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# Malt lymphoma of maxillary sinus: A rarity of aggressiveness

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**SUMMARY**

Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma) is a low grade B-cell lymphoma, occurring secondary to chronic inflammation. As the mucosa in the nasal and paranasal sinuses does not contain prominent lymphoid tissue, it is relatively rare for this lymphoma to arise here. We report a case of a 68-year-old lady with multiple co-morbidity who was referred for painless left facial swelling for 2 weeks. She denied any sinusitis symptoms or epistaxis. Clinically, there was a firm and non-tender mass over the left maxillary region measuring 3x4cm. Rigid nasal endoscopy revealed a polypoidal mass arising from the left osteomeatal complex. The nasopharynx was normal. Contrast-enhanced computed tomography (CECT) scan of paranasal sinuses reported an enhancing hyperdense lesion in the left maxillary sinus which extends posteromedially to the left inferior turbinate and continuous subcutaneously to the left maxilla. She was subjected to endoscopic sinus surgery and excision of the mass. Intraoperatively, the mass originated from the floor of maxillary sinus and extended medially to anterior floor of the nose. Sublabially, the mass continued subcutaneously anterior to the left maxilla, posteriorly to the infratemporal fossa and superiorly just inferior to infraorbital foramen. The histology revealed Extranodal MALT. She was subsequently referred to haematology for further management and she was well upon subsequent follow up. Despite a short duration of presenting complaints, malignancy should be a top differential to the practitioner. Therefore, haemato-lymphoid disorders should always be considered as a possible diagnosis as it may behave aggressively and rapidly fatal or even be an indolent progress.

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# A rare clinical entity: Hypopharyngeal carcinoma with musculoskeletal metastasis

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**SUMMARY**

Hypopharyngeal carcinoma with metastasis to skeletal muscles is relatively rare as the most common site for metastatic spread of solid tumours are the lung, liver, bones, and adrenals. It has been reported in only a small number of cases. We present a case of a 61 years old gentleman who is a known case of hypopharyngeal carcinoma, stage T4bN2cM0 and had completed radical chemoradiotherapy. During the period of surveillance, he developed a right proximal arm swelling 18 months post treatment. There were neither neurological nor neurovascular deficits. A flexible endoscopy did not reveal any primary site recurrence. However, the MRI of the right arm revealed an irregular enhancing intramuscular soft tissue mass within the right triceps muscle with multiple axillary lymph nodes enlargement. Biopsy revealed a metastatic carcinoma favouring poorly differentiated squamous cell carcinoma which is compatible with the histopathological evidence of hypopharyngeal carcinoma. He was then referred for further oncological treatment. This case raises awareness of skeletal muscle metastasis in the setting of previous head and neck malignancy despite being rarely reported. Hence it should be treated with high degree of suspicion for metastasis thereby requiring prompt investigation.