



Contents lists available at ScienceDirect

## International Journal of Surgery Case Reports

journal homepage: [www.casereports.com](http://www.casereports.com)

## Labial metastasis of renal neoplasia - A diagnostic challenge

Arthur Paredes Gatti<sup>a,\*,1</sup>, Ramon Nobre Leal Oliva<sup>b,1</sup>, Caroline Nicolau Nardi<sup>c,1</sup>,  
Ana Maria Yoshino Bonifaci<sup>d,1</sup>, Lilian Kanawa Tangoda<sup>e,1</sup>,  
Lívia Akemi Ramos Takahashi<sup>e,1</sup>

<sup>a</sup> Neck Surgery Department, Brazil<sup>b</sup> Head and Neck Surgery Department, Brazil<sup>c</sup> Dermatological Surgery of Dermatology Department, Brazil<sup>d</sup> Pathological Anatomy Laboratory, Brazil<sup>e</sup> Pirajussara General Hospital - General Surgery Resident, Brazil

## ARTICLE INFO

## Article history:

Received 22 July 2020

Accepted 15 October 2020

Available online 28 October 2020

## Keywords:

Metastasis

Labial tumor

Renal neoplasia

## ABSTRACT

**INTRODUCTION:** Cutaneous spread of solid visceral metastasis is very unusual presentation, usually in breast, lung, colon, ovarian carcinomas, and malignant melanoma. Less than 5% of cases of cutaneous spread are from renal neoplasms.

**PRESENTATION OF CASE:** We present the case of a 48-year-old woman with a large lower lip tumor whose anatomopathological analysis of the lesion led us to identify a Clear Cell Renal Cell Carcinoma (ccRCC).

**DISCUSSION:** The clinical manifestations of the ccRCC can be mild, generating a late diagnosis through metastasis of primary neoplasia. Their presentations can be varied, as described in this report.

**CONCLUSION:** The knowledge of the different types of presentation of CCCR metastases can assist in decision making, but the progression of staging often only allows palliative measures.

© 2020 The Authors. Published by Elsevier Ltd on behalf of IJS Publishing Group Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## 1. Introduction

Cancer of the mouth and oral cavity is one of the most prevalent in the population, especially when associated with smoking and alcohol consumption. The lips comprise a relevant portion of the location of these tumors [1]. Squamous cell carcinoma is the most prevalent histological type, with ulcerative and infiltrating presentation, painful and of moderate growth [1,2].

Rarely, such lip lesions can be metastases from other tumors. The cutaneous spread of kidney neoplasms is an extremely unusual presentation and can present itself as the first symptom of this type of cancer [3].

We present a case of 48-year-old woman with a very large lower lip tumor whose suspicion was a primary lip cancer, but it turned out to be a metastasis of a ccRCC.

## 2. Presentation of case

A 48-year-old woman was referred to the Head and Neck Surgery Department of our hospital due to a complaint of a large

\* Corresponding author at: Av. Senador Casemiro da Rocha, 1257-112b – Mirandópolis, São Paulo, SP, Brazil.

E-mail addresses: [apgatti.ccp@gmail.com](mailto:apgatti.ccp@gmail.com), [arthurpgatti@hotmail.com](mailto:arthurpgatti@hotmail.com)

(A.P. Gatti).

<sup>1</sup> Department of Head and Neck Surgery – Pirajussara General Hospital, Taboão da Serra/SP – 06785-300, Brazil.

**Table 1**  
Immunohistochemical Study.

Reagents	Results
AE1/AE3	Positive
Vimentine	Positive
CK7	Negative
CK20	Negative
PAX8	Positive
S100	Negative
RCC	Focal Positive
CD10	Positive

tumor on her lower lip that had grown 4 months ago. The patient reported that the tumor was painful, bleeding due to the weight it exerted on the face, with necrotic tissue around it (Fig. 1).

Due to the personal history of smoking (26 years/pack) and weight loss of 10 kg in this period, our first hypothesis was that it was a squamous cell carcinoma of the lip.

Our team opted for incisional biopsy of the lip and staging through computed tomography of the skull, face and chest. Imaging exams did not reveal any pulmonary or cervical involvement, only the 21 × 18 cm lip lesion without affecting the gingival mucosa.

The anatomopathological report showed only atypical cell proliferation and was conducted for immunohistochemical study. This revealed to be tissue infiltrated by clear cell carcinoma of probable renal origin (Table 1). From this moment, it was decided to perform a Computed Tomography of the Abdomen, which revealed



Fig. 1. Lower Lip Tumor.

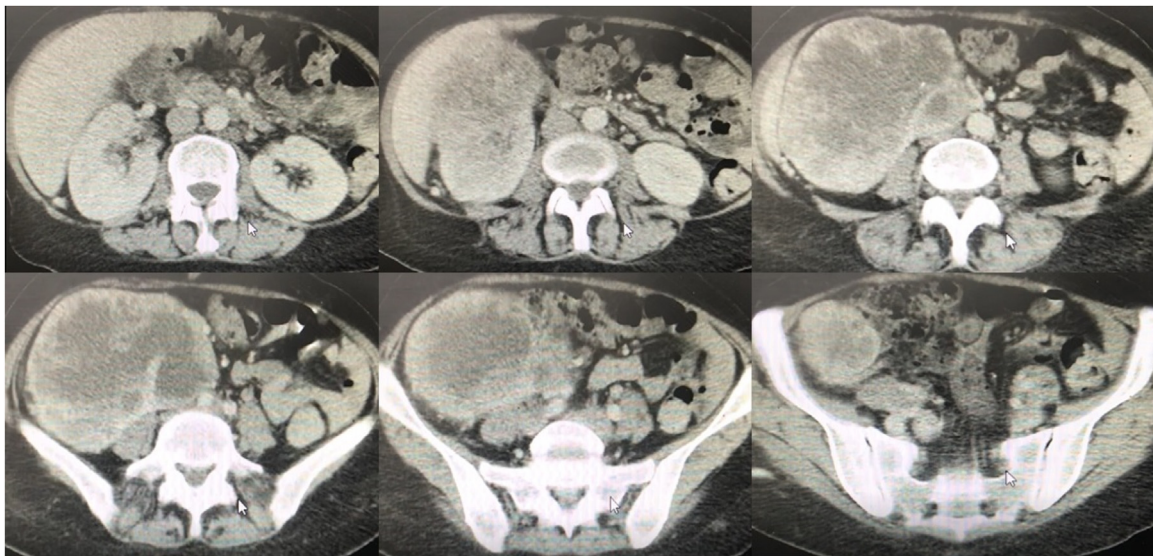


Fig. 2. Abdominal Computed Tomography – ccRCC.

a large tumor in the right kidney, whose growth never generated abdominal or urinary symptoms to the patient (Fig. 2).

The patient underwent hygienic resection of the lower lip and was referred to the Oncology service for adjuvant palliative treatment.

### 3. Discussion

CcRCC is the most common histological subtype (75%), originating from the tubular and distal nephron epithelium, with an aggressive, hypervascularized character and more incident in patients over 50 years of age [4].

Unusual presentations of tumors tend to generate a biased expectation for the patient's prognosis, as well as a possible delay in diagnosis and conduct to be taken. An average of 35% of patients undergoing ccRCC nephrectomy will develop distant metastasis in the future [4,5].

Skin presentations represent less than 3% of metastases and have already been described in the literature on the scalp and face. In the areas of transition between skin and mucosa, ccRCC metas-

tases have already been found in nasal cavity, lower lip, hard palate, tongue and maxillary sinus [6].

The aggressiveness of this type of tumor allows an early presentation of distant metastases, as well as their rapid growth. Curative treatment is often prevented by late diagnosis and advanced disease [6,7].

Lesions with a clinical pattern and personal history such as that presented in the case should always be suspected of squamous cell carcinoma first. Its incidence is much higher than metastatic presentations on this site [6,8]. After careful anamnesis and physical examination, staging through imaging and tissue biopsy for histological analysis is essential [8].

Other differential diagnoses are neoplasms of high-grade salivary glands that can affect the labial vermillion region (RCC exhibits focal cytokeratin positivity whereas it is diffuse in salivary gland carcinoma). Clear cell variant of odontogenic tumors, melanoma, and other metastatic clear cell carcinomas must be suspected and discarded through histological study [9–11].

Our observation about this case suggests that the diagnostic sequence should always be followed and that the resection of lip

metastasis for hygienic purposes would improve the quality of life regardless of the natural outcome of the disease.

#### 4. Conclusion

Metastatic manifestations in the skin usually show advanced primary tumors that are often undiagnosed. A careful clinical evaluation, staging through imaging tests and histological study are essential for the management of the case, regardless of the progress of the disease. The most important thing is to promote a better quality of life for the patient through the control of symptoms.

#### Declaration of competing interest

None.

#### Funding

None - Personal financing.

#### Ethical approval

The research ethics committee approved this research. The patient signed the Consent Form approving the disclosure of her data for this research.

#### Consent

The research ethics committee approved this research. The patient signed the Consent Form approving the disclosure of her data for this research.

#### Author contribution

Arthur Paredes Gatti: Research coordinator; data collect; edition of the article.

Ramon Nobre Leal Oliva: Conducting the patient's case; data collect.

Caroline Nicolau Nardi: Conducting the patient's case; data collect.

Ana Maria Yoshino Bonifaci: Histological evaluation

Lilian Kanawa Tangoda: Conducting the patient's case; data collect.

Livia Akemi Ramos Takahashi: Conducting the patient's case; data collect.

#### Registration of research studies

1. Name of the registry: Parecer Ética em Pesquisa
2. Unique identifying number or registration ID: n<sup>o</sup> 02/2020 – CEM (June 29, 2020)
3. Hyperlink to your specific registration (must be publicly accessible and will be checked): <http://hgp.spdmafiladas.org.br/researchregistry5810>

#### Guarantor

Dra. Patrícia Comparini Ribeiro - Member of the Medical Ethics Council of Hospital Geral de Pirajussara.

#### References

- [1] J.P. Borta, A.B. Lyons, B.T. Carroll, Squamous cell carcinoma of the lip—a review of squamous cell carcinogenesis of the mucosal and cutaneous junction, *Dermatol. Surg.* 43 (4) (2017) 494–506.
- [2] N. Moeckelmann, et al., Analysis and comparison of the 8th edition American joint committee on cancer (AJCC) nodal staging system in cutaneous and oral squamous cell Cancer of the head and neck, *Ann. Surg. Oncol.* 25 (6) (2018) 1730–1736.
- [3] H.R. Mahmoud, K. Kamyab, M. Daneshpazhooh, Cutaneous metastasis of renal cell carcinoma: a case report, *Dermatol. Online J.* 18 (2012) 12.
- [4] V.F. Muglia, A. Prando, Renal cell carcinoma: histological classification and correlation with imaging findings, *Radiol. Bras.* 48 (2015) 3.
- [5] R.C. Flanigan, S.C. Campbell, J.I. Clark, M.M. Picken, Metastatic renal cell carcinoma, *Curr. Treat. Options Oncol.* 4 (2003) 385–390.
- [6] K.M. Pritchky, et al., Metastatic renal cell carcinoma to the head and neck, *Laryngoscope* 112 (2002) 1598–1602.
- [7] A. Kotak, G. Merrick, Presentation of metastatic renal cell carcinoma as a lip lesion, *J. Surg. Case Rep.* (2014) 9.
- [8] M. Kishore, D.S. Chauhan, S. Dogra, Unusual presentation of renal cell carcinoma: a rare case report, *J. Lab. Phys.* 10 (2) (2018) 241–244.
- [9] N.A. Porter, H.L. Anderson, S. Al-Dujaily, Renal cell carcinoma presenting as a solitary cutaneous facial metastasis: case report and review of the literature, *Int. Semin. Surg. Oncol.* 3 (2006) 27.
- [10] M.A. Arrabal-Polo, et al., Cutaneous metastases in renal cell carcinoma: a case report, *Cases J.* 2 (2009) 7948.
- [11] K.M. Pritchky, et al., Metastatic renal cell carcinoma to the head and neck, *Laryngoscope* 112 (2002) 1598–1602.

#### Open Access

This article is published Open Access at [sciencedirect.com](https://www.sciencedirect.com). It is distributed under the [IJSCR Supplemental terms and conditions](#), which permits unrestricted non commercial use, distribution, and reproduction in any medium, provided the original authors and source are credited.