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A CONTEXT IN PALLIATIVE CARE- A RARE CASE OF ADENO CARCINOMA

Oncology

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ABSTRACT

Salivary gland malignancies are a rare but histologically diverse group of entities. Establishing the diagnosis of a malignant salivary neoplasm may be challenging because of the often minimally symptomatic nature of the disease, and limitations of imaging modalities and cytology. Treatment is centered on surgical therapy and adjuvant radiation in selected scenarios. Systemic therapy with chemotherapeutic agents and monoclonal antibodies lacks evidence in support of its routine use. We hereby present a case of an extensively destructive palatal Adeno carcinoma involving the nasal cavity, para nasal sinuses and extending into the para pharyngeal region causing compression of air column.

KEYWORDS

Malignant Minor salivary gland tumours, Adenocarcinoma, Palliative care.

Salivary gland malignancies are a rare but histologically diverse group of entities. Establishing the diagnosis of a malignant salivary neoplasm may be challenging because of the often minimally symptomatic nature of the disease, and limitations of imaging modalities and cytology. Treatment is centered on surgical therapy and adjuvant radiation in selected scenarios. Systemic therapy with chemotherapeutic agents and monoclonal antibodies lacks evidence in support of its routine use.

Minor salivary gland adenocarcinoma is exceedingly rare. Most adenocarcinomas are high-grade lesions and are usually associated with minor salivary gland tumors of the oral cavity. There is a propensity for perineural invasion. The risk of lymph node metastasis (30%) and distant spread are significantly increased with the high grade lesions. Salivary tumors pose a unique challenge to clinicians and pathologists alike. The relatively benign histologic appearance and good short-term therapeutic results led to the underestimation of the ultimate biologic aggressiveness of adenocarcinoma. Treatment of Adeno carcinoma is often frustrating due to its deceptive biologic behavior, which is characterized by multiple and late local recurrences, often more than 10 years after initial treatment is given. Distant metastases are frequent, and may occur in an unpredictable manner. Long-term survival and good palliation, even with incurable recurrent disease, is not uncommon.

We hereby present a case of an extensively destructive palatal Adeno carcinoma involving the nasal cavity, para nasal sinuses and extending into the para pharyngeal region causing compression of air column.

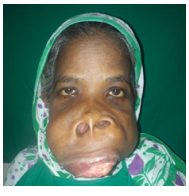

Figure 1: Frontal profile.

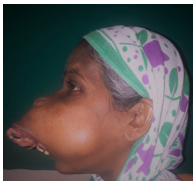

Figure 2: Lateral profile.

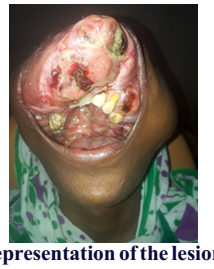

Figure 3: Intra oral representation of the lesion.

CASE STUDY

A 42 year old female reported to the department of oral and maxillofacial surgery, Yenepoya Dental College, Mangalore with a chief complaint of swelling in the middle third of the face since 8 years and difficulty in swallowing since 6 months.Patient presented with a history of surgery performed for the growth in the palate diagnosed as adenocarcinoma nineteen years ago. Patient was asymptomatic following the surgery, the present swelling started to appear eight years ago, which gradually grown to a current size. There was history of pus discharge, bleeding, difficulty in speech and halitosis associated with the swelling.

On general examination,patient was conscious,well oriented to time, place and person. Moderately built and nourished. Routine blood investigations revealed a hemoglobin level of 6.5gm/dl, total leucocyte count of 4.4 microlitre, platelet count of 271 microlitre and creatinine level of 1.4 mg/dl.

On examination, diffuse swelling noted on the middle third of the face extendingmedio laterally around 3cm away from the tragus obliterating the Naso-labial fold bilaterally. Superio-inferiorly extending 3cm away from the corner of eye to corner of the mouth bilaterally.Anterio-posteriorly, large ulcero-proliferative lesion projecting from the upper alveolar arch obliterating the lips extending till the maxillary tuberosity bilaterally with the foci of bleeding and purulent discharge. Lesion is firm ,non fluctuant, non compressible and non tender on palpation. Right and left sumandibular and sub mental lymph nodes are enlarged, hard, fixed and non tender on palpation. Biopsy revealed Adeno carcinoma.

On contrast MRI, Large lobulated infiltrative lesion noted measuring 14x6 cm involving nasal cavity, para nasal sinuses and extending into the para pharyngeal region causing compression of air column. Anteriorly the lesion is extending to the nasal aperture and bilateral maxillary sinus causing erosion of nasal cavity,maxillary walls, medial walls of bilateral orbits and greater wing of sphenoid. Superiorly the

lesion is extending into the frontal sinus and sphenoid sinus causing erosion of the walls. Inferiorly the lesion is causing erosion of the hard palate. Multiple enlarged level 1 and 2 lymph nodes noted, largest measuring 18 mm in left level 2 lymph node. Lesion was graded as stage 4B Adenocarcinoma.

Patient was diagnosed as microcytic hypochromic anaemia with a hemoglobin level of 6.5 gm/dl and was transfused with two units of packed red blood cell. Palliative care was provided with administering parenteral methotrexate 50mg and tranexamic 500mg to control bleeding. Further, the patient was subjected to hemostatic radiotherapy to control local bleeding. The patient died after the fifth session of radiatiotherapy due to cardio pulmonary arrest.

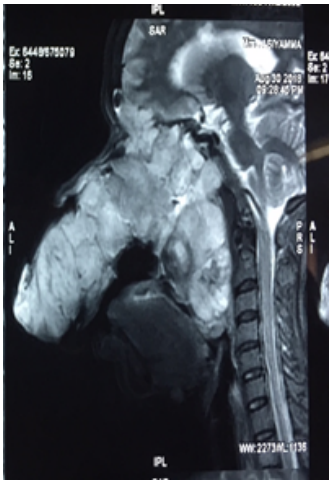

Figure 4:MRI

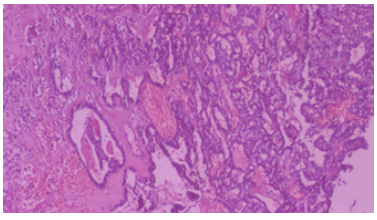

Figure 5: Histolgical view.

DISCUSSION

Adeno carcinoma constitutes nearly 8% to 14% of all malignant salivary gland neoplasms. The parotid gland is the most commonly involved major salivary gland, and a small subset of patients present with bilateral tumors. A slight predilection for women is noted. The tumor usually presents as a slow-growing solitary mass. Neural deficits, pain, regional nodal metastases, and soft tissue involvement are less frequent.

Characteristically, these tumors display cells with granular, metachromatic cytoplasm in the serous acinar cells of salivary glands. Varied tumor growth patterns may be seen, including solid, microcystic, papillary cystic, and follicular. However, individual growth patterns do not bear prognostic significance.

Acinic cell carcinomas behave indolently. A SEER database review noted overall survival rates of 97%, 93%, and 89% at 5, 10, and 15 years, respectively. Distant metastases are associated with poor long-term prognosis. Treatment involves surgical resection. Radiation therapy is generally not used for primary disease management.

Our results for a long follow-up period support the idea for a low grade of malignancy and good prognosis of the tumor, but the appearance of recurrences many years after the surgery must induce us to be very careful and systematic with the follow-up. The report of more series with special attention to periodic follow up after treatment of such malignant tumors in order to prevent aggressive recurrence and to provide appropriate management before it reaches high mortality and morbidity. We have presented a rare recurrence case of Adenocarcinoma and the importance of not treating the lesion in an early stage of the disease which progressed to an inoperable stage leading to high mortality rate.

CONFLICT OF INTREST- NIL

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