

中文題目：罕見腸胃道出血-以小腸腫瘤表現之轉移性腎細胞癌

英文題目：A rare case of obscure GI bleeding: metastatic renal cell carcinoma of jejunum

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Introduction: Small intestinal tumors account for 3% of gastrointestinal (GI) tract neoplasms in the U.S. The most common origin of hematogenous metastasis to the small bowel were melanoma, lung, breast, cervix, sarcoma, and colon. We present a case of obscure GI bleeding due to metastatic renal cell carcinoma (RCC).

Case presentation:

A 79-year-old Taiwanese man had a history of right RCC, clear cell type, Fuhrman nuclear grade 3, with renal sinus fat invasion. He received right nephrectomy on 2017/04/18. Kidney magnetic resonance imaging (MRI) follow-up on 2020/5/29 showed no local recurrence nor distant metastasis. This time, he suffered from progressive fatigue and exertional dyspnea for 10 months. For iron deficiency survey, the immunochemical fecal occult blood test (iFOBT) was positive. The panendoscopy and ileocolonoscopy were unremarkable. Due to chronic kidney disease, the enteroscopy was performed prior to contrast abdominal computed tomography (CT) scan, which disclosed a 3.5cm tumor 50cm from the Treitz ligament. He received laparoscopic jejunal tumor resection, and the pathology showed metastatic clear cell renal cell carcinoma.

Discussion:

Clear cell RCC metastasizing to jejunum is extremely rare. Only ten cases have been published after 2015. Male to female ratio is six to four. The average age of them is 59 years. It can be found after nephrectomy from one to nineteen years, and average time post-nephrectomy is 5.2 years. Two of them is diagnosed by capsule enteroscopy, while seven of them is by CT and operation. Regarding of treatment, surgical intervention is recommended. Outcome is variable. Two of them died within 6 months after surgical resection. Others remain alive and receive further systemic therapy after resection.