Neoplasms of the head and neck and chest

029263

Forty-three thyroidectomy cases with prior cytology classified by the Bethesda system

Moreira Junior, D.N.[1], Queiroz, A.C.[1], Moreira, L.C.[1], Santos, F.P.[1], Maia, W.S.[1], Barreto, R.O.[1]

[1]LAPPAQ-Pathology Laboratory of Santa Casa, Itabuna, Brazil

dariomoreira@yahoo.com.br, acheto10@hotmail.com,lilian_lcm@hotmail.com,francine.biofarm@gmail.com, wesllenmaia@hotmail.com, rafael_barreto@hotmail.com

Introduction: The presence of a thyroid nodule doesn't necessarily imply the presence of cancer. A well done fine-needle aspiration and a cytopathological report written in clear language are essential to decrease the number of unnecessary surgeries in patients with benign nodules or to enable an adequate triage in patients with malignancy.

Objectives: To study 43 thyroidectomy cases performed throughout the last 5 years in our service, with cytohistological correlation by the Bethesda system.

Methods: All the thyroidectomy cases with prior cytology were gathered, including cases of partial and total thyroidectomy, correlating them with the Bethesda classification, and cytology reports with the histopathological diagnosis. Pathocontrol software was used, and all the cytology and histology sheets were put side by side to be revised and to considered from a critical position.

Results: From 43 cases of thyroidectomy, 20 presented a histological diagnosis of nodular goiter, 17 were papillary carcinomas, two were follicular carcinomas, one was medullary carcinoma, two were follicular adenomas and one was chronic lymphocytic thyroiditis (Hashimoto). As for the correlated cytologies, two were classified as Bethesda VI, 13 as Bethesda V, nine as Bethesda IV, six as Bethesda III and 13 as Bethesda II. 100% of Bethesda VI and 61% of Bethesda V were malignant; 44% of Bethesda IV were diagnosed as follicular lesions on histology, wherein two were follicular adenomas and two follicular carcinomas. Of Bethesda III lesions, 50% were found to be benign and the remainder were papillary carcinoma; 84% of Bethesda II were found to be nodular goiter.

Conclusions: Thyroid cancer is the most common neoplasia in the head and neck region. For a precise diagnosis and adequate treatment a versatile multi-professional team with easy and clear communication are necessary. In our case-by-case study 38% of the cases classified as Bethesda V were nodular goiter on histology, and 33% of Bethesda IV were papillary carcinomas. In constrast, only two out of 13 Bethesda II cases were false-negatives (15%).

029246

Advanced osteosarcoma of the mandible: a case report

Genaro, A.[1], Ribeiro, D.G.[1], Netto, W.J.M.[2], Finotti, A.S.[2], Filho, M.A.F.[1], Horie, M.K.S.[2]

[1]Department of Oncology, Presidente Prudente Regional Hospital, Presidente Prudente, Brazil, [2]University of Oeste Paulista, Presidente Prudente, Brazil

andregennaro@hotmail.com, diogogr83@gmail.com,willymacedo@gmail.com,amandasf92@gmail.com, franco.80@hotmail.com, matheus_horie@hotmail.com

Introduction: Osteosarcoma (OS) of the mandible is rare. Although osteosarcoma represents approximately 20% of sarcomas, only 5% occur in the jaw. OS of long bones is most common in children and adolescents, and the most common sites of metastasis are the lungs, occurring in 30–40% of cases. OS of the jaw, on the other hand, affects adults at around the 3rd and 4th decades, and metastases are rare, with local recurrence being the main cause of death. The 5-year survival rates for primary OS of the jaw vary from 30 to 40%, rising to over 80% when early radical resection is performed.

Objective: To describe a case of advanced OS of the jaw with an excellent surgical outcome, from January 9 to June 13, 2015.

Methods: This was a medical record survey, case report description, and discussion based on books and online database review.

Results: A 47-year-old female patient sought our services on January 9, 2015 due to a rapidly growing nodular lesion in the right jaw (30 days) with sessile implementation and an ulcerated surface. The anatomopathology on February 10 revealed an osteosarcoma in the right mandible with chondroblastic areas of differentiation. A face MRI performed on February 27 showed a lesion measuring 6.4 x 5 x 4.3 cm. A chest CT scan showed no deviations. The patient was submitted to three cycles of neoadjuvant chemotherapy and underwent a right hemimandibulectomy, a level Ia and Ib lymphadenectomy, and a pectoralis major muscle flap on June 13, with no surgical complications and an excellent outcome.

Conclusion: OS of the jaw is rare; early diagnosis and adequate resection are essential for survival. Where adequate resection is possible, surgery alone is appropriate, while adjuvant therapy should be considered in cases with inadequate margins. In general, OS of the jaw shows positive outcomes, and despite the complex resection involved surgery may result in a significant increase in quality of life, self-image, and possibility for cure.

028306

Anaplastic thyroid carcinoma: a case report

Melo, I.S.[1], Freitas, H.C.[1], Fonteles, A.F.[1], Bezerra, D.A.[1], Pereira, T.C.U.[1], Oliveira, T.O.[1]

[1]Faculty of Medicine, Federal University of Ceará, Sobral, Brazil

acd.isadoramelo@gmail.com, hermanycf@hotmail.com, amandafonteles81@gmail.com, diegobezerra.onco@gmail.com, tiagomedicina@gmail.com, thaisoliveirasilva27@gmail.com

Introduction: Anaplastic thyroid carcinomas (ACTs) are thyroid follicular epithelial undifferentiated tumors. They represent the most advanced stage in the dedifferentiation of papillary or follicular carcinoma. The importance of ACT lies in its rarity and aggressiveness in relation to other thyroid cancers, making it difficult to perform more conclusive studies.

Objective: To report an ACT with atypical characteristics, confirmed by biopsy and cervical computed tomography (CCT), and its evolution.

Methods: A 33-year-old female, previously healthy, began a progressive dysphagia 7 months ago, progressing to weight loss of 6 kg. During upper digestive endoscopy (UDE), it was impossible to progress beyond the cricopharyngeal muscle; lesions were not displayed. The esophagogram showed reduced flow in the cervical–thoracic transition, with a slight diameter reduction. CCT was initially unchanged. Three UDEs were performed without endoscope progression, with dilatation of the stenotic area with a balloon, aiming to introduce a nasogastric tube to ensure nutritional support. In evolution, bronchoscopy showed inflammation of the larynx and trachea. Cervical ultrasonography showed hypoechogenicity of the thyroid right lobe. New CCT showed tracheal deviation due to a heterogeneous mass.

Results: We opted for the realization of cervicotomy. A whitish and stony mass was revealed, relating to the trachea and esophagus. Extension to deep planes was impossible to determine. A sample was collected for biopsy, and the pathology results showed undifferentiated adenocarcinoma of the thyroid. A slide review and immunohistochemistry were requested, and these confirmed the diagnosis of ATC. The TNM classification considers all anaplastic carcinomas as T4. It was classified as T4b (tumor beyond the thyroid capsule), considered unresectable.

Conclusion: ATC comprises 1–2% of primary thyroid tumors. It primarily affects females. About 50% of patients have a history of goiter or well-differentiated thyroid carcinoma. A large percentage of these patients have a 3–20-cm cervical mass of rapid growth, painful, hard and fixed to the deep planes. The tumor quickly adheres and invades adjacent structures such as the trachea, esophagus and sternocleidomastoid muscle.

029271

Basosquamous carcinoma ulcerated with open fracture of the right collarbone with thoracoplasty reconstruction: a case report

Winkelmann, C.P.[1], Chiaradia, C.P.[1], Kurtz, G.S.T.[2], Prá, R.B.[3], dos Santos, F.M.[3], Fontana, R.[3]

[1]Universidade de Caxias do Sul, Brazil, [2]Universidade de Passo Fundo, Brazil, [3]Hospital Geral de Caxial do Sul, Brazil

clapw@terra.com.br,crisllipreussler@gmail.com,guilhermestkurtz@gmail.com, rochelepra@gmail.com,ferdemarco@yahoo.com.br,fmroliveira@hotmail.com

Introduction: Basosquamous carcinoma (BSC) is a rare neoplasia which has histopathological features of squamous-cell carcinoma (SCC) and basal-cell carcinoma (BC) connected by a transition area.

Objective: To report a case of thoracoplasty with reconstruction using a pedicle flap of pectoralis major muscle in a patient diagnosed with an ulcerated BSC with open fracture of the right collarbone.

Methods: Patient JRDS, a 59-year-old male Caucasian, began with an infiltrative lesion in the infracollarbone region in 2012. The histopathology showed BC. He attended 33 sessions of radiotherapy. In 2014, he had an exposed fracture of the proximal third of the right collarbone with an ulcerated lesion of fibrin with a purulent background and infiltrating the periosteum. A thoracoplasty with reconstruction was performed using a pedicle flap to create an island of skin, resecting the pectoralis major muscle at its medial insert, preserving the pedicle that lies in the cranial and lateral position. The histopathology showed an ulcerated SCC invading the bone.

Results: The BSC is aggressive with a high potential for local recurrence and metastasis. It has been suggested that it arises from the BC, undergoing a process of degeneration. The treatment is complete surgical resection. The myocutaneous pedicle pectoralis major muscle is used for reconstruction based on muscle body rotation about its vascular pedicle to preserve the blood supply and prevent suture tension. The mobility and availability of autologous tissue should be considered. Preconditions may alter normal tissue conditions and limit the choice of the graft, as with the radiotherapy.

Conclusions: The hypothesis is that the BSC emerged from the degeneration of a previous BC, as the initial diagnosis in 2012. BSC was suggested only in 2014, after local destruction. Regarding surgical reconstruction, flap position could have been better delineated in order to promote a better esthetic result. However, this design was proposed because of the lack of flap mobility, affected by previous radiotherapy. The patient reported the absence of local pain and improved movements, implying an optimistic view of the procedure.

028839

Carotid paraganglioma: a case report

Vasconcelos, J.L.M.[1], Amaral, M.B.M.[2], Gonçalves, P.A.L.H.[2], Filho, F.S.N.H.[2], Andrade, C.S.[2], Junior, W.E.M.[2], Brandão, B.C.[2], Bezerra, D.A.[1], Dourado, G.P.[2]

[1]Department of Oncology, Holy Mercy House of Sobral, Sobral, Brazil, [2]Federal University of Ceara, Sobral, Brazil

janssen.loiola@hotmail.com, marinabma@yahoo.com.br, paulinhahass@gmail.com, savio.nogueira0@gmail.com, carolinesandrade12@gamil.com, waldethjunior@hotmail.com, brunocavalcantebrandao88@hotmail.com, diegobezerra.onco@gmail.com, guilhermep.dourado@gmail.com

Introduction: The paraganglioma is a rare form of neoplasm which in most cases is benign. It is classified as a neuroendocrine tumor which originates from autonomous extra-adrenal paraganglia; it consists of cells derived from samples of neural embryonic crest and has, on the whole, not been functioning. Its incidence is generally sporadic, occurring in individuals of 25–75 years old, with no indication of gender predilection. Its most common location is the carotid body.

Objectives: To report a case of a carotid paraganglioma in a 44-year-old female patient.

Methods: The information was collected from review of the patient's chart, a photographic record of the diagnostic methods to which the patient was submitted, and a literature review.

Results: The 44-year-old female patient, currently residing in a hospital in Ceará, presented on 03/24/13 complaining of a neck bulge for a period of 6 months; she denied any increase in volume and local pain during this period. CT scans of the neck were requested, revealing a heterogeneous solid nodule in the right carotid space, a possible indication of paraganglioma, and some enlarged lymph nodes in the area; lymph nodes in the jugular carotid, posterior cervical and submandibular regions appeared normal in both number and size. At surgery, the patient presented with a pulsatile vascular lesion of approximately 2 cm that was in close contact with the right external carotid; the cervical lymph nodes had increased to level 2, on the right. We performed a cervical carotid resection of the tumor as well as lymphadenectomy.

Conclusion: The paraganglioma is a rare tumor, mostly benign, and affects mainly the carotid body region. Usually, the patient is asymptomatic, complaining only of swelling of the affected area. The diagnosis is confirmed by imaging studies, particularly ultrasound, angiography and computed tomography. The cause of this tumor remains unknown; nevertheless there are acknowledged risk factors associated with heredity and chronic hypoxia. This case presented a satisfying outcome after successful surgical treatment.

028859

Evaluation of patients with laryngeal cancer treated in a general hospital

Azeredo, R.B.[1], Silva, R.L.[1], Priante, A.V.M.[1], Nunes, C.L.S.[1], Cardoso, C.A.[1]

[1]Taubaté University, Brazil

re.azeredo19@gmail.com,rafaelkretschmer10@gmail.com,priante@uol.com.br, caio@saocamilovale.org.br, caugustocardoso01@gmail.com

Introduction: Cancer of the larynx represents around 25% of the tumors in the upper aerodigestive tract. Exposure to tobacco and alcohol has been strongly implicated in the carcinogenesis. In Brazil, around 7640 new cases and 3889 deaths were estimated in 2014.

Objectives: To evaluate sociodemographic and clinical characteristics of laryngeal cancer patients submitted to treatment in a general hospital.

Methods: This was a retrospective analysis of the medical records of 48 patients previously untreated with a diagnosis of laryngeal cancer between January 2008 and December 2011.

Results: Most of the patients were male (38; 86.4%). Patient age ranged from 42 to 82 years (median 64 years). Smoking habit (95.5%) and alcohol consumption (68.2%) were admitted by most of the patients. Dysphonia was found in 35 patients (79.5%). The tumor location was glottis in 23 (52.3%), supraglottis in 12 (27.3%), transglottis in eight (18.2%) and subglottis in one (2.3%). All tumors were squamous-cell carcinomas. Eighteen cases (40.9%) were classified as clinical stage (CE) IV and five cases (11.4%) as CEI. Surgical treatment was performed in 12 patients (27.3%) and conservative treatment (radiotherapy associated or not with