

Medical Image

Title: A Recurrent Case of Spindle Cell Variant of Squamous Cell Carcinoma

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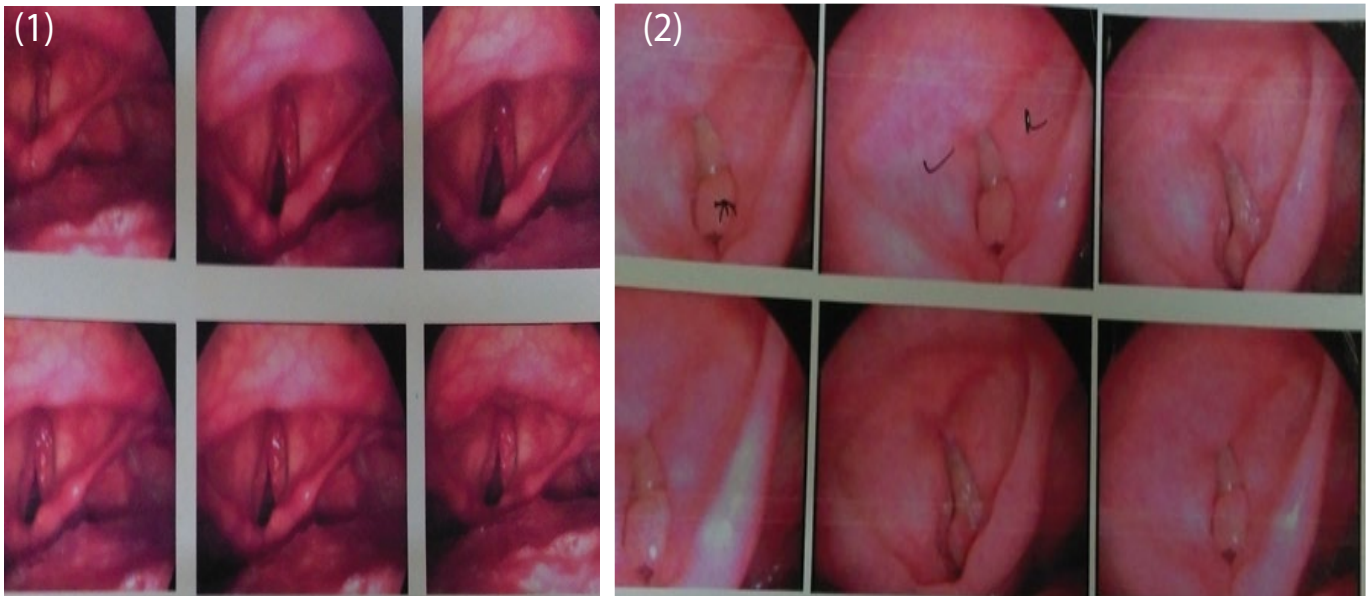


Figure 1: Ulcerated growth in the right side vocal cords.

Figure 2: Papillomatous mass in the right side vocal cords.

Introduction

Squamous cell carcinoma is the most common variety of all laryngeal cancers, among them spindle cell variant of squamous cell carcinoma is a rare variety. These spindle cell carcinomas are considered to be biphasic tumours that are pathologically composed of squamous cell and spindle cells with sarcomatous appearance. Usually glottis carcinoma presents with hoarseness of voice and are generally diagnosed at a very early stage. Here we are presenting a case of 65 years old Indian male who was a diagnosed case of squamous cell carcinoma, after a disease free period of three years had a recurrent growth, and was diagnosed to be a spindle cell variant of recurrent squamous cell carcinoma and how we managed the same.

Case Report

A 62 years old male patient presented to the ENT department with complaints of 2 months history of progressive hoarseness of voice. The patient also had history of loss of weight and loss of appetite. General examination showed no palpable lymphnodes. On local examination, the patient had ulcerated mass involving the right side vocal cords (Figure 1). He had a significant smoking history of 30 pack years.

The patient was immediately planned for the microlaryngeal surgery. The patient was prepared for microlaryngeal surgery under general anaesthesia. The ulcerated mass was only involving the right side vocal cords. It was excised and sent for histopathological examination. It was diagnosed to be a squamous cell carcinoma of the larynx. The patient was on radiotherapy and regular follow up.

CT scan was taken. It was not showing any, ass lesion after surgery. As it was T1 stage, radiation therapy gave significant improvement in the patient's general condition. After completion of radiation therapy, the patient was kept on regular followup. He had a disease free period of about 3 years. Then after 3 years he again had complaints of hoarseness of voice.

Immediately local examination was done. It showed a papillomatous mass in the right side vocal cords (Figure 2). As it was a

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diagnosed case of laryngeal carcinoma, high suspicion was kept in mind, immediately he was prepared for surgery. Microlaryngeal excision of papillomatous mass in the vocal cords right side was taken. This time the histopathological examination was found to be a spindle cell variant of squamous cell carcinoma. The patient was taken for PET scan. It showed FDG avidity in the larynx. This tumour was staged as T1 as there was only involvement of the right side vocal cords. As the patient had already completed radiation therapy and it was are current tumour and also a spindle cell variant, he was planned for total laryngectomy. After surgery the patient was kept on regular follow-up.

Discussion

Squamous cell carcinoma of the larynx is considered to be the most common type of malignant tumour of the larynx. Spindle cell variant of squamous cell carcinoma is a highly malignant variant with very rare incidence [1]. Among which presentation of spindle cell variant as a recurrent neoplasm has never been reported in the literature.

The aetiology of spindle cell tumour smoking plays a very important role. Another one of the important cause of spindle cell cancer is radiation exposure [2]. As this patient had been undergoing radiation therapy, it can be suggested that is the cause of recurrence of tumour in this patient.

Spindle cell carcinoma is a common variety of tumours in male, mainly in the sixth and seventh decade, with glottis being the most common site. The most common presentation of this tumour is hoarseness of voice associated with symptoms of cough, dysphagia [3]. This tumour more often presents as a polypoidal mass.

In histopathological examination, this carcinoma has squamous cell component and spindle shaped cells with sarcomatous changes that classically diagnoses the spindle cell variant of squamous cell carcinoma.

According to the AJCC- American joint committee on cancer staging, these spindle cell tumours are staged according to the size and lymph nodal metastasis. There is a controversy regarding the management of recurrent carcinomas of larynx. According tumour institutional protocol, in cases of recurrent tumours we always go for a total laryngectomy. As there was high suspicion that this recurrence radiation exposure was considered to be one of the aetiology of spindle cell tumours.

Conclusion

Spindle cell variant of squamous cell carcinoma is a highly malignant tumour variant of the squamous cell carcinoma. They are morphologically resembling a benign polypoidal mass. Radiation exposure is one of the commonest aetiology of this tumour. This was a diagnosed case of squamous cell cancer. The patient also had a disease free period of about 2 years. He had recurrence following which he was planned for total laryngectomy. After surgery his symptoms subsequently improved and he is now on regular follow up. Hence chances of recurrence of carcinoma of vocal cord due to radiation exposure should also be kept in mind. Though there is controversy in management, total laryngectomy by our institutional experience has been giving promising results to the patient.

References

1. Völker HU, Scheich M, Höller S (2007) Differential diagnosis of laryngeal spindle cell carcinoma and inflammatory myofibroblastic tumor—report of two cases with similar morphology. *Diagnostic Pathology* 2.
2. (2012) National Cancer Institute, Cancer Facts. Head and Neck Cancer: Questions and Answers, National Cancer Institute.
3. Ball S, Idel O, Cotton SM, Perry A (2006) Comparison of two methods for measuring tongue pressure during swallowing in people with Head and neck Cancer. *Dysphagia* 21: 28-37.