

A rare case of synchronous carcinoma of renal cell carcinoma and tonsillar carcinoma

Aishah Harizah Abdullah Alwi, MBBS, Gendeh Hardip Singh, Dr. ORL-HNS, Mohd Razif Mohamad Yunus, MS (ORL-HNS), Fellow Head & Neck

Department of Otorhinolaryngology-Head and Neck Surgery, National University of Malaysia, Kuala Lumpur, Malaysia

SUMMARY

Synchronous malignancies are defined as malignant tumours that present simultaneously or within six months of the diagnosis of a primary tumour. Principally, to label a synchronous carcinoma, both tumours should have a distinctly different pathology, definite features of malignancy and the possibility of metastasis has been ruled out. To date, no similar case has been reported worldwide. In the case of p16-negative tonsil cancer, surgical and radiotherapy remain the mainstay treatment. However, in the case of synchronous carcinoma coupled with the advanced age of the patient, multiple comorbidities and poor ECOG performance status, surgical resection of the renal tumour will not be in the best interest of the patient.

Metastatic cervical lymph nodes from prostate cancer: Is it possible?

Siti Sarah Jasmin Abdul Aziz, MD, Mohd Razif Mohamad Yunus, MS (ORL-HNS)

Department of Otorhinolaryngology Head & Neck Surgery, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

SUMMARY

There is multiple differential diagnosis of neck mass such as malignancy, infection or lymphoid hyperplasia. Distant metastasis mostly from lung malignancy (41.7%) and breast carcinoma (17.6%). It is rarely from prostate carcinoma (1.5%). This is a case of prostate carcinoma initially presented with huge neck mass. The fine needle aspiration cytology (FNAC) was reported as metastatic nodes. Positron emission tomography (PET) – computed tomography (CT) scan reported there was multiple enlarged hypermetabolic nodal groups cervical largest 2.7cm x 3.1cm, mediastinal, axillary and abdominopelvic nodes. Multiple hypermetabolic foci involving the vertebrae, ribs and pelvic bone. Heterogenous hypermetabolic prostate with no obvious CT lesion. Neck mass incisional biopsy demonstrate metastatic carcinoma of prostate. His serum PSA is high. Patient was then referred to urology team and on six cycle of chemotherapy. Currently he is in remission with normal serum PSA and under urology surveillance. PET-CT scan is helpful in finding the cause of metastatic neck nodes. Biopsy with PSA staining and serum PSA is indicated if the patient is male for diagnosis of prostate carcinoma. This is due to prostate carcinoma had good 5 years survival rate.