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Unveiling A Rare Case of Labial Sarcomatoid Carcinoma

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Abstract **Case Report**

Sarcomatoid carcinoma is a rare and highly malignant tumor characterized by a dual histological differentiation with both epithelial and mesenchymal components, constituting less than 1% of all head and neck carcinomas and predominantly affecting males in their fifth to seventh decades of life. We present the case of a 60-year-old man with a six-year history of poorly managed left hemiplegia, who developed a large, aggressive, and bleeding mass in the left upper lip that extended to the maxilla and palate, accompanied by bone destruction and confirmed lymph node metastasis through biopsy. Due to the advanced stage of the disease and delayed consultation, surgical excision was not feasible, leading to a reliance on palliative treatment. This case highlights the diagnostic challenges of sarcomatoid carcinoma, often associated with delayed recognition, poor prognosis, and high mortality rates due to local and distant recurrences. Increased awareness and early diagnosis are critical for improving treatment outcomes. Further research is needed to establish standardized management protocols for this aggressive tumor.

Keywords: Sarcomatoid carcinoma, dual histological differentiation, prognosis, palliative treatment, early diagnosis, management protocols, case report.

INTRODUCTION

Sarcomatoid carcinoma is a rare and highly aggressive tumor distinguished by its biphasic histological features, which include both epithelial and mesenchymal components, alongside a sarcomatoid stroma.

This tumor type accounts for less than 1% of head and neck carcinomas and predominantly affects males in their fifth to seventh decades of life. This case report aims to illuminate the specific anatomical, clinical, and prognostic characteristics associated with this tumor.

CASE REPORT

A 60-year-old patient with a six-year history of left hemiplegia, who had not received follow-up care, presented with an aggressive mass in the upper lip.

Physical examination revealed a hard, painful mass involving the upper lip, exhibiting aggressive behavior and bleeding, which extended posteriorly towards the maxilla and showed vestibular filling and infiltration of the hard palate upon intraoral examination.

Cervical examination identified multiple mobile and non-tender lymphadenopathies measuring approximately 1.5 cm in their largest dimension (Figures 1, 2, 3).

Figure 1

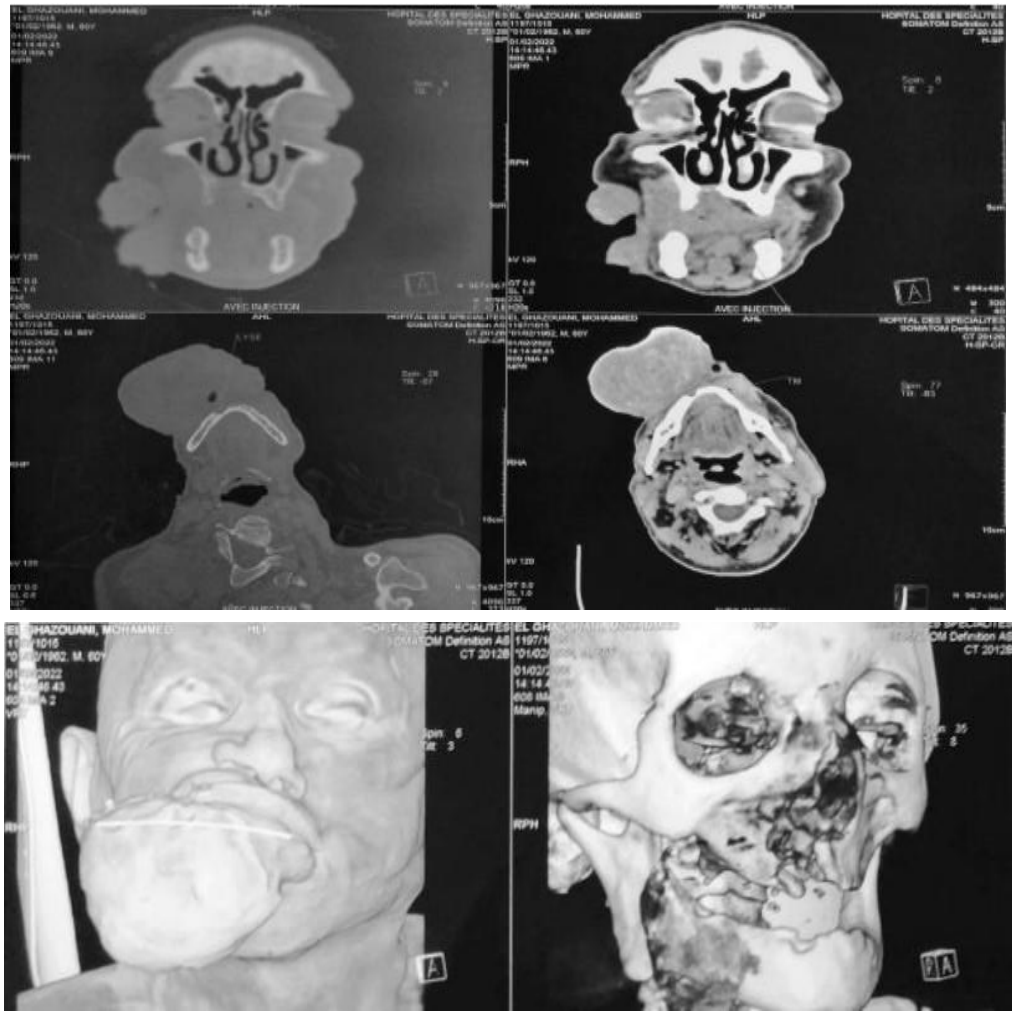
Figure 2

Figure 3

The computed tomography (CT) scan revealed an aggressive tumor process in the right upper lip, characterized by irregular contours and exophytic growth.

The lesion exhibited tissue density and heterogeneous enhancement following contrast injection, containing areas of necrosis. It measured 103 x 75 x 85 mm, with erosion of the hard palate, muscular infiltration, and contact with the tongue.

Additionally, there was destruction of the alveolar process of the maxillary bone and infiltration of the nasolabial groove (Figures 4, 5).



Figures 4 and 5: CT scan of the face: coronal and axial sections, along with 3D reconstructions, demonstrating a highly extensive tumor process with bone erosion and invasion of adjacent structures

A biopsy, including morphological and immunohistochemical studies, supported a diagnosis of sarcomatoid carcinoma.

The patient did not undergo surgical excision due to the advanced stage of his condition resulting from delayed consultation. His management consisted of palliative treatment.

However, unfortunately, approximately one month after his consultation, the patient passed away without having received palliative care.

DISCUSSION

Sarcomatoid carcinoma represents a highly malignant tumor characterized by dual histological differentiation, incorporating both epithelial and mesenchymal components along with a sarcomatoid stroma. This type of carcinoma constitutes less than 1% of head and neck tumors [3, 4].

It predominantly affects patients aged 50 to 70 years, with a male predominance. Risk factors include tobacco use, alcohol consumption, and exposure to radiation, which are common to many other malignant tumors [1, 2].

A major challenge in diagnosing this condition lies in the lack of specific clinical symptoms, which delays early diagnosis and complicates management, thus increasing the likelihood of poor prognosis [5].

In the head and neck region, the parotid gland is the most frequently affected site, while naso-sinus involvement remains extremely rare [6, 7, 8]. In the case of the patient we studied, the presentation of an aggressive mass in the upper lip aligns with the atypical clinical manifestations of this tumor, exacerbated by a delay in consultation.

The characteristics of this tumor render it particularly aggressive, with a marked tendency for recurrence and metastasis. However, there is no clear consensus on the optimal therapeutic strategy [1, 7, 9, 10].

According to the literature, the recommended treatment involves wide surgical excision, often accompanied by adjuvant radiotherapy and/or chemotherapy [6, 9].

Unfortunately, as in the case of our patient, the failure to perform curative surgery due to the advanced stage of the disease compromises treatment options and prognosis.

The prognosis of sarcomatoid carcinomas depends on several factors, including the tumor's location, size, extent, and stage at diagnosis. Naso-sinus involvement often presents in a more aggressive form, with a pronounced tendency for recurrence, in contrast to laryngeal or pharyngeal lesions. An initial surgical approach followed by adjuvant radiotherapy could improve prognosis, reduce local recurrence rates, and lower overall mortality associated with this disease. Five-year survival rates vary between 40% and 60%, depending on the stage of the tumor [1, 9, 10].

In the case of our patient, the absence of palliative treatment and the disease's advancement led to an exceptionally grim prognosis, underscoring the critical importance of early diagnosis and appropriate intervention.

CONCLUSION

In conclusion, this case underscores the urgent need for increased awareness and early diagnosis of labial sarcomatoid carcinoma to enhance treatment efficacy and patient survival. Further studies are essential to establish standardized management protocols for this aggressive tumor.

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