An extremely rare case of spindle cell sarcoma in neck

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SUMMARY

Most malignancy in head and neck region is squamous cell in origin. Spindle cell sarcoma is a very rare malignant mesenchymal tumour, which accounts less than 10% of all soft tissue sarcomas and only 1% of all head and neck neoplasms. We describe about the aggressive case of spindle cell sarcoma, which complicated to superior vena cava obstruction leading to sudden death eventually. In this case, the tumour infiltrated vital neck structures compromising the airway and caused IJV thrombosis on the ipsilateral side. The rapid growth of the mass led to SVC obstruction. We planned for tracheostomy, direct laryngoscopy and tracheoscopy and excision of the tumour. Unfortunately, the patient succumbed to the illness. Spindle cell sarcoma may present at any connective tissue areas. It can develop de-novo or secondary to irradiation. Patient may present with various clinical features according to the areas involved with or without constitutional symptoms. The rarity of this sarcoma makes diagnosis difficult, as it needs further pathological staining and expertise. The sarcoma management depending on tumour size, extension and patient general well being. Soft tissue sarcomas are usually treated aggressively by radical surgical excision with oncological safe margin. Subsequent chemotherapy and/or radiation may help in preventing recurrence and prolong patient's survival. Short time surveillance interval with radiographic imaging is beneficial to detect local recurrence early. Advanced spindle cell sarcoma has a poor 5-year survival rate. In conclusion, sarcoma should not be excluded as one of the differential diagnosis in head and neck mass despite of its rarity.Prompt management should be taken for early diagnosis as the malignancy is fatal leading to morbidity even mortality.

Rare organism – *Filobasidium uniguttulatum* causing fungal supraglottitis

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SUMMARY

Primary fungal infection of the larynx with cryptococcal particularly *Filobasidium spp.* is extremely rare disorder. In immunocompetent patients, laryngeal mycosis may represent colonization rather than invasion. The diagnosis is important as the presentation can be misleading, mimicking other laryngeal pathology, specifically laryngeal cancer. The isolated involvement of the larynx is even more unusual making the diagnosis even more challenging. We present a 72-year-old man with a history of odynophagia and dysphagia. Direct laryngoscopy and biopsy confirmed the fungal laryngitis caused by *Filobasidium uniguttulatum*. Although the fungal infection was successfully eradicated, the consequence of severe supraglottic stenosis with deformed larynx left the patient with tracheostomy tube dependent. To our knowledge, this is the first article of *Filobasidium uniguttulatum* infection of larynx has been reported. The clinical presentations, laryngoscopic findings and imaging results of laryngeal infection by *Filobasidium uniguttulatum* may mimic a malignant neoplasm. Multidisciplinary approach involving emergency, ORL, infectious disease and pathology colleagues; is very important in managing this kind of case to avoid death and obtain acceptable outcomes preserving some laryngeal function.