

Abstract Form

Hospital Affiliation:	UCLA Medical Center
Presenter Name (Last, First):	MD Labin, Jonathan
Co-Authors:	MD Tu, Joey
Project Title:	A Case of the Unknown: A Clinical Image Vignette

Research Category (please check one):

<input type="checkbox"/>	Original Research	<input checked="" type="checkbox"/>	Clinical Vignette	<input type="checkbox"/>	Quality Improvement	<input type="checkbox"/>	Medical Education Innovation
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Abstract

Introduction: This report reviews a dramatic clinical presentation of widely metastatic cancer of unknown primary. These malignancies have no treatable subgroup or primary site and present a complex clinical and emotional challenge to both providers and patients. Despite a poor prognosis, palliative chemotherapy has demonstrated improved response rates and overall survival. Thus, recognition of this disease process is critical to facilitating timely treatment and can significantly impact patient prognosis.

Case Report: A 39-year-old man presented with an enlarging right-hand mass (Panel A, B) associated with night sweats, nausea, and a 40-pound unintentional weight loss over several months. On exam, in addition to the hand mass, he had marked right axillary lymphadenopathy (Panel C) and diffuse abdominal tenderness to palpation. Laboratory findings were notable for a leukocytosis of 11.8 K/uL, anemia with Hgb 7.8 g/dL, and a markedly elevated c-reactive protein of 237.8 mg/L. Cross-sectional imaging identified diffuse lymphadenopathy, widely metastatic disease with large intraabdominal masses, and peritoneal carcinomatosis. A supraclavicular lymph node biopsy revealed poorly differentiated malignancy, favoring carcinoma. The patient underwent 1 cycle of treatment with oxaliplatin and capecitabine. He returned 1 week later in extremis with a small bowel perforation requiring emergent exploratory laparotomy. Peritoneal biopsy revealed high-grade, poorly differentiated malignancy, favoring sarcoma. He passed 2 weeks later.

Discussion: Cancer of unknown primary is characterized as an aggressive disease with early dissemination that comprises up to 5% of all cancer diagnoses.¹ If, despite extensive immunohistochemical testing, no treatable subgroup or primary site is identified, empiric palliative chemotherapy with platinum and/or taxane is warranted.² Molecular tumor profiling may facilitate more timely diagnosis and subsequent targeted therapy in this challenging patient population.³

