



**ORIGINAL RESEARCH PAPER**

**Surgery**

**CYSTIC METASTASIS FROM TONSILLAR CANCER – A CASE REPORT**

**KEY WORDS:**

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**ABSTRACT**

**INTRODUCTION** Brachial cleft cyst is the most common cause of cystic lesion in the neck in younger population. But in patients above 40 years of age, about 80% of the cystic neck lesions were reported to be malignant. The incidence of such type of metastasis from Waldeyer's ring accounts for 33-62%. **CASE REPORT** A 60 year old male presented with a painless swelling in the left side of the neck for 8 months. Clinical features, imaging and FNAC favoured infected brachial cyst. Excision biopsy showed metastatic carcinomatous deposits with high mitotic index. Panendoscopy with tonsillectomy done. Biopsy of left tonsil showed moderately differentiated squamous cell carcinoma. Then adjuvant Radiotherapy was given to the patient and on 6th month follow up, patient had no features of recurrence. **CONCLUSION** For any cystic neck lesion in an adult, metastatic disease must be considered as a differential diagnosis. And for proven malignant cystic cervical lymph node, a primary malignancy involving Waldeyer's ring should be suspected. Initially imaging and FNAC may be taken. If FNAC is inconclusive, excision biopsy may be done. Then depending upon the biopsy finding, pan endoscopy with guided biopsies and tonsillectomy may be done.

**INTRODUCTION**

Brachial cleft cyst is the most common cause of cystic lesion in the neck in younger population. But in patients above 40 years of age, about 80% of the cystic neck lesions were reported to be malignant. The metastasis from the head and neck squamous cell carcinoma has a potential to undergo cystic degeneration and may present as cystic neck masses. The incidence of such type of metastasis from Waldeyer's ring accounts for 33-62%. In the absence of an obvious primary tumor, these cystic metastasis in the neck may be misdiagnosed as brachial cleft cyst.

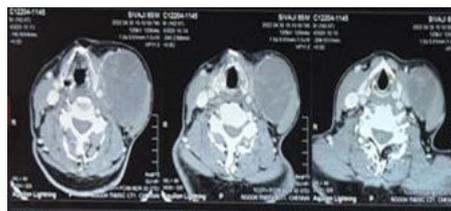
**CASE REPORT**



**Figure 1. Preoperative and postoperative clinical picture of the patient.**

A 60-year-old male presented with painless swelling in the left side of the neck for the past 8 months. His USG neck showed a well defined hyperechoic lesion, predominantly hypoechoic solid components with septate lesions. His CT Neck showed large well defined cystic lesion with multiple enhancing septations, with heterogeneously enhancing mural nodule. Multiple B/L level 1b, 1a, and left level 2 lymphadenopathy was noted with largest measuring 8mm. CT neck features were suggestive of left anterior cervical hemangioma. Hence, we proceeded with MRI Neck which showed large oval shaped lesion below angle of mandible in left side of neck in submandibular region and posterior cervical space. Superior margin of lesion was indenting the

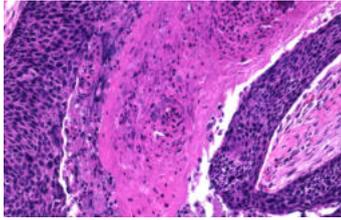
parotid gland. Inferiorly lesion was extending upto the level of glottis. Sternocleidomastoid muscle was compressed and draped at lateral margin of lesion. Carotid artery and jugular veins were displaced medially and compressed by lesion. MRI Neck features suggested the possibilities of that lesion being a neoplasm or an infected brachial cyst or an abscess. FNAC was taken from the swelling which showed many lymphocytes forming clusters at few foci, Neutrophils, cyst macrophages, degenerated cells in an eosinophilic fluid background. FNAC was suggestive of an inflamed lymph cyst. Excision biopsy of that swelling was done which showed metastatic carcinomatous deposits. Its morphology and high mitotic index favoured nasopharyngeal carcinoma being the primary lesion. PET CT was taken which showed increased metabolic activity in the left tonsillar fossa. Pan endoscopy done followed by tonsillectomy. Biopsy of left tonsil showed infiltrating squamous cell carcinoma - moderately differentiated grade. Patient received 30 cycles of adjuvant radiotherapy and didn't show any features of recurrence in the 6th month follow up.



**Figure 2 CT Neck showing left cervical cystic lesion**



**Figure 3 intraoperative image of cystic cervical metastasis**



**Figure 4. histopathology image of left tonsil showing moderately differentiated squamous cell carcinoma**

**DISCUSSION**

The incidence of cystic cervical metastasis from squamous cell carcinoma of Waldeyer's ring has been reported to be 37-62%. Thompson and Heffner in their study on 136 cases have found that the tonsils were the primary site in 64% of cases. This represents a unique subset of tonsillar carcinoma that present with moderately large cystic cervical metastasis involving jugulodigastric region with an occult or a relatively small primary tumor. They are not associated with the usual risk factors such as smoking and alcohol. And also, they occur in younger population than in those with solid metastasis.

**CONCLUSION**

For any cystic neck lesion in an adult, metastatic disease must be considered as a differential diagnosis. And for proven malignant cystic cervical lymph node, a primary malignancy involving Waldeyer's ring should be suspected. Initially imaging and FNAC may be taken. If FNAC is inconclusive, excision biopsy may be done. Then depending upon the biopsy finding, pan endoscopy with guided biopsies and tonsillectomy may be done.

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