HYPOPHARYNGEAL TUMORS - SCC case presentation

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INTRODUCTION

Hypopharyngeal carcinoma is relatively uncommon representing only 10% of all proximal aerodigestive tract malignancies. Unfortunately hypopharyngeal tumours produce few symptoms until they are advanced.

They may cause:
- dysphagia or odynophagia
- sore throat
- otalgia
- dysphonia, hoarseness
- adenopathy in the neck
- feeling of food sticking in the throat
- haemoptysis
- halitosis

Risks factors
- Tobacco and alcohol use
- Poor nutrition
- Human papilloma virus infection
- Genetic syndromes
- Workplace exposures
- Gender
- Age
- Race
- Gastroesophageal reflux disease

CASE REPORT

A 68 years old woman referred to ENT from ED for haemoptysis

- Ex smoker + alcohol use
- 5 weeks history of dysphagia and haematemesis
- OGD showing a lesion posterior to the epiglottis which bleed on minimal touch. Biopsy was taken
- Referred to ENT by Gastroenterology
- Presented in ED for haemoptysis

Flexible laryngoscopy: We have observed a large peduncular tumor which appeared to arise from right pyriform fossa; prolapsely to obstruct airways (video)

CT neck with contrast was performed and shows: 2.2 x 1.6 cm right pyriform fossa polypoid.

The mass enhances mildly and uniformly post contrast. It crosses the midline and causes partial stenosis of the supraglottic airway. (Fig. 2 and 3)

Biopsies show a widely invasive poorly differentiated squamous cell carcinoma.

Vascular invasion was not identified.

PET CT did not identify any active soft tissue mass or any evidence of metastatic disease

Stage T1N0

Referred to oncology for treatment: Radiotherapy 70 Gray for 7 weeks +/- chemotherapy

Video: Flexible laryngoscopy

DISCUSSIONS

Treatment of hypopharyngeal squamous cell carcinoma usually involves surgical resection and/or chemo-radiotherapy.

Squamous cell carcinoma of the hypopharynx carries the worst prognosis of any SCC of the upper aerodigestive tract of the head and neck both because it often presents with advanced disease. Even when prognosis is corrected for stage, hypopharyngeal cancers continue to have poor outcomes.

TNM STAGING- AJCC 7TH edition (2010)*

T1: Tumour limited to one subsite of hypopharynx and ≤ 2 cm in greatest dimension.

T2: Tumour invades more than one subsite or adjacent site or measures >2 cm but ≤ 4 cm without fixation of hemilarynx.

T3: Tumours > 4 cm or with fixation of hemilarynx or extension into esophagus

T4a: Tumour invades thyroid/cricoid cartilage, hyoid bone, thyroid gland, central compartment of soft tissue.

T4b: Tumour invades prevertebral fascia, encases the carotid artery or involves mediastinal structures.

N0: No regional LN

N1: Single ipsilateral LN ≤ 3 cm

N2a: Single ipsilateral LN 3-6 cm

b: Multiple ipsilateral LNs ≤ 6 cm

c: Bilateral or contralateral LNs ≤ 6 cm

N3: Any LN more than 6 cm

M stage:

MX: cannot be assessed,

M0: no distant metastasis,

M1: distant metastasis

REFERENCES

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