral submandibular lumps (arrows) after a 6-month history of gastric carcinoma. The histopathologic analysis revealed adenocarcinoma of the oesophago-gastric junction.

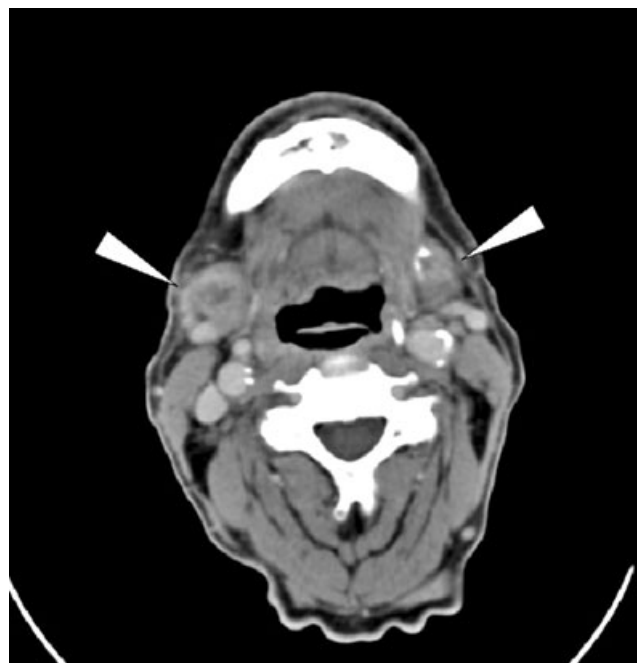


Figure 2 Computed tomography of the submandibular region with bilateral swollen submandibular glands (arrows). No typical signs for malignant growth were noted.

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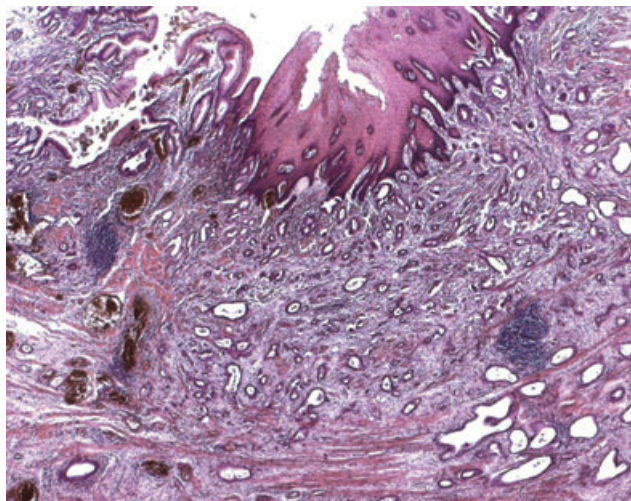


Figure 3 Adenocarcinoma of the oesophago-gastric junction showing atypical glands both under normal gastric (left side) and squamous (right side) epithelia. 40×, HE-stain.

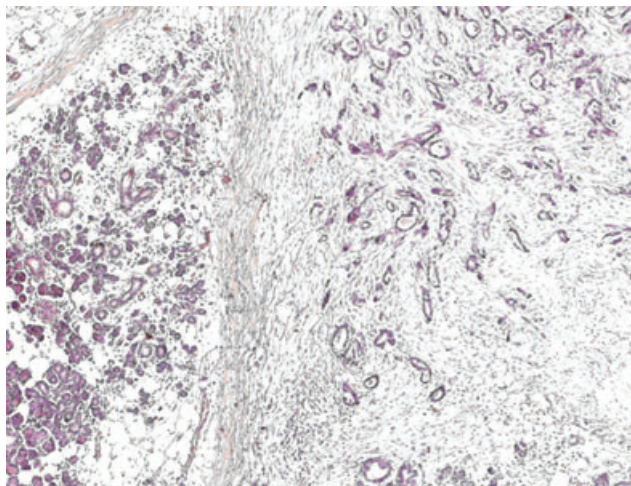


Figure 4 Adenocarcinoma within the left submandibular gland showing remaining glandular tissue on the left side, 40×, HE-stain.

These examinations showed an advanced stage of cancer with skeletal metastasis into the skull, the lower jaw, the spine and the femur. The patient is now treated by palliative chemotherapy with foline acid, 5-fluorouracil and cisplatin.

Comment

Tumours of the salivary glands are predominantly primary and benign, making up about 3% of all tumours (1). Metastatic disease to the salivary glands is known, but constitutes only 8% of malignant tumours of the salivary glands and is primarily derived from the head and neck region. A metastasis of an adenocarcinoma to the submandibular gland is rare (2), and even more rare is a metastasis into both submandibular glands (3). We herein describe the first case of a bilateral synchronous submandibular gland metastasis from gastric carcinoma (4, 5).

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