



MALIGNANCY OF BASE OF TONGUE METASTASIZE TO SKIN-A RARE CASE ENTITY SHOWING EFFECTIVE RESPONSE OF SYSTEMIC CHEMOTHERAPY

Oncology

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ABSTRACT

More commonly, any metastasis from head and neck malignancy is from lung, liver, and bone. They rarely metastasize to the skin. Here is 65 years old male diagnosed as a primary from the tongue base with neck nodes as T3N2bM0 disease and treated with concurrent chemoradiation. Radiation was completed, and the patient was on follow up. After around three years, he developed recurrence at the same site and some nodular lesions in the left forearm. Advised excisional biopsy and histopathology suggests metastatic squamous cell carcinoma. So here is a rare case scenario along with some essential aspects of systemic chemotherapy, which shows a good response in the regression of the skin lesions and supportive treatment.

KEYWORDS

metastasis, radiation, biopsy, chemotherapy

INTRODUCTION-

most of the head and neck malignancy metastasized to the regional neck nodes. The most common metastasis site is the lungs, followed by bone and liver; skin metastasis is extremely rare and sometimes goes unnoticed because of its rare occurrence [1]. Skin metastasis usually occurs in the neck, scalp, and over the chest wall. We report a case of carcinoma base of tongue post-radiation with recurrence and distant metastasis in the forearm.

CASE HISTORY-

Patient is 65 years old male diagnosed with tongue's carcinoma base on definitive chemoradiation by conformal technique. He developed recurrence at the same site after three years of completion of initial treatment. On follow up he came with complaints of blood in sputum difficulty in swallowing, along with multiple nodular lesions over the left forearm over the left forearm localized to one site. We advised him PET scan, which shows a soft tissue nodule 1.2x1 cm with SUV 20.79 noted in right pyriform fossa with hypermetabolic lesions in the lower lobe of left lung suggestive second malignancy with hypermetabolic metastatic mediastinal lymphadenopathy [2]. Other lesions with hypermetabolic lesions were noted in the skin and subcutaneous fat of the left forearm. The largest size of 3.2x3.8 cm and soft tissue density deposits pointed out in the muscle of the posterior compartment of the right thigh SUV max 25.56 and size of 1.9x2.6 cm. An excisional biopsy was done from the left forearm lesion suggestive of stratified squamous epithelium, and IHC CK and p63 are strongly positive. So this brought to the decision that this case metastasized to lung, skin, which seems rare presentation. Because of metastatic disease and recurrence at the base of the tongue with the involvement of pyriform fossa, we have planned for systemic chemotherapy with paclitaxel and cisplatin three weekly dose schedule. After this, we assessed the response of the lesion, which has almost reduced in size, but pulmonary symptoms persist along with generalized weakness.

DISCUSSION-

The overall incidence of cutaneous metastasis [3] from underlying internal malignancies ranges between 0.7% to 9%, but that from head and neck is rare 0.7% to 2.4 %.[4][5]. The exact mechanism of skin metastasis is in the head and neck malignancy is incompletely understood Kmucha and Troxel [6] described three possible tools: direct spread, local spread, and distant spread. Skin metastasis leading to hematogenous disperse where pulmonary circulation and filtration can be theoretically bypassed through the azygos venous and vertebral venous system in Batson's plexus which allows skin implantation. A tumor needs to move away after detachment from the primary tumor, invade, and intravasate into the blood or lymphatic vessel, survive in the circulation, extravasate, and finally invade and increase at the secondary site. Usually, cutaneous lesions are localized at locations close to primary, because metastatic spread occurs through the lymphatic route to areas having common lymphatic drainage as that of

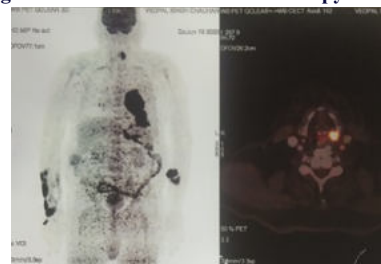
the primary tumor. After diagnosing this case with a rare metastatic site from the tongue's primary carcinoma base, we can think of this site also, and we can examine the patient on follow-up for the skin lesions. Along with this, we can start the cisplatin-based chemotherapy, which had shown a good response in the patients with epithelial malignancy to slow the process of metastasis and improving the quality of life.



1- Nodular Skin Lesions Present Over The Left Forearm.



2- Healing Of Skin Lesions After Chemotherapy



3- Lesions Almost Healed After Further Chemotherapy Cycles.



A 4- Pet Scan Is Showing Hypermetabolic Lesions In Both Pictures.

CONFLICTS OF INTEREST- There is no conflict of interest.

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