

## IMAGES IN CLINICAL MEDICINE

## Virchow's Node



**A** 64-YEAR-OLD MAN PRESENTED WITH A 6-MONTH HISTORY OF EPIGASTRIC pain, weight loss, and nausea. In the previous 3 months, he had lost 10 kg. On examination, he was noted to have a nontender, firm, fixed, left supraclavicular lymph node measuring 3.0 by 2.5 cm. Upper endoscopy revealed an adenocarcinoma of the gastric corpus. Computed tomography of the abdomen showed liver metastasis. Virchow's node, or Troisier's node, refers to carcinomatous involvement of the supraclavicular nodes at the junction of the thoracic duct and the left subclavian vein. Usually, nodal enlargement is caused by metastatic gastric carcinoma, although supraclavicular nodal involvement can also be seen in other gastrointestinal, thoracic, and pelvic cancers. Gastric cancers tend to metastasize to this region by means of migration of tumor emboli through the thoracic duct, where subdiaphragmatic lymphatic drainage enters the venous circulation in the left subclavian vein. Given the patient's low performance status, according to his Karnofsky performance-status score and his score on the Eastern Cooperative Oncology Group Performance Status scale, chemotherapy was contraindicated, and he was referred for palliative radiotherapy.

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