

Unusual sites of metastases in carcinoma tongue – A case report.

Gunjesh Kumar Singh¹, Pragma Singh², Vikas Yadav¹, Priya Baskaran Shanmuga¹, Karthik Periasamy¹

ABSTRACT

Cutaneous and renal metastasis in patients with squamous cell carcinoma of head and neck is a rare phenomenon. The reported incidence of skin metastasis in these cases is less than 1%, while the exact incidence of renal metastasis is still unknown. In the literature available only one case of renal metastasis from carcinoma tongue has been reported so far. We report a rare occurrence of isolated cutaneous and renal metastasis in an already treated case of carcinoma tongue.

Key words: Cutaneous metastasis, Renal metastasis, Carcinoma tongue, Squamous cell carcinoma, Head and neck malignancy.

INTRODUCTION

Cutaneous metastasis is rarely seen in head and neck malignancies, with incidence being less than 1%.^[1] Larynx is the most common anatomical site of malignancy to be associated with this phenomenon.^[2] Renal metastasis is even rarer in these malignancies. Only one case has been reported till date in a patient with squamous cell carcinoma tongue.^[3] Skin overlying chest and abdomen are the common sites of cutaneous metastasis in head and neck malignancies, however, metastasis to lumbar region is unusual.^[4]

Herein, we report a case of early stage squamous cell carcinoma tongue, who presented with isolated cutaneous and renal metastasis after treatment, with complete remission at the primary site.

CASE HISTORY

A 40 years old female, chronic smoker for 15 years, presented in our outpatient department with the chief complaints of difficulty in swallowing and throat pain since 2 months along with weight loss and reduced appetite. She was diagnosed with moderately differentiated squamous cell carcinoma on biopsy from right lateral border of tongue in July 2015. Her general physical examination was unremarkable with ECOG performance status 1. All the baseline blood investigations were normal. Contrast enhanced computed tomography (CECT) neck showed 3.5 x 3.2 cm homogeneously enhancing mass in the right lateral border of tongue. Patient underwent wide local excision with right side modified radical neck dissection. Histopathological examination revealed moderately differentiated squamous cell carcinoma, tongue with lymphovascular invasion and a pathological stage of T₂N₀. Patient received adjuvant radiotherapy to a dose of 66 Gy in 33 fractions. She

remained in complete remission during the follow up.

After 10 months of the initial treatment, patient presented with a solitary ulcer measuring 5×4×3 cm over right back. [Figure 1] She did not respond to the course of antibiotics. Fine needle aspiration cytology (FNAC) followed by biopsy from the ulcer showed moderately differentiated squamous cell carcinoma, which was consistent with the histopathological picture of primary disease. [Figure 2a, 2b] CECT head, neck, thorax and abdomen was done for metastatic workup. A heterogeneously enhancing mass in back of size 5.4×2.9×4 cm and two heterogeneously enhancing metastatic foci in left kidney of size 2×2.1 cm (upper pole) and 1.3×1.2 cm (interpolar region) were detected. [Figure 3a, 3b] Patient did not give consent for FNAC or biopsy from renal lesions. With the ECOG performance status 1, patient is currently receiving palliative chemotherapy with paclitaxel and carboplatin and is tolerating it well.

DISCUSSION

Cutaneous metastasis is seen infrequently accounting for 0.6-1.4% of all visceral metastasis.^[5] Malignant melanoma and breast carcinomas are the most common malignancies presenting with cutaneous metastasis.^[6] The mechanism of spread in squamous cell cancers of the head and neck could be due to local spread, hematogenous or lymphatic routes.^[7] Cutaneous metastasis carries poor prognosis.^[8] The exact survival and treatment of these patients is not known owing to low incidence. According to Berger *et al* median survival after cutaneous metastasis in head and neck malignancies is just 3 months.^[9] In our case two metastatic foci were noted on CECT abdomen. The reported incidence of extrarenal ma-

**Gunjesh Kumar Singh¹,
Pragma Singh², Vikas
Yadav¹, Priya Baskaran
Shanmuga¹, Karthik
Periasamy¹**

¹Department of Radiotherapy, VMMC & Safdarjung Hospital, New Delhi -110029, INDIA.

²Department of Pathology, VMMC & Safdarjung Hospital, New Delhi -110029, INDIA.

Correspondence

Dr. Gunjesh Kumar Singh,

MD Department of Radiotherapy, VMMC and Safdarjung Hospital, New Delhi 110029, INDIA.

Phone no: +91-8750546284

E-mail: gunjeshsingh00764@gmail.com

History

- Submission Date: 25-09-2016;
- Review completed: 16-10-2016;
- Accepted Date: 22-11-2016.

DOI : 10.5530/ogh.2017.6.2.22

Article Available online

<http://www.oghreports.org>

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Cite this article: Singh GK, Singh P, Yadav V, Shanmuga PB, Periasamy K. Unusual sites of metastases in carcinoma tongue—A case report. OGH Reports. 2017;6(2):77-9.

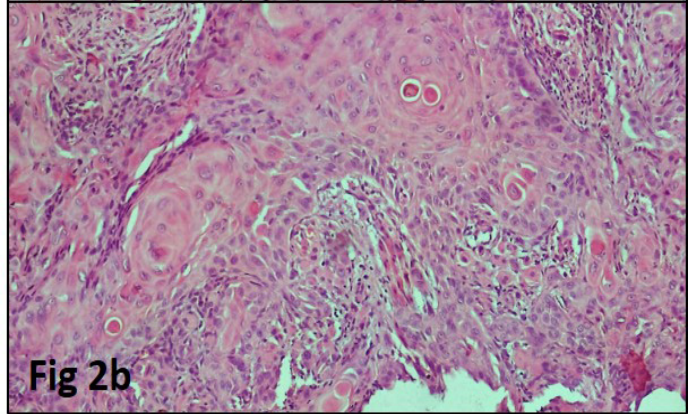
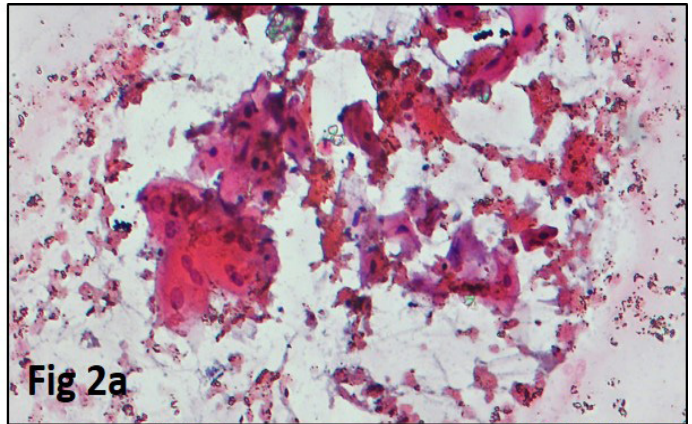


Figure 1: Ulceroproliferative growth measuring 5x4x3 cm over back, with everted and well defined margin, irregular surface and purulent discharge.

Figure 2a: Pap stained smear: Cells in loose clusters in a necrotic background. Tumor cells are polygonal with abundant cytoplasm and hyperchromatic nuclei.

Figure 2b: Moderately differentiated squamous cell carcinoma with squamous pearls

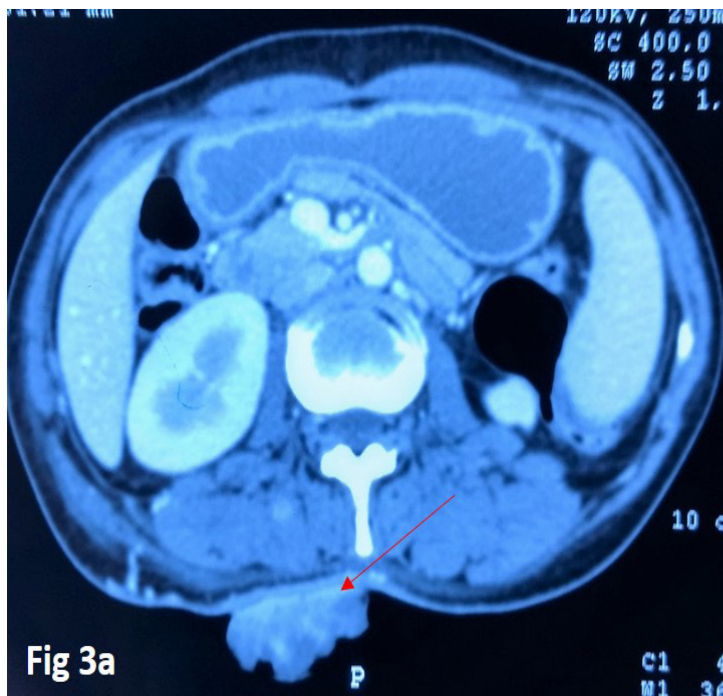


Figure 3a: Heterogeneously enhancing mass in the back on the right side.

Figure 3b: CECT abdomen: Two heterogeneously hypoenhancing lesions, one each at the upper and interpolar regions.

lignancies with renal metastasis varies from 2 to 20%.^[10] Renal metastasis from squamous cell carcinoma head and neck is extremely rare, so exact incidence is not known. So far to our knowledge, only one case of carcinoma tongue with renal metastasis has been reported and indexed case will be the second one.^[3] Karnofsky performance score of our patient is 70 and she tolerating the chemotherapy well. Patient will be followed up to know the course and response.

CONCLUSION

Cutaneous and renal metastasis are rarely seen in head and neck malignancies, through this case report we emphasise the fact that though rare this phenomenon should always be kept in mind, as a bad prognostic sign and association with poor patient survival.

ACKNOWLEDGEMENT

The authors would like to acknowledge the Department of pathology for the commitment and collaboration.

CONFLICT OF INTEREST

None

ABBREVIATIONS USED

ECOG: Eastern Cooperative Oncology Group; CECT: Contrast enhanced computed tomography; FNAC: Fine needle aspiration cytology.

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Cite this article: Singh GK, Singh P, Yadav V, Shanmuga PB, Periasamy K. Unusual sites of metastases in carcinoma tongue—A case report. *OGH Reports*. 2017;6(2):77-9.