Synchronous tumor of larynx and nasopharynx with literature review

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SUMMARY

Second primary tumors that are detected within 6 months of the first tumor diagnosis are termed synchronous tumors, and those diagnosed after are called metachronous. Second primary tumors of nasopharynx among laryngeal cancer patients are exceptionally rare. Herein a case of synchronous larynx and nasopharynx cancer is reported. A rare case of synchronous cancer of larynx and nasopharynx was studied and discussed. Literature review on SPT of laryngeal cancer was done. A 78-year-old man presented with hoarseness for 3 weeks and reduced hearing. An irregular left vocal cord mass was noted by endoscopic examination during the first clinic visit. Computer tomography scan done within the same week revealed fullness of the right fossa of Rosenmüller with ill-defined enhancement. There were also lung nodules noted bilaterally. Biopsy from both larynx and nasopharynx revealed 2 distinct histopathology of moderately differentiated squamous cell carcinoma and nonkeratinized undifferentiated carcinoma, respectively. Tracheostomy was required due to disease progression. In view of old age, synchronous tumors of larynx and nasopharynx with lung nodules which signified advance disease stage, patient was managed with palliative treatment. Past case studies on cancer of larynx have shown an increased risk of second primary tumor in patients with advanced age of diagnosis, male gender, early stage of diagnosis and previous radiotherapy treatment. Synchronous tumor was noted to have a lower 5-year survival rate than metachronous tumor. Large case series on the second primary tumor in laryngeal cancer cases revealed lungs as the most common site (31-73%). However, there were very few case reports on cancer of the larynx with nasopharyngeal second primary tumor, of which 4 are synchronous,1 metachronous and 1 case of unspecified chronology. Management of SPT is often limited by previous treatment of index tumor or advance stage of diagnosis. If deemed treatable, combination of surgery, chemotherapy, and radiotherapy are given whilst palliative management is opted for advance stage. In conclusion, thorough endoscopic examination of the upper aerodigestive tract is compulsory during diagnosis and follow up to detect atypical sites of second primary such as in nasopharynx and improve patient's long-term survival.

Double bubbles on the neck: Bilateral branchial cleft cyst

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SUMMARY

Branchial arch anomalies is the second most common congenital lesion of the neck. Second arch responsible for up to 95% of the anomalies, which 80% of them presented as cyst. It is present most commonly in children, and bilateral presentation in adults is rare. Misdiagnosing may lead to insufficient treatment and recurrence. We report a 23 year-old lady, presented with bilateral neck swelling for one year which slowly increased in size. Apart from the swelling, she has no other symptoms from ear, nose and throat (ENT), nor was there any family history of cancer. She was a non smoker and non alcoholic. Upon examination of the neck, there were bilateral soft cystic masses over level II. The left-sided mass was slightly bigger than the right (2.0 x 3.0cm, 4.0 x 6.0 cm), with well defined margin, non tender and the overlying skin was normal. Other ENT assessment was normal including the nasopharyngolaryngoscopy examination. Fine needle aspiration cytology of the mass revealed hypocellular smear with scattered foamy macrophages, inflammatory cell and proteinaceous fluid. There were no epithelial cells, atypical or malignant cells seen, which was consistent with a cyst. Tuberculosis workups showed negative results. Initial ultrasound of the neck showed presence of bilateral well defined hypoechoic masses with moving echogenic debris seen within it. Computerized tomography scan of the neck confirmed the ultrasound findings. These results are highly suggestive of bilateral type II branchial cleft cyst. She underwent a complete surgical excision of the cyst. Intraoperatively, straw coloured fluid aspirated from both cyst with no sinus extension from cyst seen to the pharynx. Postoperatively, the patient showed a good recovery and HPE showed a cyst lined by a squamous epithelial cell with stroma containing numerous lymphoid tissues, in which confirmed the diagnosis. As conclusion, this case report highlights the need for suspicion of branchial cleft cyst, as a differential diagnosis for all cases presenting with neck swelling for better treatment outcomes. However, thorough investigations need to be done especially in adults cases as malignancy may come with similar presentations.