

ADENOCARCINOMA OF THE JEJUNUM METASTATIC TO THE PALATINE TONSIL

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SUMMARY

A case of adenocarcinoma of the jejunum metastatic to the palatine tonsil is reported. The authors believe this to be the first case reported in the English literature.

SING MED J. 1988; 29: 617 — 618

INTRODUCTION

Metastatic carcinoma to the palatine tonsil is uncommon. Brownson et al, in a review of the literature, analysed 76 cases; of which only 51 cases were adequately documented (1). The common primary sites include cutaneous melanoma, pulmonary carcinoma, carcinoma of the breast and hypernephroma (2). Metastatic adenocarcinoma from the gastrointestinal tract are rare. We report a case of adenocarcinoma of the jejunum metastasizing to the left palatine tonsil.

CASE REPORT

A 58 year old Chinese woman was referred to the University Hospital with a month history of a lump in the left side of her throat and discomfort on swallowing. She had consulted a surgeon elsewhere who noted an enlarged left palatine tonsil. Chest radiograph at that stage showed an abnormal shadow in the left upper lobe. Punch biopsy of the tonsillar mass revealed poorly differentiated squamous cell carcinoma. The diagnosis at referral was a bronchiogenic carcinoma with tonsillar metastasis. On examination, a 1 cm x 2 cm greyish nodule with telangiectatic vessels on the surface was seen in the left palatine tonsillar fossa (Fig. 1). The lungs were clear and there were no abdominal masses. Liver function tests and abdominal ultrasonography were normal. Review of slides from the initial biopsy showed the tonsillar lesion to be a poorly differentiated metastatic adenocarcinoma.

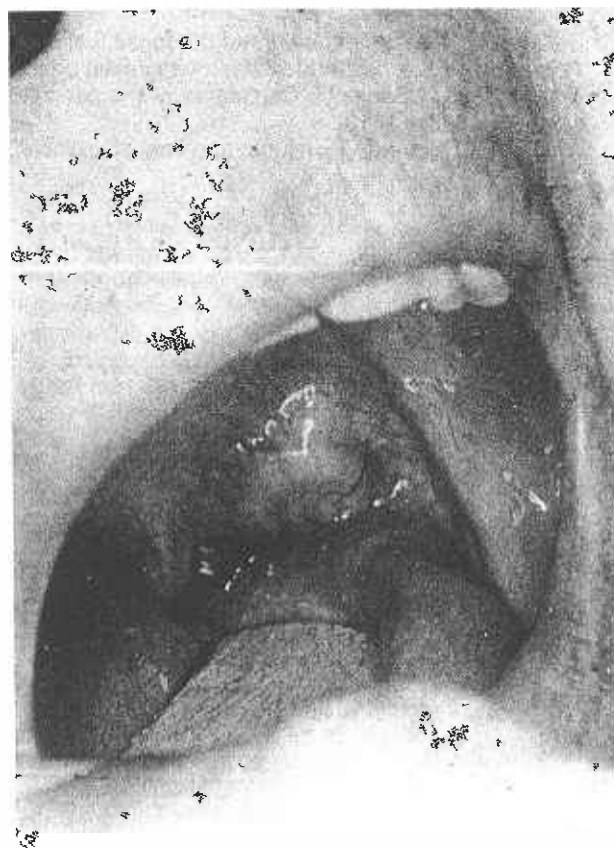


Fig. 1: Open mouth view showing the telangiectatic lesion of the left palatine tonsil.

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While in the ward, the patient developed fever, abdominal pain and vomiting suggestive of intestinal obstruction. Laparotomy revealed a tumour mass of the proximal jejunum herniating into the paraduodenal fossa. The tumour had perforated, forming a localised abscess. The adjacent mesentery was tethered and adherent to the mass. The liver was free of tumour and there was no peritoneal swellings. The involved jejunal segment was resected and a jejunojunctionostomy performed.

Histopathological examination of the jejunal tumour revealed poorly differentiated adenocarcinoma — a finding essentially similar to the tonsillar biopsy.

DISCUSSION

Metastatic adenocarcinoma to the palatine tonsils have been reported from the breast, lungs, kidneys, prostate and the gastrointestinal tract (2). Those from the gastrointestinal tract include primary tumours in the stomach (3), rectum (4) and pancreas (5, 6). We believe this to be the first case report of an adenocarcinoma of the jejunum metastasizing to the palatine tonsil in the English literature.

The extreme rarity of this condition can be explained by two factors. Firstly, malignant tumours of the small intestine are uncommon. Arthaud and Guinee found that only 1.2% of gastrointestinal malignancies are situated in

the small bowel (7). Secondly, invading malignant cells in the tonsils are postulated to be destroyed by the reticuloendothelial cells (2).

It has been suggested that direct haematogenous spread is the most likely mode for tonsillar metastasis (6). Various routes have been implicated: including via the portal system, lungs and arterial circulation to the tonsils; and via the paravertebral plexus of Batson. Passmore et al believes that the more plausible explanation is that metastases arise in a 'Cascade' fashion from metastatic foci in the liver and lungs (3). The abnormal chest radiograph findings in this case lend support to this hypothesis.

A unique feature of this case is that detection of the metastatic lesion preceeded that of the primary jejunal tumour. This has not been the experience with the majority of gastrointestinal primaries, with the exception of Moar's report (6) of a metastatic pancreatic carcinoma presenting with bilateral tonsillar metastases.

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