

Clinical Image

Molecular Imaging Demonstrates Metastatic Snowstorm in Cancer of Unknown Primary Site

McKay JN^1 , McAuley I^2 , McKay TM^2 and McKay $MJ^{3.4*}$

¹Monash University, Clayton Campus, Melbourne Australia

²Deakin University, Burwood Campus, Melbourne Australia

³North Coast Cancer Institute, Lismore NSW Australia

 4 University of Sydney, Camperdown NSW Australia

*Corresponding author: Michael J McKay, North Coast Cancer Institute, Lismore NSW 2480, Australia

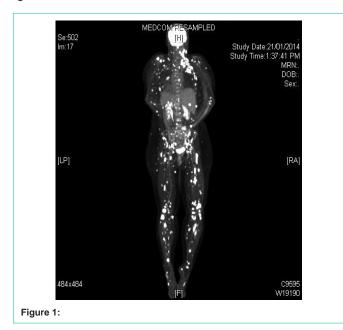
Received: November 29, 2016; **Accepted:** December 05, 2016; **Published:** December 07, 2016

Clinical Image

A previously well 45 year old female presented with intensifying knee and pelvic pain and bilaterally enlarged cervical lymph nodes. Core biopsy of a right cervical lymph node was consistent with metastatic poorly differentiated squamous cell carcinoma, but no primary site was evident at presentation or throughout the course of her illness. Clinically and radiologically the greatest bulk of disease was in the right neck and upper mediastinum. Whole body FDG-PET/CT showed a plethora (208 in toto) of bony and soft-tissue metastases, to our knowledge the largest number of metastatic lesions recorded in any one patient (Figure 1).

She received palliative chemotherapy and radiotherapy, with some symptomatic relief.

Question: What is the most common, adeno- or squamous cell-carcinoma of unknown primary site?



Answer: The former.

Question: How common is metastatic epithelial malignancy below the elbows and knees?

Answer: Uncommon, especially in oligometastatic disease, but more common when widespread, as shown here.