Primary laryngeal lymphoma, mistaken identity of laryngeal polyp in an upper airway emergency. A Case Report

Khadijah Mohd Nor, MD[1,2], Tan Sui Teng, MD[2], Shantini Jaganathan, MD[2]

[1]Department of Otorhinolaryngology-Head & Neck Surgery, Universiti Putra Malaysia, Serdang, Selangor, [2]Department of Otorhinolaryngology, Serdang Hospital, Serdang Selangor

SUMMARY

Upper airway obstruction is an emergency; it is secondary to laryngeal mass. Can be due to benign or malignant. The onset of symptoms and progression of the disease is the main presentation to highlight that can guide clinicians in the differential diagnosis. An unusual condition, extranodal lymphoma involving the larynx is exceedingly rare, estimating about less than 1% of all primary laryngeal. Salivary glands, thyroid, nasopharynx, and tonsils are the most lymphomas involved compared to the larynx. In emergency medicine, an important skill is to recognise uncommon diseases that can prevent a fatal outcome. We report a case of primary laryngeal lymphoma because, despite rarity, the consequences of missed diagnosis as laryngeal polyp during performed bedside flexible scope and warrant surgical excision of mass despite the contraindication in laryngeal lymphoma because of management of airway obstruction. In a nutshell, making a diagnosis of primary laryngeal lymphoma is not easy based on the clinical presentation and tumour appearance. Laryngeal lymphoma presents clinically in a similar manner to squamous cell carcinoma (SCC), with symptoms such as foreign body sensation throat, hoarseness, stridor or dyspnoea. Uncommonly, it may present devastatingly with acute airway obstruction requiring immediate surgical intervention, as presented in our case. Clinician tends to make a presumptive diagnosis of laryngeal squamous cell carcinoma instead of the laryngeal lymphoma due to its rarity. Nonetheless, we should always consider lymphoma as one of the differential diagnosis when dealing with head and neck neoplasm even though it is rare. Primary laryngeal lymphoma showed a good response if treated with chemoradiotherapy. Hence, histology examination with ancillary studies of the biopsied tissue is mandatory to establish the diagnosis and avoid unnecessary surgical intervention.

Basaloid squamous cell carcinoma of soft palate: A rare case report

Jeeven Velayutham, MD, Sharmini Kuppusamy, MMed (ORL-HNS), Zubaidah Hamid, MMed (ORL-HNS)

Department of Otorhinolaryngology, Hospital Tuanku Ampuan Najihah, Negeri Sembilan, Malaysia

SUMMARY

Basaloid squamous cell carcinoma (BSCC) is a histologically distinct variant of squamous cell carcinoma (SCC). It occurs in various sites of the head and neck region and is believed to carry a dismal prognosis. The palate is a rare site of BSCC development. The objective of this case report is to present a rare site of BSCC, the importance of complete ENT examination and early histopathological diagnosis especially in high risk patients. We describe a case of a 46-year-old Indian man who presented to us with right ear pain for two months. He is a smoker and consumes alcohol occasionally. Otoscopic examination revealed signs of acute otitis externa. During oral cavity examination, there was leukoplakia over the left soft palate extending to the anterior pillar which was an incidental finding. The patient denied having dysphagia, odynophagia, hoarseness or neck swelling. Flexible nasopharyngolaryngoscopy examination showed no abnormal findings. Biopsy of the lesion was done under local anesthesia and histopathological examination (HPE) of the specimen revealed microinvasive SCC. CT neck depicted minimal mucosal thickening of left soft palate with no local extension or distant metastasis. The patient underwent wide local excision of the soft palate lesion where the HPE was reported as BSCC. The recommended treatment for BSCC and SCC after wide local excision is selective neck dissection, with postoperative adjuvant radiotherapy and chemotherapy in selected cases. However, the patient was not keen for further treatment planned for him. He was then offered palliative radiotherapy by the oncologist. We emphasize on the importance of complete ENT examination to be done for patients who presented with chronic otalgia. In patients presenting with leukoplakia in the oral cavity, the diagnosis of BSCC although being a rare variant should be considered.