

Bilateral Synchronous Tonsillar Carcinoma-A Case Report

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Abstract: Synchronous bilateral tonsillar carcinoma is a rare entity and this case report presents one such case which was treated with radical radiation therapy.

Keywords: Tonsillar carcinoma, Bilateral, synchronous

INTRODUCTION

Primary tonsillar carcinoma is the third most common malignancy in H&N area, after thyroid and larynx carcinoma [1]. About 4 % of head and neck cancers have an existing synchronous second primary[1]. However, synchronous bilateral tonsil carcinoma is uncommon and only a few cases are reported in literature with the first report in 1971. The true incidence is likely to be underreported. We present here a case of bilateral synchronous tonsillar carcinoma treated with radical radiation therapy and was disease free at first follow up.

CASE DESCRIPTION

Fifty nine year old male patient, a chronic smoker with no known comorbidities, was evaluated for spice intolerance and dysphagia of six months duration. Clinical examination revealed an ulcer proliferative growth in right tonsil with involvement of right anterior tonsillar pillar and adjacent soft palate. There was another separate ulcerated lesion in the superior pole of left tonsil (Figure 1).

There were no clinically palpable neck nodes. Rest of the oral cavity, oropharynx, nasopharynx, larynx were normal. Cross sectional imaging revealed mass lesion in right tonsillar pillar of about 3x 2cm, extending to right tonsillar lingual sulcus and soft palate (Figure 2). There was focal loss of fat plane with right medial pterygoid muscle. There were no significantly

enlarged cervical nodes. Biopsy from both tonsils was reported as squamous cell carcinoma (Figure 3& 4). Patient was taken up for radical radiotherapy to a dose of 60 gy in 26 fractions. At first follow up after three months patient was disease free locally and regionally (figure 5).



Fig-1: Showing ulcerative lesion in bilateral tonsils



Fig-2: CT image showing ulcerative lesions in the bilateral tonsillar fossa.

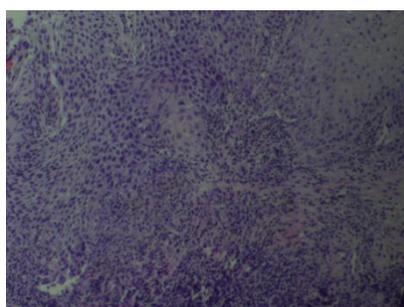


Fig-3: H&E(400X) showing Atypical squamoid cells in sheets with lymphoid stroma

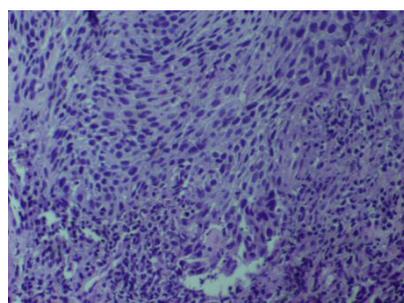


Fig-4: H&E (200x) showing Atypical squamoid cells in sheets and nest with keratin formation in between and surrounding lymphoid stroma



Fig- 5: Post treatment image showing complete response

DISCUSSION

Patients with Head and Neck Squamous Cell Carcinoma (HNSCC) are at increased risk for Second Primary Tumors (SPTs) compared with the general

population [2]. These SPTs typically develop in the aerodigestive tract and contribute significantly to the shortened survival of patients treated for HNSCC[3]. SPTs are categorized as either synchronous or

metachronous SPTs, according to their temporal relationship to the index tumor. Synchronous SPTs are identified as occurring within six months of the index tumor, whereas metachronous SPTs are diagnosed more than six months after diagnosis of the index tumor. Patients with a synchronous SPT have a worse prognosis than those presenting with a metachronous SPT[4]. There are two main theories to explain predisposition to multiple head and neck cancers. The first is HPV and the other is field cancerisation. Most cases of Synchronous tonsillar cancer reported in literature is usually of patients who presented with cervical lymph node metastases from unknown primary and PET scanning or bilateral tonsillectomy demonstrated disease in bilateral palatine tonsils. The management of these patients with synchronous bilateral tonsillar cancer will be individualised based on the stage of the respective primaries [5].

CONCLUSION

Synchronous cancers in the head and neck region should never be over looked as even though it is a rare presentation. Therefore, a complete search for a second head and neck primary should be done as chances of missing one is high and eventually the outcome of may be compromised.

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