

5-Fluorouracil-Induced mood disorder in a patient with tongue carcinoma

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SUMMARY

List of differential diagnosis of psychiatric symptoms in a patient with an underlying malignancy is exhaustive. 5-Fluorouracil (5-FU) remains as one of the most widely used chemotherapy agent and its often used as the first line regime in Head & Neck malignancies. We present a case of an elderly female with an underlying locally advanced p16-positive squamous cell carcinoma of the tongue presented with manic symptoms for one week after 2nd cycle of chemotherapy. Multidisciplinary management by Otorhinolaryngologists with Psychiatrist and Oncologist leads to cessation of 5-FU, administration of antipsychotics, replacement with different chemotherapy agent leads to complete resolution of manic symptoms. Possible mechanisms of 5-FU induced manic episode with its treatment is discussed in this report.

Synchronous laryngeal squamous cell carcinoma and adenocarcinoma of colon: A case report

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SUMMARY

Multiple primary malignancies (MPM) are widely discovered in head and neck cancer. There is a 19% risk of MPM in head and neck cancer with the larynx being the third most common site of initial primary cancer after the base of tongue and pyriform sinus. Literature studies have shown adenocarcinoma of lung represent the commonest synchronous tumour in laryngeal carcinoma, followed by squamous cell carcinoma of oesophagus and the least commonest localization from lower sites; colorectal carcinoma and bladder carcinoma. We report a case of laryngeal carcinoma, with a rare synchronous lesion adenocarcinoma of colon. A 68-year-old Malay male, a chronic smoker complained of dysphagia and foreign body sensation of the throat for 1 week associated with hoarseness, loss of appetite and weight for 7 months. On examination, he appeared cachexic and dehydrated. Flexible nasopharyngolaryngoscopy revealed an ulcerative mass seen at the whole length of the edge of the right vocal cord. Histopathological study of the mass showed moderately differentiated squamous cell carcinoma. A staging Computerized Tomography (CT) scan of the thorax, abdomen and pelvis was done showed a mass at the right false vocal cord extending to right subglottic region with incidental finding of circumferential thickening of the proximal ascending colon extending from the ileocecal junction. Nevertheless, the patient denied any bowel symptoms. Colonoscopy showed a large stricture type lesion visualized from transverse colon until ascending colon, which biopsy of the mass reported as moderately differentiated adenocarcinoma. In conclusion, synchronous multiple primary malignancies in laryngeal tumours should be thoroughly taken into account in all locally advanced cancer patients especially those with risk factors such as elderly, male and active smokers. Although synchronous lesion in lower gastrointestinal is rare and patient is asymptomatic, prompt and detailed examinations and investigations are crucial for proper staging and early management, perhaps will improve the survival rate.