Introduction
Salivary duct carcinoma (SDC) is an aggressive malignancy with a high mortality rate, which phenotypically resembles high-grade breast ductal carcinoma (Fig. 1). The parotid gland is the most common location.
Standard treatment is primary surgical resection with post-operative radiotherapy. However, there is a high rate of local recurrence, cervical nodal involvement and distant metastasis. The incidence of cervical lymph node metastasis is 59% for all series. Histologic studies have revealed 77-88% perineural and 77-92% lymphatic invasion, histologic features common to SDC. The high incidence of these findings may reflect the high-grade nature of neoplasm; however, no study is able to demonstrate the importance of these factors in predicting outcomes. No study in the current literature has described metastatic involvement of the lateral retropharyngeal group of lymph nodes (node of Rouviere).
Current treatment recommendations include total parotidectomy with some type of neck dissection and postoperative radiation therapy. Interestingly, there is a low rate of regional recurrence in spite of high incidence of cervical metastasis. This is suggestive of the effectiveness of neck dissection and adjuvant irradiation in the local control of SDC, even if the neck is clinically negative.

Case
A 65 year-old male with a one month history of left neck and face swelling and weakness of the facial nerve in the distribution of the marginal mandibular nerve underwent fine needle aspiration that was concerning for salivary gland malignancy. (case continued to the right)

References:

Case continued:
PET scan revealed focal intense uptake in the left parotid and multiple intensely avid nodes adjacent to the mass and involving the left cervical chain from levels I-B to IV. Additionally a left preauricular and left retropharyngeal node and left supraclavicular node were also identified.
The patient underwent left total parotidectomy, neck dissection, retropharyngeal node dissection, and lower division of the facial nerve (lower division) reconstruction with great auricular nerve graft. Pathology was consistent with primary salivary duct carcinoma of the parotid, metastatic to the ipsilateral cervical chain and the involving the node of Rouviere.

Conclusions
To our knowledge this case represents the first report of salivary duct carcinoma with a metastatic deposit in the retropharyngeal node of Rouviere.