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Prostate Cancer Lymph Node Metastasis: How Often is Cloquet's Node Involved?

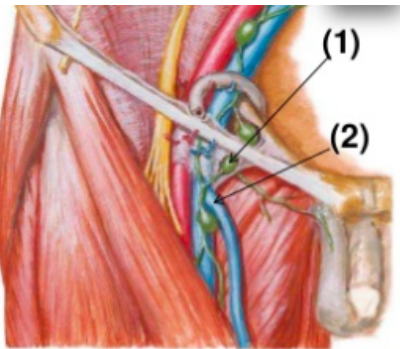
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Introduction & Objective

Located below the inguinal ligament and anterior to Cooper's ligament, Cloquet's node is easily accessible and commonly dissected during pelvic lymph node dissection for prostate cancer.

We hypothesize that **Cloquet's node** - the junction between the deep inguinal nodes and the external iliac chain – **is not part of lymphatic metastatic spread of prostate cancer**.

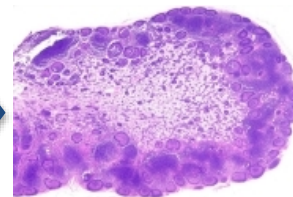
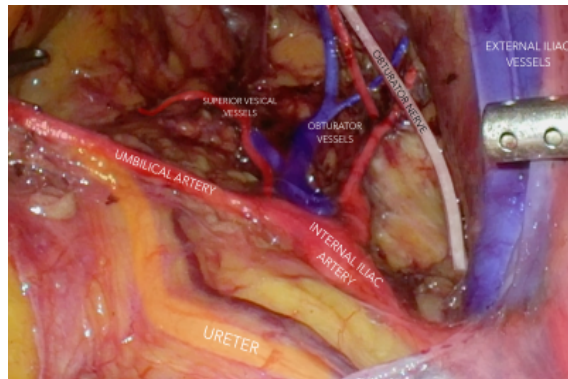


Cloquet's node

Internal
saphenous vein

Methods

- **100** consecutive **high-risk prostate cancer** patients underwent **laparoscopic radical prostatectomy** and **bilateral extended pelvic lymph node dissection (PLND)**.
- During PLND, each side Cloquet's node was dissected and submitted separately to pathology.
- Each lymph node retrieved was cut in 3 mm slices which were separately embedded in paraffin, stained with hematoxylin and eosin, and examined microscopically.





Results

Baseline patients characteristics (n = 100)

PSA (median, IQR) ng/mL	7.3 (IQR: 4.8 – 12.8)
Biopsy grade group 4 or 5 (%)	81
cT3 (%)	37

Pathology outcomes from PLND (n = 100)

Lymph node metastasis (%)	37
Cloquet's node involvement (%)*	1

* The only patient with a positive Cloquet's node had six other affected nodes from the PLND

Conclusions

- **Cloquet's node** is **rarely involved** in prostate cancer.
- Even in high-risk prostate cancer, Cloquet's node removal **should not be the principal focus** of the lymph node dissection.