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## Case Report

# Basaloid squamous cell carcinoma of the uvula: Report of a case and review of the literature



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## ABSTRACT

We report a rare case of squamous cell carcinoma (SCC) with basaloid appearances arising in the uvula of a 71-year-old man. The tumor was surgically removed because it was localized only in the uvula. Histopathologically, it was mainly composed of irregular-shaped foci of basaloid SCC cells. It showed some invasive growth but was laterally continuous with foci of carcinoma in situ and epithelial dysplasia, suggesting its sequential pathogenesis from a precancerous lesion. Although the patient did not have local recurrences, he had metastatic foci in one of his right cervical lymph nodes seven months after initial surgery. We performed radical neck dissection, while he did not want to receive additional chemotherapy and radiotherapy. Fifteen months after the neck dissection, he is free from disease in terms of recurrence and metastasis of SCC. This is the first report of a primary basaloid SCC case arising in the uvula.

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## 1. Introduction

Squamous cell carcinoma (SCC) is the most representative type among head and neck cancers, accounting for about 90% of them, which might correspond approximately to 450,000 newly diagnosed cases every year worldwide [1,2]. In the oral cavity, SCC most frequently occurs in the tongue and the gingiva, followed by the lip, buccal mucosa, and floor of the mouth, though their frequencies vary from area to area in the world. Those of the oropharynx must be ranked the lowest among oral cavity SCCs [3,4]. Among the oropharyngeal SCCs, the soft palate must be the most frequent site. Although soft palate SCCs would occasionally extend to the uvula, primary SCCs limited to the uvula are very rare, accounting for only 1% or less of the oropharyngeal SCCs [5]. Recently, we experienced

such an extremely rare case of primary uvula SCC, the histopathology of which was also unusual with basaloid appearances. In this report, we document its clinicopathological characteristics and discuss its pathogenesis based on histopathological investigations.

## 2. Case report

### 2.1. Clinical course

A 71-year-old man was referred to the Department of Oral and Maxillofacial Surgery, Niigata University Hospital by his dentist for swelling of his uvula, which had already been diagnosed by biopsy as squamous cell carcinoma (SCC). The patient had noticed the swelling for six months prior to biopsy. In addition, the patient had a hepatocellular carcinoma of the liver and its associated thrombocytopenia, which had not yet been treated.

At the first visit, intraoral examination showed a red-colored and rough-surfaced swelling, measuring 12 mm in diameter, in his uvula involving both the oral and pharyngeal aspects (Fig. 1). There were patchy and shallow ulcers over the whole surface of the swelling. There were no abnormal findings in the other parts of the oral cavity. His regional lymph nodes were not palpable. Computed tomography (CT) revealed a relatively well-demarcated tumor

\* Asian AOMS: Asian Association of Oral and Maxillofacial Surgeons; ASOMP: Asian Society of Oral and Maxillofacial Pathology; JSOP: Japanese Society of Oral Pathology; JSOMS: Japanese Society of Oral and Maxillofacial Surgeons; JSOM: Japanese Society of Oral Medicine; JAMI: Japanese Academy of Maxillofacial Implants.

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**Fig. 1.** Intraoral view of basaloid squamous cell carcinoma arising in the uvula of a 71-year-old man. There was a red-colored and rough-surface swelling, measuring 12 mm in diameter, in the uvula. Patchy and shallow ulcers were scattered over the surface of the swelling area. (For interpretation of the references to color in this figure legend, the reader is referred to the web version of this article.)

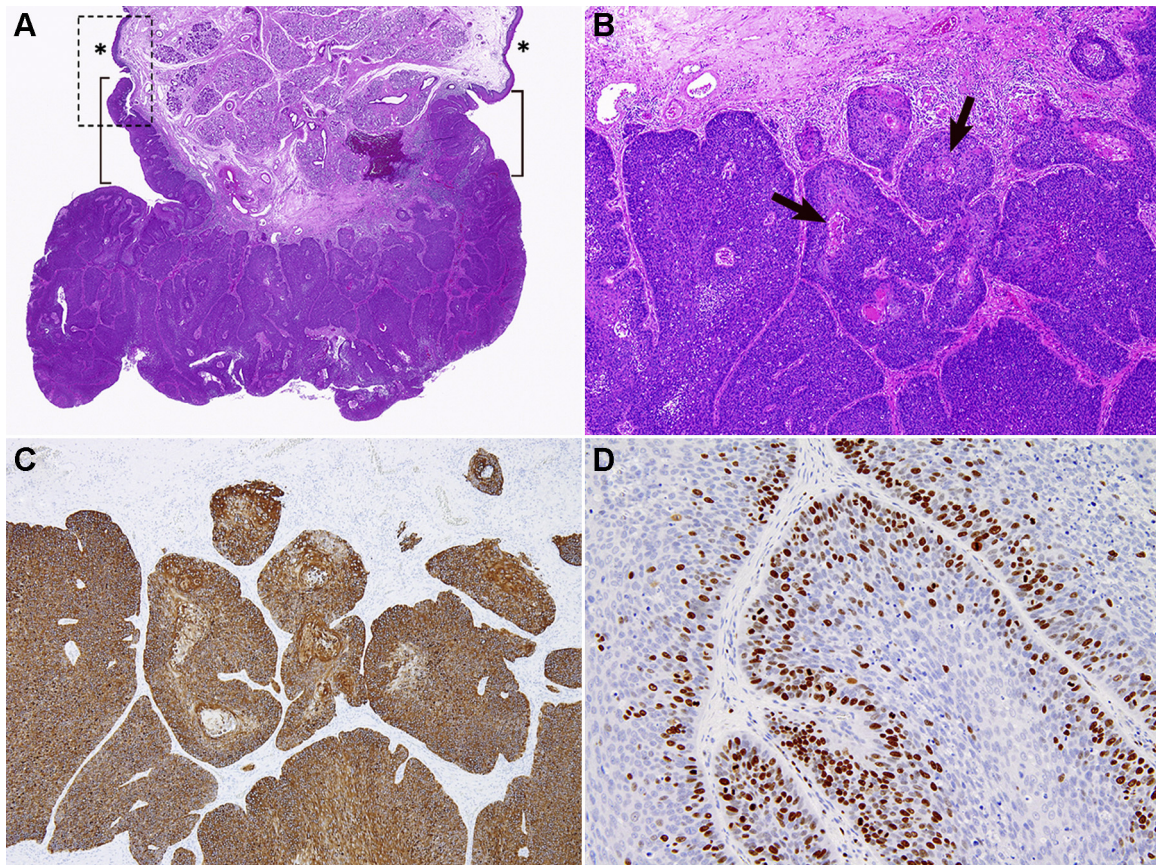
mass in the uvula, measuring 15 mm in diameter. The tumor slightly enhanced on CT images. Laboratory tests showed a decreased number of platelets ( $4100/\mu\text{l}$ ), while the other data were within normal limits.

Prior to surgical removal of the uvular tumor, the patient took transcatheter arterial chemoembolization to his hepatocellular

carcinoma because it was rapidly increasing in size. One day after platelet transfusion, the patient had a surgery for the uvular tumor under general anesthesia. It was removed with a 10 mm safety surgical margin but leaving neighboring muscle tissues as much as possible. The surgical material was histopathologically examined, which showed that the SCC lesion was excised successfully. The patient's swallowing and velopharyngeal functions were not affected by the surgery. In spite of the safety margin of 10 mm, the patient had metastatic foci in his right cervical lymph node seven months after the initial surgery, for which the patient took radical neck dissection. Histopathologically, one of the right superior internal jugular lymph nodes had metastatic SCC foci, which spread to the extranodal space. The patient did not receive additional chemotherapy and radiotherapy of his own will. He is free from disease in terms of recurrence and metastasis of the palatal cancer for a year and half after the neck dissection.

## 2.2. Pathological findings

The surgically excised specimen showed a rough-surfaced polypoid lesion on the apex of the uvula (Fig. 2A). Histopathologically, the polyp was densely composed of irregular-shaped foci of SCC cells with basaloid appearances with narrow fibrous stroma, and it was diagnosed as basaloid SCC. SCC foci were rather limited to the uvula apex region and were continuous with carcinoma in situ (CIS) (Fig. 2A, brackets) and further with epithelial dysplasia (Fig. 2A, asterisks) foci toward the palatal side as well as toward the nasal side. At the same time, however, some SCC foci showed obviously



**Fig. 2.** Histopathological findings of surgically excised specimen. (A and B) Hematoxylin and eosin stain, (C) immunoperoxidase stain for keratin (K) 17, (D) immunoperoxidase stain for Ki-67, (A) 12.5 $\times$ ; (B) 100 $\times$ ; (C) 100 $\times$ ; (D) 200 $\times$ . Rectangle area, enlarged in Fig. 3. A rough-surfaced polypoid lesion located on the apex of uvula was composed of irregular-shaped foci of squamous cell carcinoma (SCC) with basaloid appearances. Basaloid SCC foci were limited to the uvula apex region and were continuous with carcinoma in situ (CIS) (bracket) and further epithelial dysplasia (asterisk) toward the palatal and nasal mucosa (A). Some of the basaloid SCC foci contained keratin pearls, to which foreign body reactions were caused (B, arrows). K17 was positive in SCC and CIS cells (C). Ki-67 was labeled in about 50% of the SCC cells (D).

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