Palatine tonsillar metastasis of primary lung carcinoma: A rare case

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SUMMARY

Malignant tumor of the tonsil is usually primary. It is an extremely rare site for metastatic disease, accounting for only 0.8% of malignant tonsillar neoplasms, with most reported primary metastatic sites are kidney, skin, colon, rectum, cecum, liver and stomach. To our knowledge, only 22 cases of lung cancer with tonsil metastasis have been reported in the literature. We report a case of 45 years old nonsmoker Chinese gentleman, presented with 2-week duration of painless right neck swelling with one month duration of hemoptysis. He denies dysphagia, odynophagia, hoarseness, shortness of breath and constitutional symptoms. Neck examination showed a firm, non-tender right submandibular mass measuring 5x5cm. Initial oral cavity and flexible nasopharyngoscopy examination was unremarkable however we proceeded with biopsy from both FOR which came back negative for malignancy and the TB workout was also negative. FNAC of the right neck revealed atypical cells in which an incisional biopsy was proceeded. Histologically revealed metastatic carcinoma with probable primary from lungs or thyroid was given. CT neck showed right middle lobe lung mass with bilateral cervical lymphadenopathies. CT-guided biopsy of the lung revealed necrotic tissue. Upon subsequent follow up, patient complaint of globus sensation and repeated endoscopy showed a fungating mass at the right tonsillar inferior pole obscuring the right base of tongue and vallecula. Biopsy taken showed poorly differentiated carcinoma with probable primary from the lung. He underwent 3 cycles of chemotherapy. Unfortunately, the patient developed extensive thrombosis and was subjected for palliative care. Distance metastasis of lung carcinoma to palatine tonsil is extremely rare as the metastasis was considered as retrograde lymphatic propagation. Poor prognosis and short mean time survival rate act as indicators for an early intervention.

Intraoral mature teratoma in newborn: A case report

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SUMMARY

Teratoma is the most common congenital tumour. However, neonatal intraoral teratoma is extremely rare benign lesions. To our knowledge, based on the extensive literature review, there are less than 15 cases reported with female predomination has been reported in the literature and preterm birth has a higher incidence. Even though it is associated with a high neonatal mortality rate due to severe airway obstruction and feeding difficulties, we would like to point other complications such as sepsis can also attribute to death. A 35-week vaginally delivered 2.1 kg baby girl referred to us with protruding mass from the oral cavity, with respiratory distress at day three of life, which required non-invasive ventilation. There was no abnormality detected from the antenatal ultrasonography. The mass was originating from midline palate cleft up to soft palate. It measures 4.0 X 2.0 cm in size with presence of bifid tongue. The baby was then transferred to neonatal intensive care unit at Hospital Kuala Lumpur for further management by ENT (pediatric). Imaging (CECT Base of Skull and Neck) showed intraoral teratoma from midline cleft with obstruction of oral cavity and nasopharyngeal airway. There was no intracranial extension. At day 13 of life, the tumour was surgically excised via combined intraoral and nasal endoscopy approach. The histopathological examination (HPE) revealed tissues from all the three germ cell layers and hence confirmed the diagnosis of mature teratoma. Unfortunately, post operatively, patient developed hospital acquired pneumonia and succumbed secondary to sepsis at 1 month of age. Intraoral mature teratoma is a rare benign entity which may cause airway obstruction needing immediate intervention. Complete surgical removal of the tumour is the mainstay approach of the treatment. However, patient may succumb due to other complications while on treatment. Hence, multidisciplinary collaborations are essential.