

A RARE PRESENTATION OF METASTATIC ADENOCARCINOMA OF THE LIP

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Background

Adenocarcinoma is the most common form of colorectal cancer, representing greater than 95% of all cases. Metastases of colorectal adenocarcinoma represent less than 1% of all oral malignant tumors. Its involvement in the oral mucosa is less frequent than in the jawbone (2.5:1).

Case Report

A 54-year-old male patient presented to the Oral Medicine clinic at the Hospital of the University of Pennsylvania for evaluation of a painless bump on his lower lip. The patient reported the lesion was slowly growing over the past three months and led to occasional lip biting. He denied any bleeding or discharge from the area. Past medical history included stage IV colorectal adenocarcinoma diagnosed three years prior with subsequent recurrence and recent metastasis to bone and lungs, for which he was undergoing systemic chemotherapy with capecitabine-oxaliplatin. Social, family, and surgical history were noncontributory. Extraoral examination findings were unremarkable. Intraoral examination revealed a 1.5 x 2 cm submucosal, well-demarcated nodule on the lower right labial mucosa. The lesion felt firm, fixed, and somewhat lobed. An incisional biopsy of the lesion was performed, and microscopic analysis revealed mucosa overlying connective tissue containing islands and cords of poorly differentiated malignant cells, with scattered individually infiltrating tumor cells. The neoplastic cells contained hyperchromatic, markedly pleomorphic nuclei and there were numerous mitoses. Glandular differentiation was identified in scattered areas throughout the tumor. The diagnosis was poorly differentiated adenocarcinoma consistent with metastatic colorectal adenocarcinoma. The patient was advised to follow up with oncology for further evaluation and subsequently, chemoradiation therapy was implemented. At most recent follow-up, the patient described the lip lesion as unnoticeable.



Figure A.
The lower right labial mucosa shows a focal, submucosal mass

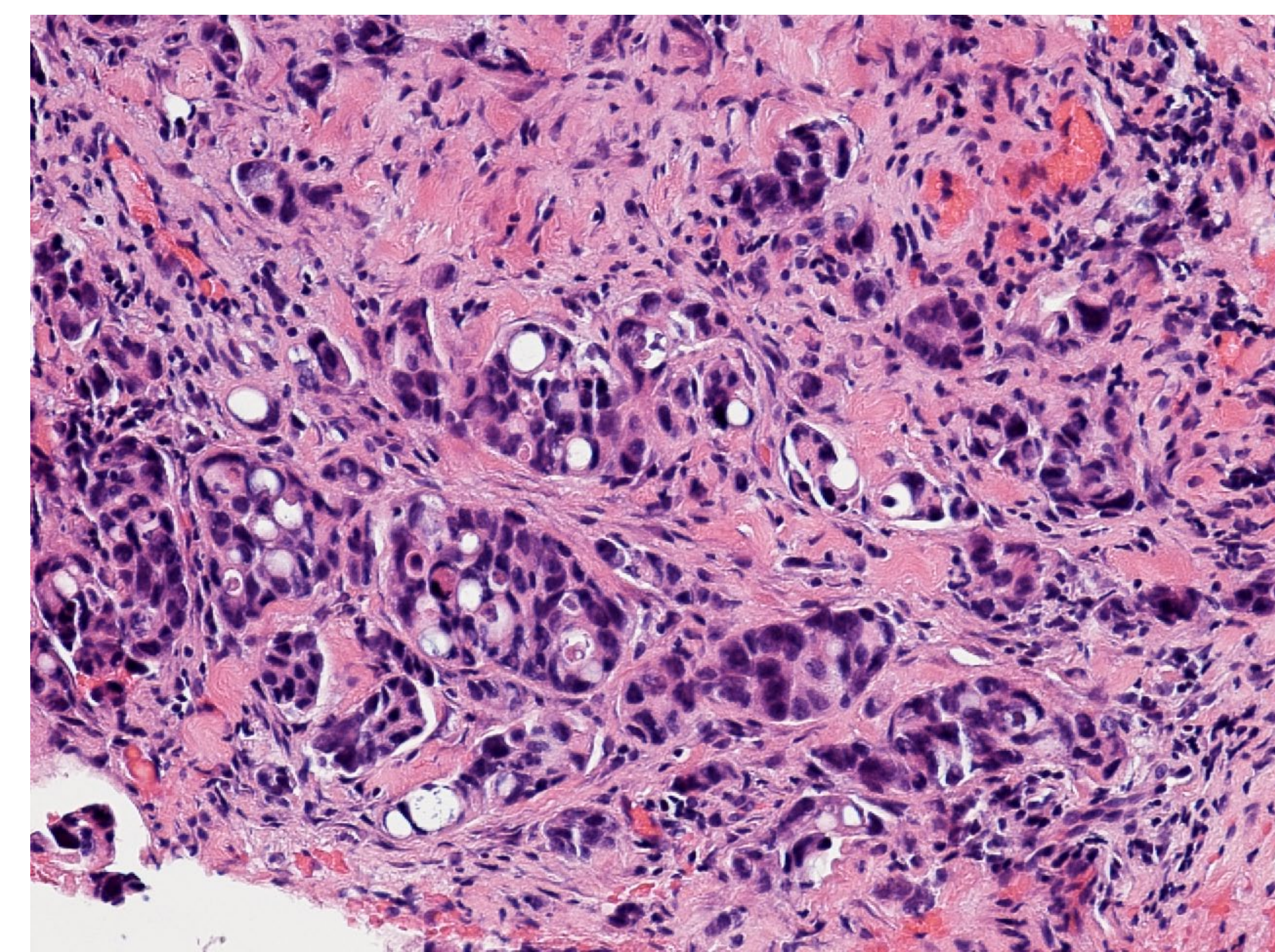


Figure B.
Hematoxylin-eosin stain shows islands and cords of epithelium with glandular differentiation (original magnification x 100)

Conclusion

Although rare, metastatic adenocarcinomas may present as asymptomatic nodules in the oral cavity. Timely diagnostic work-up and appropriate referral are key in the management of patients because such lesions typically indicate widespread disease and poor prognosis. This case exemplifies the importance of interdisciplinary collaboration between oral medicine and oncology.

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