

# Uncommon Metastatic Presentation: Head and Neck Carcinoma Involving a Percutaneous Endoscopic Gastrostomy Insertion Site

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## Introduction

In this case, the primary cancer is a head and neck carcinoma, which typically originates in the head or neck region, such as the mouth, throat, or larynx. Uncommon metastasis refers to the spread of cancer from its original site (primary tumor) to a location that is not commonly associated with that type of cancer. However, the uncommon metastasis involves the cancer spreading to a Percutaneous Endoscopic Gastrostomy (PEG) site. However, in some adults, this anatomical variant persists. In certain cases, adults with the thyroid in an artery may present unique challenges related to hyperthyroidism. For example, individuals with Graves' disease, a condition characterized by overactive thyroid function, may experience thyroid storm, a severe and potentially life-threatening exacerbation of hyperthyroidism [1,2].

## Description

These secondary sites are known as metastases or metastatic sites. A PEG is a medical procedure in which a feeding tube is inserted directly into the stomach through the abdominal wall. It is commonly used for patients who are unable to consume food or fluids orally and need a way to receive nutrition and medications directly. In this case, the head and neck carcinoma has spread to the site where the percutaneous endoscopic gastrostomy tube has been inserted. This is a type of cancer that develops in the tissues of the head and neck region. It could include cancers of the mouth, throat (pharynx), voice box (larynx), sinuses, or nasal cavity, among others. Cancer has the ability to spread from its original location to other parts of the body through the bloodstream, lymphatic system, or direct invasion. This is considered uncommon because head and neck carcinomas do not typically spread to this location. In cases where endoscopic therapies or TAE are unsuccessful or not feasible, surgical resection of the AVM may be necessary. This approach is typically reserved for large, complex, or high-risk lesions. Although no specific, medical treatment exists for gastric AVMs, certain medications such as proton pump inhibitors and iron supplements may be prescribed to manage associated symptoms and complications.

The PEG procedure is typically performed under endoscopic guidance, using a thin, flexible tube (endoscope) to guide the placement of the feeding tube. The fact that the cancer has spread to the PEG site is unexpected and unusual, as it is not a typical location for metastasis from head and neck carcinomas. A Percutaneous Endoscopic Gastrostomy (PEG) is a medical procedure used to insert a feeding tube directly into the stomach through a small incision in the abdominal wall. This tube allows for the administration of

food, liquids, and medications directly into the stomach, bypassing the mouth and throat. PEG tubes are commonly used for individuals who are unable to eat or drink normally due to medical conditions such as difficulty swallowing, neurological disorders, or certain types of cancer. The spread of cancer to this site could have implications for the patient's treatment and management, as it may require additional medical attention and consideration in their overall care plan. Treatment decisions will depend on factors such as the extent of metastasis, the patient's overall health, and the available treatment options. RFA is a newer endoscopic technique that uses thermal energy to ablate abnormal blood vessels. It has shown promise in the treatment of gastric AVMs, particularly smaller lesions [3].

Cancer cells can spread through the bloodstream or lymphatic system, invading and colonizing distant tissues and organs. Metastasis is a critical stage in cancer progression and can significantly impact treatment options and prognosis. Metastasis refers to the spread of cancer cells from their original site, known as the primary tumor, to other parts of the body. These secondary locations where cancer cells settle and grow are called metastatic sites. The ability of cancer cells to metastasize is a key factor in the severity and potential lethality of the disease. Effective cancer treatments often target both the primary tumor and any metastatic sites to prevent further spread and manage the disease [4,5].

## Conclusion

They offer less invasive approaches, improved success rates in achieving hemostasis, and reduced morbidity and mortality associated with these challenging vascular lesions. However, the choice of treatment depends on factors such as the size and location of the AVM, severity of bleeding and patient characteristics and should be tailored to individual cases. Early detection and prompt treatment are crucial in improving the prognosis and overall outcome for individuals with head and neck carcinoma. It is important to consult with healthcare professionals, including oncologists, otolaryngologists, and other specialists, for an accurate diagnosis and appropriate management of this condition.

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## Conflict of Interest

The Author declares there is no conflict of interest associated with this manuscript.

## References

1. Mincheff, Thomas V. "Metastatic spread to a percutaneous gastrostomy site from head and neck cancer: Case report and literature review." *JSL* 9 (2005): 466.

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2. Adelson, Robert Todd and Yadranko Ducic. "Metastatic head and neck carcinoma to a percutaneous endoscopic gastrostomy site." *Head Neck* 27 (2005): 339-343.
3. Sousa, Ana Lúcia, Diamantino Sousa, Francisco Velasco and Francisco Açucena, et al. "Rare complication of percutaneous endoscopic gastrostomy: Ostomy metastasis of esophageal carcinoma." *World J Gastrointest Oncol* 5 (2013): 204.
4. Yeh, Lily, Li-Hua Lo, Susan Fetzer and Ching-Huey Chen. "Limited PEG tube use: The experience of long-term care directions." *J Clin Nurs* 19 (2010): 2897-2906.
5. Fung, Eleanor, David S. Strosberg, Edward L. Jones and Rebecca Dettorre, et al. "Incidence of abdominal wall metastases following percutaneous endoscopic gastrostomy placement in patients with head and neck cancer." *Surgical Endoscopy* 31 (2017): 3623-3627.

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