

Cervical and Upper Mediastinal Lymph Node Metastasis from GI and Pancreatic Neuroendocrine Tumors: Incidence and Management

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Background: The incidence, clinical importance and optimal management of cervical and upper mediastinal lymph node metastases from gastrointestinal (GI) and pancreatic neuroendocrine tumors (NETS) are largely unknown. Historically, they have been regarded as asymptomatic and ignored. We hypothesized that these lesions have clinical implications, and should be surgically removed.

Methods: Consecutive ¹¹¹In-pentetreotide scans (OctreoScans) performed at our institution from May 2008 to October 2010 were reviewed in order to determine the incidence of cervical and upper mediastinal lymph node metastases. The charts of surgically treated patients were reviewed to evaluate the clinical importance of these metastases and the subsequent outcome of surgical treatment.

Results: A total of 161 patients presented with positive OctreoScans. Fourteen patients (8.7%) scanned positive for cervical and upper mediastinal lymph node metastasis. Seven patients underwent surgical exploration; six had successful removal of their metastatic nodes. Five patients had clinical symptoms that were resolved by surgery.

Conclusion: Cervical and upper mediastinal lymph node metastases from GI and pancreatic NETS are seen in up to 8.7% of patients. In the past, these metastases were ignored. Our study clearly demonstrates that most, if not all, such metastases are symptomatic and their clinical implications should not be overlooked. Notably, these metastases can be easily and safely resolved by radio-guided surgery.