

available at www.sciencedirect.comjournal homepage: www.ejconline.com

Course and prognosis of basaloid squamous cell carcinoma of the head and neck: A case–control study of 62 patients

Edouard Soriano^a, Claire Faure^b, Sylvie Lantuejoul^{b,c}, Emile Reyt^a, Michel Bolla^d, Elisabeth Brambilla^{b,c}, Christian A. Righini^{a,c,*}

^aDepartment of ENT-HNS, University Medical Center of Grenoble, 38043 Grenoble Cedex 09, France

^bDepartment of Pathology, University Medical Center of Grenoble, 38043 Grenoble Cedex 09, France

^cINSERM U823, Joseph Fourier University, Institut A Bonniot, University Medical Center of Grenoble, 38043 Grenoble Cedex 09, France

^dDepartment of Radiotherapy, University Medical Center of Grenoble, 38043 Grenoble Cedex 09, France

ARTICLE INFO

Article history:

Received 11 September 2007

Received in revised form

29 October 2007

Accepted 2 November 2007

Keywords:

Basaloid squamous cell carcinoma

Head and neck cancer

Histo-prognosis

ABSTRACT

Objective: To describe the natural history and evaluate the prognosis of basaloid squamous cell carcinoma (BSCC) of the upper aero-digestive tract as compared to the usual squamous cell carcinoma (SCC).

Materials and methods: Sixty-two patients with BSCC and 62 patients with SCC were matched with regards to TNM classification, localisation and therapeutic modalities. Histological criteria, follow-up and 5-year survival were compared among the two groups.

Results: Survival rates were significantly higher in patients with SCC as compared to patients with BSCC. The rate of distant metastasis was six times higher in cases of BSCC, which was the major cause of mortality.

Conclusion: This study reveals that BSCC has distinct histo-pathologic features and an aggressive clinical course, justifying its consideration as a separate entity with poor prognosis. The authors propose to systematically perform a chest CT-scan and FDG-PET to rule out early distant metastasis and to include adjuvant chemotherapy in treatment protocols.

© 2007 Elsevier Ltd. All rights reserved.

1. Introduction

Basaloid squamous cell carcinoma (BSCC) of the upper aero-digestive tract (UADT) was described for the first time in 1986 when Wain and colleagues¹ reported an atypical histological subtype of squamous cell carcinoma. This entity represents 2% of head and neck cancers as only 200 cases are reported in the literature so far.

As defined by the recent WHO classification of head and neck tumours,² BSCC is a variant of squamous cell carcinoma (SCC) with basaloid and squamous components associated in varying proportions.

Several case reports and small-sample-size studies have attempted to depict the clinical characteristics of BSCC; however, controversies over the progression and prognosis of this tumour in the UADT still exist. Whilst some authors consider this tumour as more aggressive than the usual SCC, and characterised by a less favourable outcome or an unpredictably short post-operative survival,^{1–7} for others BSCC and SCC do not constitute separate histo-prognostic entities, and manifest similar paths of progression and prognosis.^{8–13} Because no complete histo-prognostic analysis of this rare tumour has been performed on a large scale previously, we propose herein to evaluate the natural history of

* Corresponding author: Address: Centre Hospitalier Universitaire de Grenoble, BP 217 – 38043 Grenoble Cedex 09, France. Tel.: +33 4 76 76 56 93; fax: +33 4 76 76 51 20.

E-mail address: Crighini@chu-grenoble.fr (C.A. Righini).
0959-8049/\$ - see front matter © 2007 Elsevier Ltd. All rights reserved.
doi:10.1016/j.ejca.2007.11.008

BSCC and to determine its distinctive histo-prognostic criteria in a comparative study of 124 patients including 62 BSCC and 62 SCC matched patients.

2. Materials and methods

Over a period of 17 years (1988–2005), 81 patients were treated for BSCC (case group) of the pharynx, larynx or oral cavity at the University Medical Centre of Grenoble, France. Data related to pre-treatment diagnosis, anatomical location and staging of the disease, and treatment were collected, in addition to a detailed post-therapeutic follow-up. Moreover, a matched group of patients diagnosed with poorly-to-well

differentiated SCC (control group) was selected from a large pool of patients ($n = 1800$) with upper aero-digestive tract SCC treated at the same institution.

2.1. Inclusion criteria

Inclusion required a histological confirmation of the diagnosis of BSCC, in addition to a minimum post-therapeutic follow-up of 24 months.

According to the WHO classification,² BSCC includes variable proportions of basaloid and squamous components (Fig. 1). The basaloid component is composed of small monomorphic cells closely packed in a solid pattern with a lobular

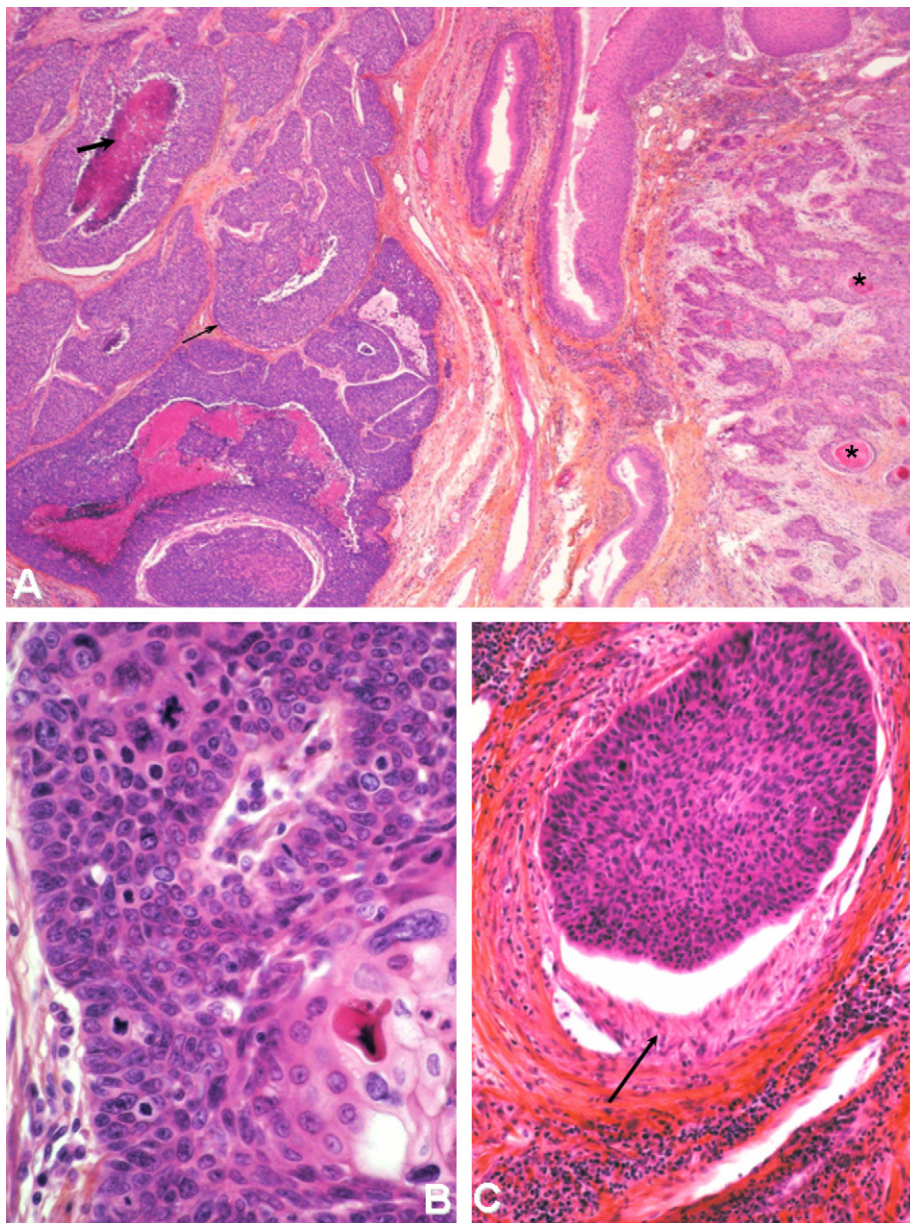


Fig. 1 – An example of basaloid squamous cell carcinoma histopathology (HES). (A) Basaloid squamous cell carcinoma: on the left, the basaloid component with lobules of small closely packed basaloid cells with typical peripheral palisading (sharp-arrow) and central comedonecrosis (thick-arrow). On the right, the well-differentiated squamous cell carcinoma component with 'pearl' keratinisation (*). (B) Basaloid cells arranged in solid lobules with focal squamous differentiation. Nucleo-cytoplasmic ratio and mitotic activity are typically high. (C) Vascular invasion by basaloid cells (→ = smooth-muscle wall vessel).

Download English Version:

<https://daneshyari.com/en/article/2125269>

Download Persian Version:

<https://daneshyari.com/article/2125269>

[Daneshyari.com](https://daneshyari.com)