

Synchronous Glottic Carcinoma and Thyroid Papillary Carcinoma: A Rare Case Report.

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Date of Submission: 01-12-2022

Date of Acceptance: 12-12-2022

I. Introduction

Second primary tumors that occur simultaneously or within 6 months of the first are called synchronous tumors.

Although double cancers in the upper aerodigestive tract mucosa are not uncommon, collision tumors that are composed of a papillary thyroid carcinoma and a laryngeal squamous cell carcinoma are rare.

Patients who are at the high risk for the development of synchronous primary tumours in the head and neck region are patients with oropharyngeal carcinoma, smoking population, over the age of 62 years in males and 57 years in females and higher staged index tumour.

In patients of head and neck carcinoma, 9% of the synchronous second cancers are detected at esophagus, 46% in lung, 17% in head and neck, 18% outside the aerodigestive tract.

II. Case History

A 76 year old female, heavy smoker was admitted to our department with complaints of hoarseness of voice and anterior neck nodule for the last two months.

All vital signs were within normal limits.

General physical and systemic examinations revealed no abnormality except poor performance status (40% Karnofsky scale).

Local examination of the neck revealed a firm, painless, immobile 1x1.5 cm mass in the anterior neck.

Investigation-

Complete haemogram, liver and kidney function tests, blood sugar were within normal limits.

Her CT neck report was suggestive of carcinoma glottis.

Ultrasonography of neck suggested a 1x15mm sized hypoechoic nodules on left lobe of Thyroid.

Endoscopy showed a fleshy mass over the laryngeal inlet towards the anterior commissure.

Biopsy taken from this laryngeal growth and confirmed histopathologically as squamous cell carcinoma-moderately differentiated.

Fine needle aspiration cytology of Thyroid nodule showed features of papillary carcinoma.

Thus, the case was diagnosed as synchronous double malignancy of glottic squamous cell carcinoma in stage I and thyroid papillary carcinoma in stage I.

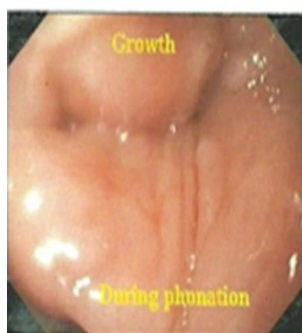


Fig 1(a)



Fig 1(b)

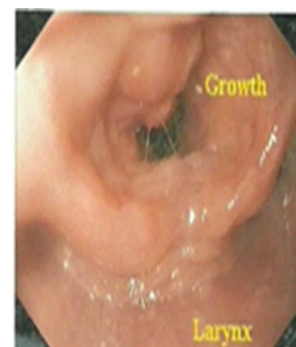


Fig 1(c)

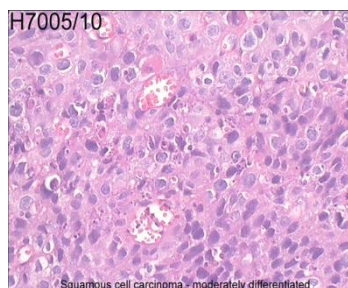


Fig-2

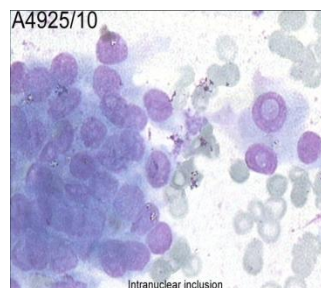


Fig-3

Treatment Given- Due to elderly age and poor general condition of the patient , she was treated with radical external beam radiotherapy alone with Cobalt 60 machine, with two lateral whole neck fields encompassing both primary sites including their regional lymphatic drainage area giving 30Gy/10 fractions . At the first follow-up, one month after treatment, there were complete remissions in both primary sites and patient was disease-free at her last check-up after 10 months from completion of treatment.

III. Discussion

The survival rate for head and neck cancers after the second cancer being esophagus is only 3%, 20% and 2% for the second primary carcinoma sites in head and neck and lungs respectively.

Our patient was good responder and she was disease free at her last follow-up after 10 months from completion of treatment. The reasons behind these complete response may be early detection of the synchronous malignancies in stage I as well as radiosensitivity in both primary tumors.

IV. Conclusion

As the incidence of head and neck cancers are increasing, synchronous tumours will also be increased. The purpose of reporting this case is to emphasize routine evaluation of the thyroid gland, especially with ultrasonography, to screen for occult synchronous thyroid lesions for all patients with laryngeal carcinoma. and the high need for early diagnosis of synchronous carcinomas for better treatment result.

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Dr. Purnima Rani Ghosh, et. al. "Synchronous Glottic Carcinoma and Thyroid Papillary Carcinoma: A Rare Case Report." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 21(12), 2022, pp. 33-34.