

Metastasis of Laryngeal Squamous Cell Carcinoma to Bilateral Lungs

Ayush Pandey^{1*} and Poorvi²

¹Department of Respiratory Medicine, CMCH, Bhopal, Madhya Pradesh, India

²Department of Pediatrics, CMCH, Bhopal, Madhya Pradesh, India

***Corresponding Author:** Ayush Pandey, Department of Respiratory Medicine, CMCH, Bhopal, Madhya Pradesh, India.

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Abstract

The aim of this case report was to show that distant metastases to lungs is the most common site in laryngeal carcinoma.

Keywords: Laryngeal Squamous Cell Carcinoma; Distant Metastases (DM)

Background

The aim of this case report was to show that distant metastases to lungs is most common site in laryngeal carcinoma.

Laryngeal squamous cell carcinoma (SCC) is a relatively common tumour, representing 2.4% of diagnosed malignancies [1].

Clinical studies have reported that the lungs are the most common site of distant metastasis in patients with laryngeal squamous cell carcinoma [2,3].

Materials and Methods

Patient presented to hospital with complains of difficulty of swallowing, loss of speech, pain in the neck for 3 months. The patient was a labour by occupation and reported smoking 25 cigarettes per day for 40 years and drinking 250 ml alcohol per day. There is no past history of diabetes, hypertension, thyroid, carcinoma, tuberculosis.

Results

Laryngoscopy findings revealed a raised, irregular tumour in the epiglottis; a biopsy growth was taken from aryepiglottic fold of size 1.3 x 1 x 0.4 cms, which revealed neoplastic/reactive soft tissue with high N:C ratio and pathological examination indicated a squamous cell carcinoma.

USG guided FNAC from left cervical swelling revealed reactive lymph node. CECT of the neck showed heterogeneously enhancing soft tissue attenuating lesion involving the epiglottis, with involvement of aryepiglottic fold, pyriform sinus, vallecula likely neoplastic aetiology (supraglottic Ca).

CECT chest showed metastatic lesion to the lungs. The patient underwent cervical contrast-enhanced computed tomography (CT) and fluorodeoxyglucose positron emission tomography/CT that showed TNM staging T3N2cM1.

He underwent total laryngectomy, bilateral neck dissection, pharyngeal reconstruction with anterolateral thigh flap, and creation of a permanent tracheostomy. Postoperative pathological examinations confirmed the extra nodal extension of the right cervical lymph node metastasis, and concurrent chemoradiotherapy (cisplatin along with radiotherapy) was suggested as adjuvant therapy. The patient was then advised follow up regularly.

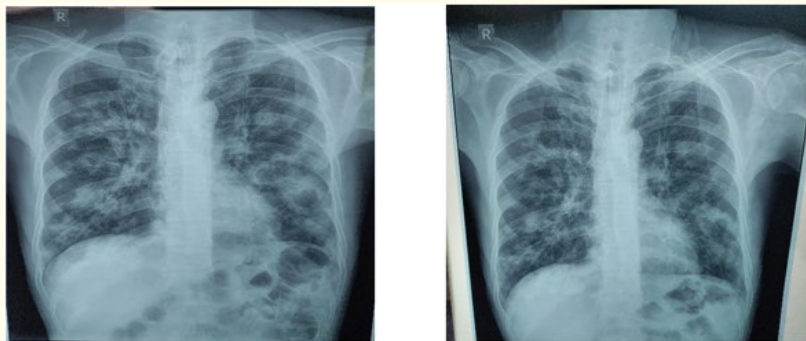


Image: Variable sized lung nodules in case of pulmonary metastasis of laryngeal squamous cell carcinoma.

Conclusion

Distant metastases (DM) are the point of concern and seems to be on the rise with the improved control of the laryngeal cancer in the primary site and neck regions. Lung is the most common site of DM in supraglottic laryngeal squamous cell carcinoma.

Currently, the recommended treatment for distant metastases from head and neck cancer is systemic chemotherapy. Treatment should always be individualized in such cases and for patients with poor performance status and multiple comorbidities who would be unable to tolerate chemoradiotherapy treatment, comfort care and palliative measures should be offered to improve the quality of their life.

Bibliography

1. Lin HW and Bhattacharyya N. "Staging, and survival analysis for non-squamous cell carcinomas of the larynx". *Laryngoscope* 118.6 (2008): 1003-1013.
2. Spector GJ. "Distant metastases from laryngeal and hypopharyngeal cancer". *ORL; Journal for Oto-Rhino-Laryngology and its Related Specialties* 63.4 (2001): 224-228.
3. Spector JG., et al. "Delayed regional metastases, distant metastases, and second primary malignancies in squamous cell carcinomas of the larynx and hypopharynx". *Laryngoscope* 111.6 (2001): 1079-1087.

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