

REPLY

Reply to ‘Pancreatic Adenocarcinoma with Supraclavicular Lymph Node Metastasis: Is This the Virchow’s Node?’

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Dear Sir,

Saif *et al.* [1] astutely point out that left sided supraclavicular lymph node involvement has been described in other malignancies, most notably gastric cancer, where it was first described by Rudolf Virchow, a German pathologist, in 1848 [2]. Troisier, a French pathologist, also noted association of left sided supraclavicular lymphadenopathy with abdominal malignancies [3]. The clinical significance of metastasis in pancreatic cancer involving Virchow’s node with regards to staging assessment, change in treatment course and prognosis has only recently been appreciated after so many years [4]. The advent and increased use of positron emission tomography (PET) has helped in detection of asymptomatic cases, particularly given that CT scans of the head and neck region are not utilized in routine staging and re-staging of patients with pancreatic cancer. The cumulative knowledge garnered through compiling individual cases and case series and reporting them in the

literature has help confirm that this is a matter of clinical importance that has been appreciated by multiple groups. Given the prohibitive costs of PET scans, there currently exists a debate involving the cost effectiveness of finding a few patients within a larger group who exhibit this clinical presentation. With the wider use of PET in cancer diagnosis and treatment response monitoring the cost of this imaging modality should become more equivalent to more well established modalities such as CT scan and barriers such as economic feasibility will be less of a concern in using PET as a tool to help diagnose supraclavicular metastases in pancreatic cancer, particularly isolated ones.

Conflict of interest The authors have no potential conflict of interest

References

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