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Case Report

Nasopharyngeal Adenocarcinoma: Rare Location

Ardhaoui H, Khdim M*, Oukessou Y, Abada R, Rouadi R, Roubal M and Mahtar M

ENT Department Head and Neck Surgery, Hospital August 20, Casablanca, Morocco

***Corresponding Author:** Khdim M, ENT Department Head and Neck Surgery, Hospital August 20, Casablanca, Morocco.

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Abstract

Nasopharyngeal papillary adenocarcinomas (NPAC) are uncommon neoplasms with varied histomorphology and clinical presentation. We report on a 60-year-old patient with low-grade nasopharyngeal papillary adenocarcinoma. She received treatment that combined transpalatal surgery to remove the lesion and postoperative radiotherapy for the nasal cavity. There was no recurrence after 6 months of surgery and follow-up is ongoing.

Keywords: *Adenocarcinoma; Nasopharynx; Transpalatal Route. Anatomopathology; Immunohistochemistry*

Introduction

Primary Nasopharyngeal Adenocarcinomas (NPACs) are a category of rare but generally recognized neoplasms, constituting only 0.38% to 0.48% of all malignant diseases of the nasopharynx and 0.70% of all nasopharyngeal neoplasms [1,2] and carcinomas [3]. The vast majority of CIN cases are keratinizing or non-keratinizing squamous cell carcinomas [4]. Other pathologic types of CIN, which include adenocarcinomas, lymphomas, sarcomas, and minor salivary gland tumors, account for .5% of all CIN cases [5]. Therefore, primary nasopharyngeal adenocarcinomas (NPACs) are extremely rare, with only a limited number of cases reported in the literature.

We report a case of primary nasopharyngeal adenocarcinoma in a 60-year-old woman who was treated in our hospital.

Case Report

This is a 60-year-old patient with no particular pathological history who presented one year ago episodes of epistaxis with complicated repetitive episodes of left otalgia and hearing loss without any notion of nasal obstruction or anosmia, all in a context of conservation of the general state of health. a rhinocavoscopy with biopsy objectified the presence of a mass in the cavum (Figure 1), the anatomopathological study with immunohistochemical study was in favour of a low grade papillary adenocarcinoma.

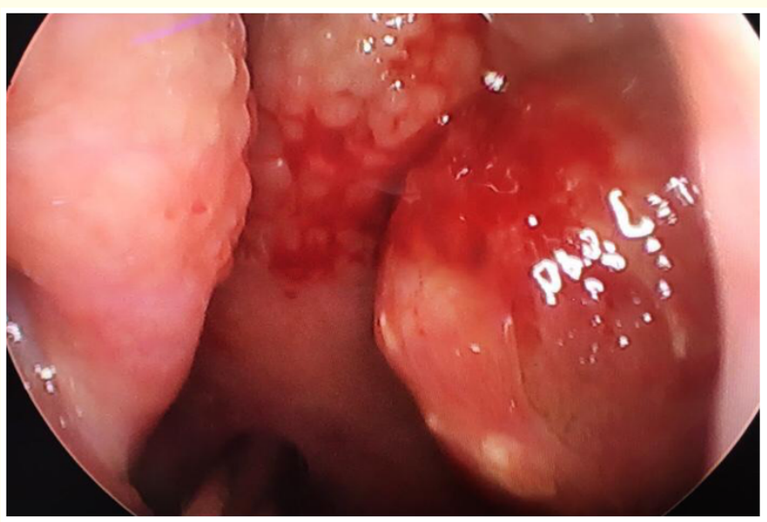

Figure 1: *Rhinoscopy of the cavum mass.*

A CT scan of the face revealed a hypodense budding lesional process, which was raised after injection of PDC on the left posterolateral and upper wall of the cavity measuring approximately 24.5 x 13.5 mm extended over 37 mm.

MRI of the face as part of the extension workup showed tumor thickening of the left posterolateral wall of the cavum without extension to the nasal, orbital and intracranial fossae (Figure 2).

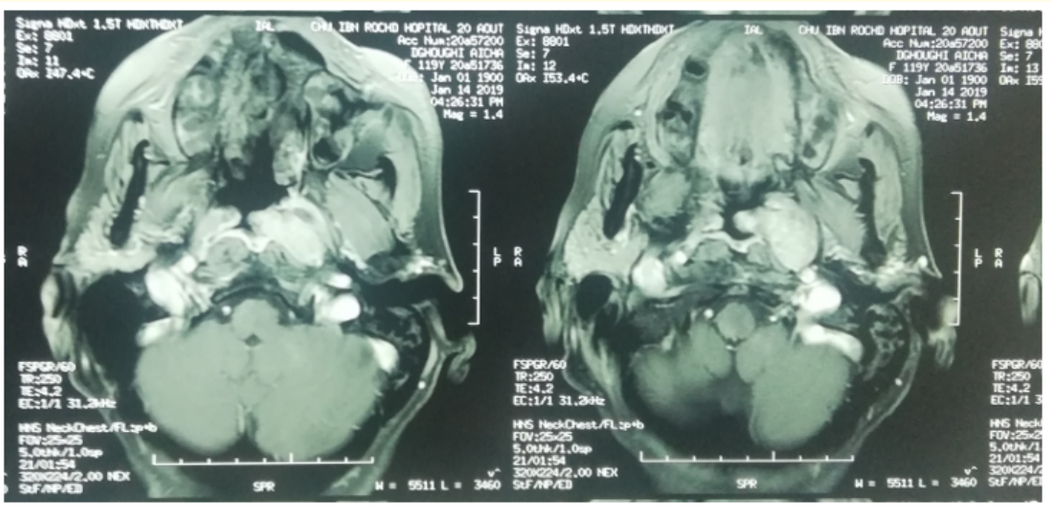

Figure 2: *MRI of the face showed tumor thickening of the left posterolateral wall of the cavum.*

The tumour was completely excised by endoscopic transpalatal excision with adequate surgical margin. Postoperative histopathology showed low-grade papillary adenocarcinoma and the surgical margin was negative (Figure 3 and 4).

Figure 3: *Intraoperative images.*

Figure 4: *Tumor excised.*

Postoperative radiotherapy (PORT) for the nasal cavity was performed. There was no evidence of recurrence after 6 months of surgery and further follow-up is ongoing.

Discussion

The most common malignancy in the nasopharynx is CIN. The histological types are non-keratinizing carcinoma (NKC) and keratinizing squamous cell carcinoma (KSCC).

The primary NPACs as a group are extremely rare tumours, which would occupy 0.48% of all types of NKCs [6]. Whereas Adenocarcinoma is often introduced at the same time as PSGT-NPCs (Primary salivary gland-type nasopharyngeal carcinomas (PSGT-NPCs)) and all these tumours with varying clinical behaviour and prognosis [7-9].

The case we presented was LGNPPA, which, according to the World Health Organization, is defined as phyllodes papillary and glandular structures with exophytic growth characteristics of low-grade adenocarcinoma [10]. Papillary NPAC is a special type of low-grade malignant carcinoma, and its morphology is similar to that of papillary thyroid carcinoma, which requires identification with papillary thyroid carcinoma metastases.

Treatment of primary NPAC is selected primarily based on the clinical stage and histological grade of the tumour [10,11]. Due to the rarity of these cancers, lesion management is generally empirical, and there is no standard treatment for tumours. Controversy exists as to whether radiation therapy alone, surgical treatment alone, or surgery combined with radiation therapy is the optimal therapeutic approach.

However, due to the anatomical limitations of the tumour in the nasopharynx, it is sometimes difficult to remove the tumour completely with a sufficient margin of safety, especially in cases of large infiltrating tumours. Adjuvant treatment has therefore been necessary to manage these tumours, which cannot be completely removed.

Regarding the prognosis of the two primary categories of NPAC. Pineda-Daboin., *et al*. reported that common type NPAC is generally maintained as a low-grade malignancy and is associated with a good prognosis, whereas the prognosis for salivary gland type NPAC is generally poor.

Conclusion

Nasopharyngeal adenocarcinomas encompass a great variety of histologic types of tumors. Although primary NPACs are very rare, they should be included in the differential diagnosis of nasopharyngeal tumor, even in children. Therefore, the definitive diagnosis of primary NPAC, especially low-grade papillary NPAC, is of extraordinary importance. In addition, it requires appropriate surgical management to ensure an excellent prognosis for the patient. For limited or resectable adenocarcinomas, surgery combined with radiotherapy may be the appropriate treatment policy. Radiotherapy or chemoradiotherapy is appropriate for poorly differentiated NPAC or unresectable tumors.

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