Research Paper Medical Science

Small Cell Carcinoma Parodid Gland Case Report

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KEYWORDS

Introduction

Primary involvement of the salivary glands in small cell carcinoma is rare, and has one of the worst prognoses of salivary gland neoplasm. However, it has been reported that some cases have a favorable outcome, although the prognostic factors are still under consideration. Multidisciplinary therapy was usually required to achieve long-term survival. Recently, a resemblance of some small cell carcinomas of the salivary gland to cutaneous Merkel cell carcinoma was suggested; the latter have the potential for spontaneous regression, which is related to a favorable clinical outcome.

Primary involvement of the salivary glands in small cell carcinoma (SmCC) is rare, and tumors in the salivary glands account for less than 1% of all carcinomas of the parotid gland and 3.5% of all malignant tumors of minor salivary glands. This tumor has one of the worst prognoses of salivary gland neoplasms. The prognosis for patients with SmCC of the salivary glands has been reported to be more favorable than for those with SmCC of other sites [1-4]. However, there is no doubt that parotid SmCC is a high-grade malignancy that should be treated aggressively. Surgery, adjunctive radiation therapy and/or chemotherapy have been performed in most cases [1].

Case presentation

We present a locoregional advanced parotid small cell carcinoma with multiple lymph node metastases in an patient presented to GCRI Ahmedabad. The tumor was controlled first by giving 3 cycles of chemotherapy caboplatin and etoposide and then referred for surgical management

An 44 yr male good general health presented with a progressively enlarging mass located in her left preauricular region hard fixed mass of size about 10x8 cm in dimension with level 2,3,4,cervical lymphadenopathy eroding the ear lobule with slough over the surface Fine needle aspiration (FNA) cytology analysis performed in the clinic suggested malignant cells of uncertain origin true cut bx s/o metstatic poorly differenciated carcinoma. IHC done s/osynaptophycin and chromogranine +ve and CK7 AE 1 P63 Desmoglein negative

CT NECK AND THORAX-68X58 MM heterogenously enhancing mass superior and deep part of lt parotid involving skin. necrotic cervical nodes level 2,3,4

POSR CHEMOTHERAPY CT SCAN NECK AND THORAX-5.2X 6.0 CM heterogenously enhancing mass in superficial and deep lobe of parotid with skin involvement .level I to IV necrotic nodes.

PET CT-50X60MM FDG avid lesion in the left superficial and deep lobe of parotid(su max 8) cervical lymphadenopathy I to IV

A total parotidectomy and modified neck dissection with spiral PMMC(pectoralis major myocutaneous) flap performed. On histopathology, the tumor showed diffuse growth with confluent necrosis in the salivary gland. The tumor cells had scant cytoplasm and hyperchromatic nuclei without prominent nucleoli. Mitotic figures were frequently observed (Figure (Figure3).3

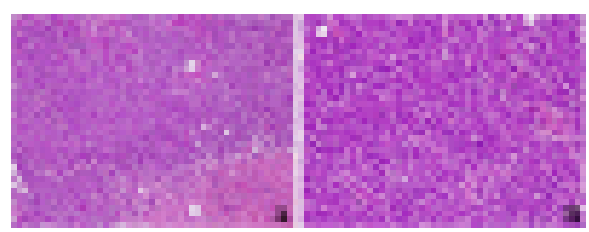


Figure 1

Histological features. (A) Diffuse growth with necrosis (lower right) of tumor cells is seen. Several residual ducts and glands are observed in the tumor. **(B)** The tumor shares the features of small cell carcinomas seen in other organs..

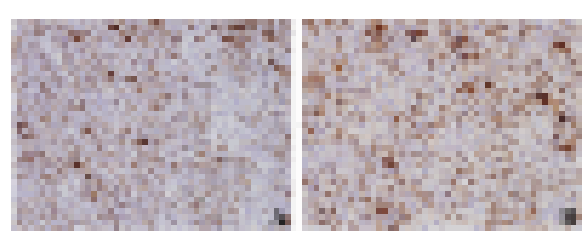


Figure 2

Immunohistochemistry for cytokeratin 20. Most tumor cells with a characteristic dot-like pattern. **(A)** Original magnification ×400; **(B)** original magnification ×600.

Our patient's postoperative course was uneventful, and no postoperative radiotherapy was administered. The patient is in follow up last 2 months doing well and is a rear case so notified.

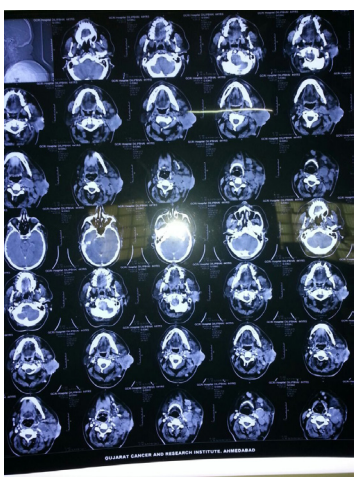
Discussion

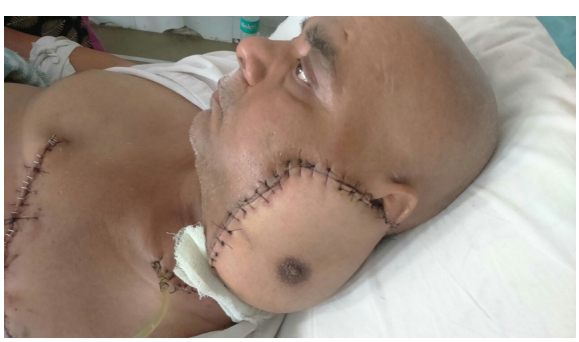
The parotid gland tumor in our case appeared on histology

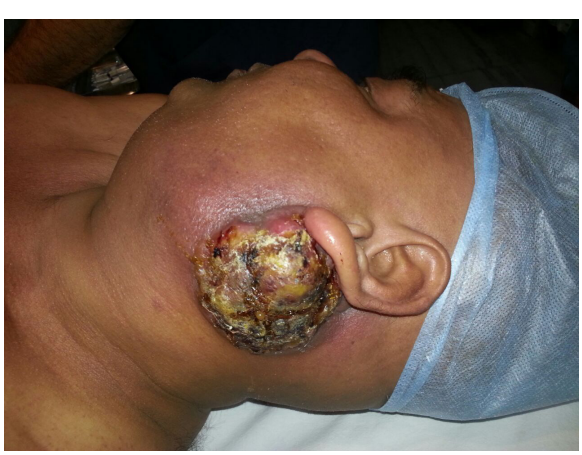
to be a SmCC. No tumor formation was recognized in other locations; therefore, this was an extremely rare primary SmCC of the parotid gland. . SmCC can occur in any organ, although the vast majority occur in the lung. The prognosis for patients with SmCC of the salivary glands has been reported to be more favorable than for those with SmCC of the lung or larynx [1,2,4]. However, there is no doubt that parotid SmCC is a high-grade malignancy that should be treated aggressively. The main treatment for parotid SmCC is a surgical approach with partial or total parotidectomy. The association of radiotherapy with surgery has shown a decrease in relapses and an increase in survival. Seventy-five percent of local relapses occurred in cases where surgery had been the only treatment, whereas, when associated with radiotherapy, the rate of local relapse was 20% [1,5]. Our case multimodality approach given better outcome chemotherapy and surgery

Conclusion

Small cell carcinoma of parotid is a rare case multimodality approach chemotherapy and surgery gives satisfactory outcome







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