

A case of right tonsillar non-keratinizing squamous cell carcinoma with involvement of contralateral nasopharynx

Maryam J M Shahrman, MBBS¹, Kalaiselvi Thuraisingam, MBBS¹, Syafazaima Abd Wahab, MBBS, MS¹

Department of Otorhinolaryngology, Hospital Kuala Lumpur (HKL), Malaysia

SUMMARY

Tonsillar carcinoma is the most common oropharyngeal malignancy. It is strongly associated with the increase of Human Papillomavirus (HPV) related malignancy. It commonly metastasizes to the neck lymph nodes and lung. We would like to demonstrate a case of a tonsillar cancer (p16 positive) which metastasised to the ipsilateral neck lymph nodes and contralateral nasopharynx. The patient presented with painless right neck swelling for one month which increased in size. He was otherwise well with no other active complaint. Examination showed right tonsil enlargement and right neck matted, swelling at the level II, III and V. Nasal endoscopy showed left nasopharynx mass. Biopsy was taken from all the abnormal sides. Histopathology examination (HPE) revealed an undifferentiated carcinoma of the right tonsil and the right cervical lymph node. HPE also commented that the left nasopharynx mass origin is from the right tonsillar malignancy. Patient was referred to the oncology unit and underwent radiotherapy combined with weekly chemotherapy. This case showed an atypical metastatic pattern of tonsillar cancer. Fortunately, p16 stain was positive indicating that the disease will respond well with the radiotherapy. It is very important to do a complete examination for all cancer patients to look for metastasis as this will ensure appropriate treatment being delivered to the patient.

Synchronous metastatic nasopharyngeal carcinoma with thoracic spinal metastasis

Saleh Khaled Aboud Al-Juboori, (Dr. ORL-HNS) (UKM)¹, Steuphen Roy, MD (UGM)², Siti Aisyah Alias, MBBCh², Irfan Mohamad, MMed (ORL-HNS)²

¹Department of Otorhinolaryngology-Head and Neck Surgery, Al-Karkh, Al-Yarmouk City, Jinub Street, Baghdad, Iraq,

²Department of Otorhinolaryngology-Head and Neck Surgery, School of Medical Sciences, Universiti Sains Malaysia Health Campus, Kubang Kerian, Kota Bharu, Kelantan, Malaysia

SUMMARY

Nasopharyngeal carcinoma (NPC) is the most common malignant tumor among head and neck cancer that is usually presented with unilateral neck mass. Southeast Asia including Malaysia is the area with high prevalence of NPC cases. Although most NPC patients have been diagnosed in the advanced stage, unusual presentations of NPC can be presented as a diagnostic dilemma and cause a significant delay in the introduction of definite treatment. Herein, we present an unusual case of vertebral metastasis as the sole presenting symptom of NPC in a 39-year-old Malay female suffering from backache and progressive lower limb weakness. She had neurological deterioration with reduced motor power and decreased sensation at T6 level. No symptoms related to NPC in specific or ENT in general. A magnetic resonance imaging performed and showed thoracic spine lesions for which she underwent laminectomy and biopsy that reported as an undifferentiated carcinoma of unknown primary. For detection of unknown primary tumor, a contrast-enhanced computed tomography scan from the neck to pelvis was performed and revealed a mass in the left nasopharyngeal recess. Endonasal endoscopic examination showed an irregular mucosal lesion in the left nasopharyngeal recess. A histopathological examination (HPE) of the lesion reported as an undifferentiated carcinoma of NPC. The Histological compatibility of both primary and metastatic lesions confirm the NPC as the primary site. The patient was diagnosed with synchronous metastatic NPC (smNPC) Stage IVC. She was referred to medical oncology for concurrent chemoradiotherapy as a definitive treatment.