

SUPRACLAVICULAR LYMPH NODE METASTASIS – LETTER

МЕТАСТАЗИ В НАДКЛЮЧИЧНИТЕ ЛИМФНИ ВЪЗЛИ – ПИСМО

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DEAR EDITOR

Supraclavicular lymph node metastases, also called Virchow nodes (VNs), can be a useful clue for the diagnosis of a variety of malignancies, mainly adenocarcinomas [1-4]. This correspondence aims to highlight some of the literature data from 2025 about this diagnostic tip. A 66-year-old man with a VN had imaging studies showing a heterogeneous mass within the right cardiac cavities, and a solid mass in the left kidney diagnosed as a renal carcinoma; the cardiac thrombosis was related to the paraneoplastic state and associated with inferior vena cava thrombosis. The authors commented that patients presenting with VN and renal cancers are very uncommonly found. They also emphasized that usually either the excision or the biopsy of a VN node may represent the unique available procedure to establish histopathological and immunohistochemical diagnoses [1]. The evolution and imaging controls of 319 patients with endometrioid carcinoma grade 1 and atypical endometrial hyperplasia treated by Medroxyprogesterone acetate showed 7 cases of extrauterine metastasis: 2 peritoneal, 1 ovarian, 3 in regional lymph nodes, and 1 was VN [2]. Two deaths occurred within 118 months of follow-up; the patient with VN was at 15 months. Besides the supraclavicular, she presented implants in the pelvic and mediastinal lymph nodes. The authors emphasized the mandatory control by imaging studies and tumor markers during and after hormonal treatment, both regularly and also when the cancer progression is suspected [2]. Data of the fine-needle aspiration cytology (FNAC) from 270 supraclavicular lymph nodes revealed 120 (54.5%) cases with the diagnosis of VNs; the majority metastatic adenocarcinomas (58.3%); their primary sites were lung (22.5%), oral cavity (19.2%), breast (12.5%), gallbladder (10%), stomach (3.3%), duodenum (2.5%), testis

(2.5%), urinary bladder, liver, esophagus, cervix, and skin 0.83% each, and 10% unknown [3]. The authors emphasized the need to consider the list of prevalent VN etiologies for each regional cancer epidemiology and to use FNAC as a main cornerstone diagnostic tool [3]. A 61-year-old man with abdominal pain had images suggesting pancreatitis, splenic vein occlusion, and a retroperitoneal nodularity, seeming to be retroperitoneal fibrosis. Still, the core-needle biopsy showed the diagnosis of a moderately differentiated adenocarcinoma [4]. The chest images for cancer staging revealed a left supraclavicular mass (VN), and the biopsy confirmed a metastatic moderately differentiated pancreatic adenocarcinoma [4]. In conclusion, case studies increase suspicion of challenging conditions.

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