



Case report

A case of spindle cell carcinoma of the tongue metastasized to the thyroid gland

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ABSTRACT

Spindle cell carcinoma is a rare malignant tumour that shows biphasic proliferation of squamous cell carcinoma components and sarcomatoid components of spindle-shaped cells in the same tissue. In addition, cases that a malignant tumour of the head and neck region metastasizes to the thyroid gland are extremely rare. We report an extremely rare case that spindle cell carcinoma of the tongue metastasized to the thyroid gland. A 59-year-old female presented with a polypoid mass in the right margin of the tongue. Based on histopathological diagnosis of spindle cell carcinoma of clinical staging II, a partial glossectomy was performed. Thyroid mass appeared at 5 months after the surgery. She was diagnosis with thyroid gland cancer and a total thyroidectomy was performed. A histopathological diagnosis revealed thyroid gland metastasis. However, a thyroid tumour recurred in the neck at 4 months after the thyroid surgery. The tumour was untreatable, and the patient expired 13 months after the primary resection.

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1. Introduction

Spindle cell carcinoma is a rare malignant tumour consisting of squamous cell carcinoma components and sarcomatoid components composed mainly of spindle-shaped cells [1,2]. It is classified as a variant of squamous cell carcinoma [2]. Reports of this tumour in the oral region are rare [3], and the prognosis is usually poor. Furthermore, although distant metastasis of cancer of tongue most usually affects the lungs, there have been few reports of metastasis to the thyroid gland. We treated a case that spindle cell carcinoma occurred on the tongue and the tumour metastasized to the thyroid gland. We report a brief overview of this case with consideration to the current literature.

2. Case

A 59-year-old female presented with a polypoid mass in the right margin of the tongue in May 2005. Her past history included thyroiditis in 1996, and hypopharyngeal and cervical esophageal squamous cell carcinoma (T4N2cM0) in 1999. The hypopharyngeal and cervical esophageal carcinoma had been successfully treated by chemoradiotherapy with CDDP + CBDCA, external irradiation (69.8 Gy) and adjuvant chemotherapy with oral UFT-E.

2.1. Local findings

A polypoid mass was present in the right margin of the tongue. The tip of the mass was necrosed. The submucosal induration size was approximately 13 mm × 20 mm on the tongue (Fig. 1). Abnormal findings were not observed in the regional lymph nodes. A contrast CT revealed a lesion with a contrast effect of an unclear border in the right margin of the tongue (Fig. 2A). No abnormal findings were observed in either the cervical lymph nodes or the thyroid gland (Fig. 2B). T2-weighted MR imaging revealed a high-signal lesion localized on the right side of the tongue (Fig. 2C and D). No abnormal MRI findings were observed in the cervical lymph nodes. There were no images of any abnormal accumulation suggesting metastasis anywhere in the body on ⁶⁷Ga scintigraphy (Fig. 3C). Therefore, the tumour was considered to be limited to the primary region.

A histopathological diagnosis of the spindle cell carcinoma was obtained through a biopsy of the tongue mass. In the preoperative examination, the patient suspected impaired thyroid function because she presented a mild abnormality in the ST–T waves and sinus bradycardia at ECG and pericardial effusion at echocardiography. After a diagnosis of thyroid function deficiency was made, she was admitted to our hospital for treatment. Before treatment, she had a TSH level of 50.23 μIU/ml, an FT4 level below 0.40 ng/dl, and an FT3 level of 1.38 pg/ml. After the thyroid function recovered with an administration of thyradin, a partial right glossectomy was performed under general anesthesia in July 2005. The surgical margin of safety was the area within 10–15 mm from the stump

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Fig. 1. A polypoid mass was present in the right margin of the tongue. The tip of the mass was necrosed. The submucosal induration size was approximately 13 mm × 20 mm on the tongue.

of the indurated portion. The wound was sutured primarily. From the surgical specimen, a definite diagnosis of spindle cell carcinoma was obtained and the surgical margin was tumour free. The postoperative course was good, oral food intake was started and she was discharged from the hospital in July. Subsequently, over the course of outpatient follow-up, an elastic soft enlargement was observed in the left thyroid gland area in December. A contrast CT revealed a multilocular cystic mass in the left lobe of the thyroid gland (Fig. 3A and B). Fine needle aspiration cytology was performed and a result of Class V was obtained. The smears revealed scattered spindle cells and giant cells showing multiple nuclei. The appearance of these cells was same as spindle cell carcinoma of tongue. ⁶⁷Ga scintigraphy also revealed an abnormal accumulation

in the area of the left lobe of the thyroid gland (Fig. 3D). A contrast CT and an MRI examination disclosed no recurrence in the primary region of the tongue, and no metastasis to the regional lymph nodes of the neck was noted. For this reason, the diagnosis of thyroid gland cancer was made and the patient was hospitalized in the Department of Breast and Thyroid Surgery in January 2006. A total thyroidectomy and a resection of the left recurrent laryngeal nerve were performed under general anesthesia. From the surgical specimen, a diagnosis of metastatic spindle cell carcinoma was made. The postoperative course was good and the patient was discharged from hospital in February. However, in May, a fever of 38.5 °C and rubefaction and tumefaction of the left thyroid gland area were observed. Based on the suspicion of a neck abscess, a tracheotomy and a biopsy of the neck mass were performed. The same tissue types as those seen in the histopathological examination carried out during her glossectomy and thyroidectomy were found. The patient was diagnosed with a recurrence of metastatic spindle cell carcinoma. Chemotherapy (Docetaxel + CBDCA + 5-FU) was started in May. However, CT performed in June revealed abnormal shadows, thus suggesting metastasis to both lungs and an accumulation of pleural effusion was also observed. In the middle of July, we received a request from the patient's family not to provide life-sustaining treatment. Chemotherapy was discontinued after four cycles. The patient expired in August due to a deterioration of her general state of health. An autopsy was not done due to her family's wish. However, recurrence or metastasis was not observed clinically at the primary lesion of tongue and the cervical lymph nodes.

2.2. Histopathological findings

Tongue cancer: H–E staining revealed proliferation of atypical spindle-shaped sarcomatoid cells (Fig. 4A). Spindle-shaped tumour cells also showed multinucleated cells and mitotic figures. There

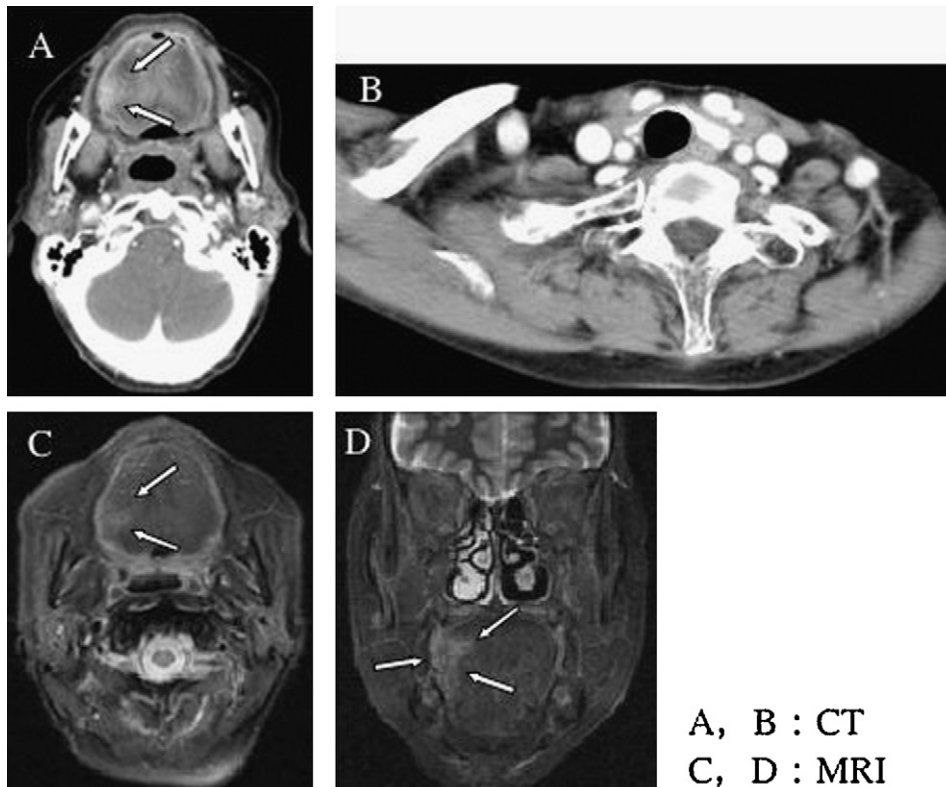


Fig. 2. The lesion shows a contrast effect with an unclear border in the right margin of the tongue.

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