



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

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INTRODUCTION AND 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 (PLND) for prostate cancer (PC). 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 PC.

METHODS

100 consecutive high-risk PC patients underwent laparoscopic radical prostatectomy and bilateral extended PLND. During PLND, Cloquet's node was dissected and submitted separately to pathology as right and left Cloquet's node. 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

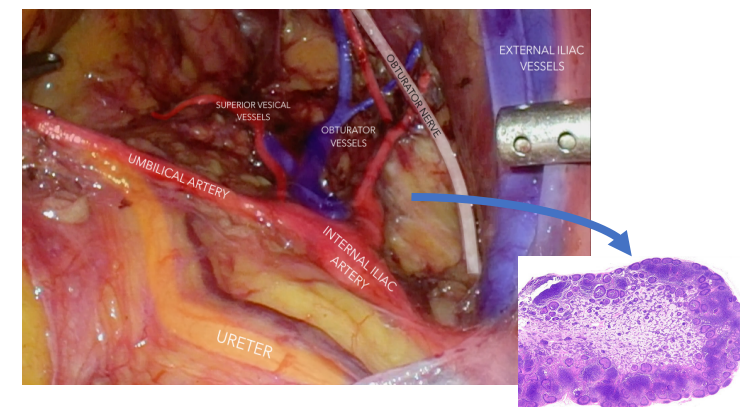
The median PSA was 7.3 ng/mL (IQR: 4.8 – 12.8). 81% of the patients had biopsy grade group 4 or 5 and 10% had cT3 disease. 37% of the patients had lymph node metastasis. Cloquet's node was involved in one patient only (1%), this patient had six other lymph nodes as well.

CONCLUSIONS

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

METHODS

- **100** consecutive **high-risk PC** patients underwent **laparoscopic radical prostatectomy** and **bilateral extended 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 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 PC, Cloquet's node removal **should not be the principal focus** of PLND.