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Importance of diagnosis and initial treatment strategy for adenosquamous carcinoma of the tongue: A case report and literature review

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ABSTRACT

Adenosquamous carcinoma is a high-grade malignant tumor and is known to be more aggressive than conventional squamous cell carcinoma in the head and neck region. Initial precise diagnosis of ASC and consequent appropriate surgical resection of the primary lesion with neck dissections of regional lymph nodes is significantly important to achieve a good prognosis from ASC.

1. Introduction

Adenosquamous carcinoma (ASC) in a head and neck region was first described by Gerughty et al., in 1968 [1]. Histopathologically, squamous and glandular cell components are recognized in close proximity, but in distinct areas [2]. ASC in the head and neck region is known to be more aggressive than conventional squamous cell carcinoma [3]. Cervical lymph node metastases and distant metastases, and locoregional recurrence also tends to occur relatively early after treatment. Therefore, differential diagnosis is important. The most important entity in the differential diagnosis is mucoepidermoid carcinoma (MEC) and squamous cell carcinoma (SCC). SCC is only recognized in ASC, not in MEC [4]. In addition, a glandular portion is seen in the deepest area of the lesion in ASC [4]. A glandular component existing in the deeper area of tumor sometimes may not be detected from a biopsy specimen even if the true diagnosis is ASC [2]. In addition, the adenosquamous carcinoma seems to resemble SCC invading into or entrapping mucoserous glands. Histologically, glandular structures show the normal architecture of the entrapped glands [5]. These characteristics delay the diagnosis of ASC. We report herein a case diagnosed as ASC after initial treatment and discuss the importance of both diagnosis and initial treatment, along with a review of the literature.

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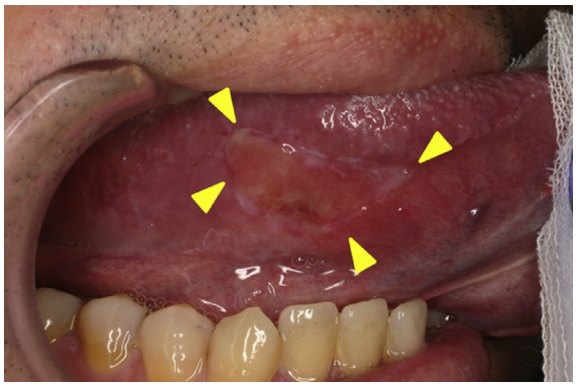

Fig. 1. A mass measuring 20 × 10 mm was found at the right border of the tongue. Induration was palpable over the mass.

2. Ethics

All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional committee and with the 1964 Helsinki declaration and its later amendments.

3. Case report

A 50-year-old man was referred to our department complaining of a painful mass lesion on the right side of the tongue. The patient was a non-smoker. He had hypertension that was well-controlled with Valsartan, and *AT1*-receptor antagonist. Physical examination revealed a 10 × 20-mm, elastic hard mass lesion in the right inferior surface of the tongue (Fig. 1).

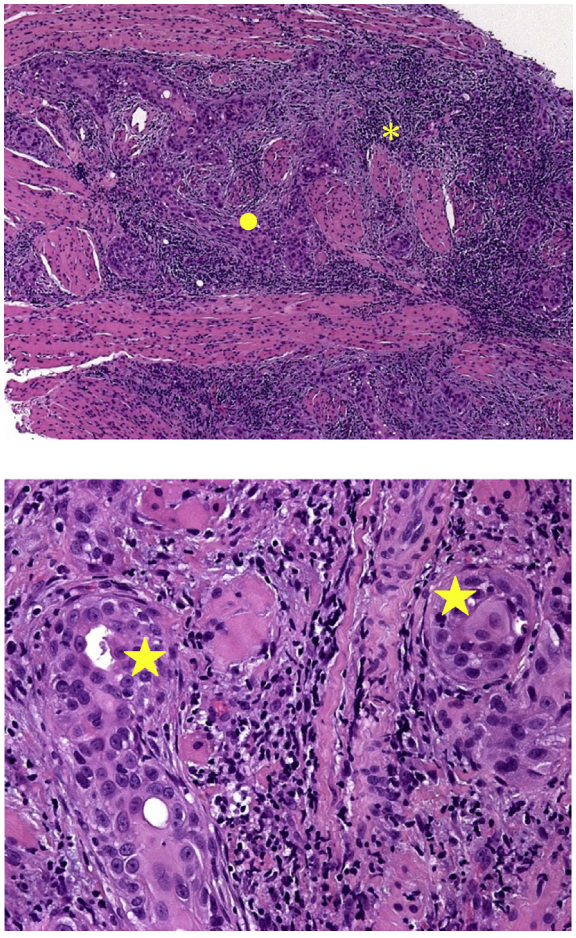

Fig. 2. A and B: Squamous cell carcinoma-like nests show weak keratinization (*) and tumor with ductal structures (●) invading into the tongue muscles (A). Atypical cells are prominent, and PAS-positive material (★) is evident in the duct of the gland (B).