

# Challenges in diagnosing classical Hodgkin's Lymphoma nodular sclerosing type of parotid gland, a rare case: Case report

**M Trinyanasuntari, MD, James Kok WL, MS (ORL-HNS), Balwinder Singh, MS (ORL-HNS)**

Department of Otorhinolaryngology, Hospital Putrajaya, Wilayah Persekutuan Putrajaya, Malaysia

## SUMMARY

Primary Hodgkin Lymphoma (HL) arising in the parotid gland is extremely rare and only accounts for 4% of primary lymphomas of the salivary glands. Lymphoma is a differential diagnosis for parotid swelling, which can be primarily from parotid parenchyma or intra-parotid lymph nodes. Lymphoma however is a rare entity in primary classical HL. Parotid tumours are usually investigated by FNA (Fine needle aspiration) cytology, FNA may not be able to diagnose lymphoma, leads to parotidectomy to establish the diagnosis of lymphoma post operatively. Here we present a case of a 56 years old gentleman who had superficial parotidectomy done in another hospital, post-surgical histopathological results noted primary classical HL (CHL), nodular sclerosis type. In this case, the diagnosis was made on the surgical specimen following parotidectomy. The FNA of the parotid mass prior to surgery was reactive lymphadenopathy and CT scan revealed features of pleomorphic adenoma. The aim of this case report is to stress the importance of the diagnostic process and combined management of a patient who is diagnosed only after surgery and further being treated oncologically. Histopathological and Immunohistochemistry (IHC) of the parotid specimen revealed nodular sclerosis classical Hodgkin's lymphoma. IHC shows atypical cells are positive for CD30, CD 15 and PAX5. In conclusion, primary CHL of the parotid is extremely rare, and it is very challenging to make a definitive diagnosis of HL by FNA. Lymphoma as differential diagnosis for salivary gland tumors should be considered. It is important for pathologists and surgeons to be aware of this extremely rare entity.

# Head and neck reconstruction: The right and the best option

**Amirah Sufian, MBBCh<sup>1</sup>, Nazirah Baharudin, MD<sup>1</sup>, Alliah Hanum Mohd Yusoff, MBBCh<sup>1</sup>, Syafazaima Abd Wahab, MBBS<sup>1</sup>**

Department of Otorhinolaryngology Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

## SUMMARY

Head and neck reconstruction following surgery can be challenging. As cancer patients undergo ablation surgery and chemoradiotherapy, it poses a challenge for a free flap to be successful. Microvascular free flaps have enabled surgeons to achieve functional and esthetic value in a complex defect, however they may face difficulty in micro-anastomosis in case of repeated neck dissection or salvage procedure of free flap failure. Free flap lengthens time of general anesthesia. Furthermore, different skin color and texture of distant donor sites reduce the esthetic value of a reconstruction. Another option to overcome these problems is by using a local flap. We would like to demonstrate some of the local flap success through our case series. First case is a 60 year-old man who is diagnosed with submandibular lymph-epithelial carcinoma. The tumor was localized to a submandibular area, however, it has breached the skin. Primary closure was impossible in this patient thus we decided to use supraclavicular flap. Donor site was closed primarily. A second case was a 40 year-old man diagnosed with squamous cell carcinoma of the lower part of the pinna with involvement of the parotid and ear canal. He underwent lateral temporal bone resection and the defect was reconstructed with cervical flap. In both cases, local flaps were used for reconstruction and it was successful. It shortened operation time and it did not require a reconstructive team to be involved. Esthetically, the flap matched the skin color. In reconstructing head and neck defects, multiple factors such as size, risk of prolonged anesthesia, cosmesis, expertise and function should come into consideration.