Intractable headache due to scalp metastasis from pancreatic cancer

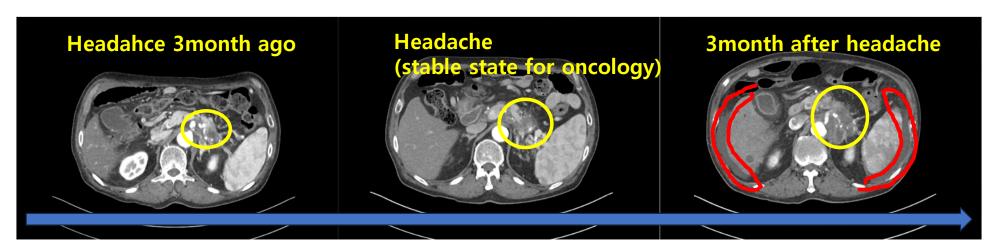
Byulhee Yoon, Yungki Park, Deokryoung Kim, Byungkwan Moon, Seunghoon Lee, Jaehoon Kim, Heein Kang

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69/M

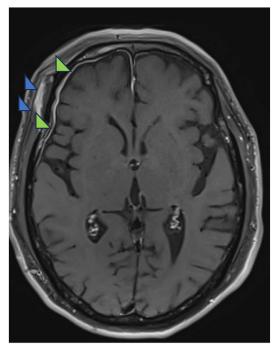
- Mycobacterial Tuberculosis history (before 5months ago)
- Stage IV Pancreatic cancer 16months ago
 - Mesenteric & peritoneal seeding -> Palliative chemotherapy (Folfirinox)
- Intractable temple pain with scalp swelling

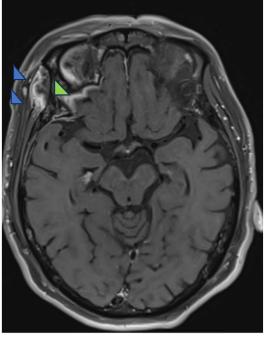


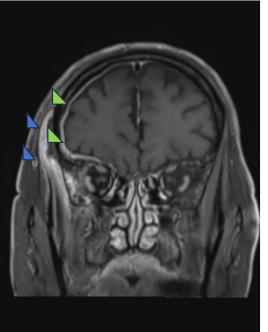
- Subgaleal enhancing mass ▶
- Dural enhancement

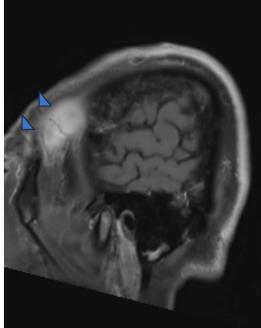
Tuberculoma vs. Metastasis



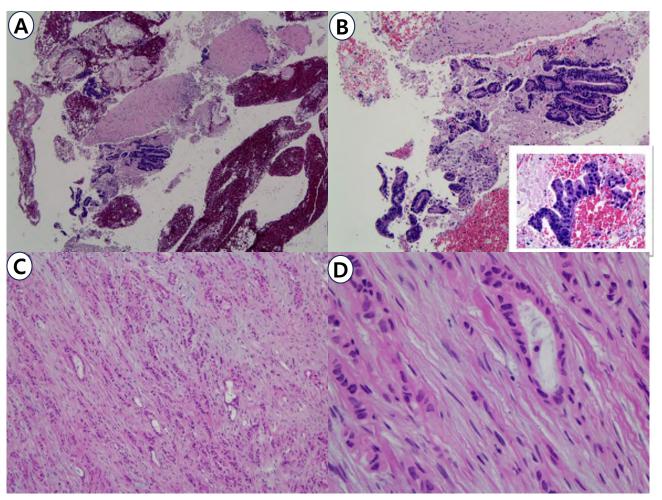








Pathology – Metastatic adenocarcinoma





VAS score 10 -> 1 (improved headache)

Scalp Metastasis as the First Presentation of an Underlying Aggressive Pancreatic Cancer

Journal of Investigativ. Impact Case Reports Volume 8: I-4 © 2020 American Fed Medical Research DOI: 10.1177/232470 journals.sagepub.com/



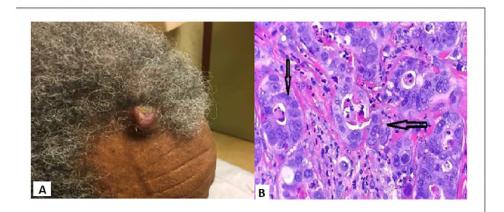
Case Rep Oncol 2020;13:49-54

DOI: 10.1159/000505322 Published online: January 28, 2020 © 2020 The Author(s) Published by S. Karger AG, Basel www.karger.com/cro

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Case Report

Preethi Ramachandran, MD¹, Lakshmi Boyapati, MD¹, and Gardith Joseph, MD¹



A Case of Rare Cutaneous Metastasis from Advanced Pancreatic Cancer

Hiroyuki Ito^a Takuma Tajiri^b Shin-ichiro Hiraiwa^b Tomoko Sugiyama^b Ayano Ito^a Yoshimasa Shinma^a Motoki Kaneko^a Kazuya Anzai^a Shingo Tsuda^a Hitoshi Ichikawa^a Junko Nagata^a Seiichiro Kojima^a Norihito Watanabe^a

- Cutaneous metastasis in pancreatic cancer is rare with <25 cases reported in the literature.
- Non-umbilical cutaneous metastasis may reflect wide dissemination of disease translating to poor overall survival.

Brain Metastasis from Pancreatic Cancer: Our Experience and Systematic Review

Frank A. De Stefano¹, Alexis Morell², Katya Marks³, Sophia Fernandez⁴, Grace Smith⁵, Timothy Mayo⁶, Martin Merenzon², Ashish H. Shah², Daniel G. Eichberg², Evan Luther², Michael E. Ivan², Ricardo J. Komotar²

World Neurosurg. (2022) 166:e590-e598

- Gastrointestinal cancers, including pancreatic cancer, metastasis to the brain less frequently, occurring in 0.33%~0.57% cases of pancreatic cancer
- Reported rates of Brain metastasis in our review were 0.1%~0.4%.
- Brain metastasis from pancreatic cancer is rare and associated with a fatal outcome.
- -> However, when it comes to palliative treatment aimed at improving the quality of life, it is necessary to actively pursue treatment even if it may not have an impact on the prognosis.

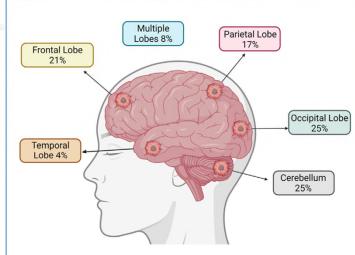


Figure 2. Distribution of intracranial locations of brain metastases.

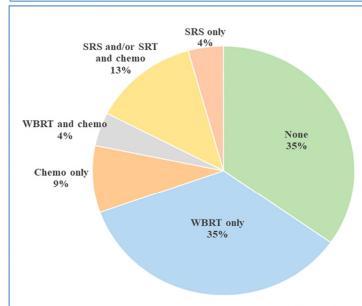


Figure 3. Distribution of treatment modalities following surgical resection. chemo, chemotherapy; SRS, stereotactic radiosurgery; SRT, stereotactic radiotherapy; WBRT, whole-brain radiotherapy.

Lessons from this case

- Headache and Scalp mass
 - As a neurosurgeon, these are the symptoms and disease groups that are of less interest to our department.
- By carefully evaluating the patient's history and considering appropriate treatment, rare cases like this can be managed successfully with excision of the metastatic mass, leading to symptom improvement and facilitating the subsequent course of chemotherapy.