

# Clinical pathologic conference

Dec. 4 2015

## General data :

Chart number : 8992XXX

Age : 56

Gender : Male

Nationality : Taiwan

Occupation : worker

## Presenters :

耳鼻喉科 方谷豪醫師

影像診療科 吳逸民醫師

核醫科 蘇子佩醫師

放射腫瘤科 黃炳勝醫師

血腫科 廖繼鼎醫師

病理科 吳桂芳醫師

## Moderator :

病理科 孫建峰醫師

## Chief complaint :

Right neck mass lesion for 1 month

## Present illness :

This 56-year-old male was a patient with past medical diabetes mellitus under medication control. He suffered from right neck mass lesion for 1 month. There was no fever, no pain or tenderness, no odynophagia or dysphagia. Due to above symptoms and signs, he visited our outpatient department for help where MRI and echo with fine needle aspiration were arranged. The MRI scan of head and neck revealed a cyst mass over right level II suspect necrotic lymphadenopathy while fine needle aspiration cytology showed negative for malignancy. Under the impression of right level II cyst suspect branchial cleft cyst D/D metastatic lymphadenopathy or cystic schwannoma, he was admitted for excision of right neck cyst.

## Past history :

Diabetes mellitus: yes

Other systemic disease: denied; Operation history: none

Head and neck cancer history: none

## Personal history :

Allergy history: no known food or drug allergy

Cigarette smoking: denied; Alcohol consumption: occasionally

Betel nut chewing: denied

## Family history :

No known similar disease among the patient's family members

## Physical examination finding :

T: 36.3°C P:67/min R:16/min BP 114/67mmHg BH: 164cm BW: 62.2Kg

General appearance: fair-looking

**HEENT:**

- Nasopharynx: symmetric no grossly tumor
- Oral cavity: normal finding
- Oropharynx: bilateral tonsil grade I
- Hypopharynx: normal finding
- Vocal cord: free no vocal palsy
- Neck: right level II 4.0 cm mass soft and movable; tenderness (no)

Chest: breathing sound: stridor (no) wheezing (no) crackles (no)

Heart wound: regular heart beat without murmur

Abdomen: soft, no tenderness, normoactive bowel sounds

Extremities: no edema, range of motion free

**Lab Data :**

檢驗項目	單位	檢驗值
WBC	1000/ $\mu$ L	6.0
RBC	10 <sup>6</sup> / $\mu$ L	4.79
Hemoglobin	g/dL	14.1
Hematocrit	%	40.7
Platelets	1000/ $\mu$ L	310
Segment	%	43.6
Lymphocyte	%	50.1
PT	sec	10.5
INR		1.0
APTT	sec	28.8

檢驗項目	單位	檢驗值
HS-CRP	mg/L	0.28
SCC	ng/mL	0.80
HBsAg		Nonreactive
Anti-HCV		Nonreactive
AST	U/L	15
ALT	U/L	13
Albumin	g/dL	4.44
Ca	mg/dL	9.0
Na	mEq/L	142
K	mEq/L	4.1

**Image and pathology study:** To be presented

**Clinical course :**

He received right level II cystic mass excision under general anesthesia on 2015/09/01. The final pathology of the neck mass showed cystic squamous cell carcinoma, metastatic. Thus, he admitted to our hospital again under the impression of neck metastatic squamous cell carcinoma with unknown origin for right tonsillectomy first and random biopsy if frozen section showed negative for malignancy. The pathology of tonsil revealed poorly differentiated squamous cell carcinoma. Under the final diagnosis of right tonsil cancer T1N2aM0, he received CCRT after discharge from our hospital.

**Issue to be discussed :**

1. Differential diagnosis of neck cystic mass
2. The association between human papillomavirus and oropharyngeal cancer
3. Treatment of human papillomavirus associated oropharyngeal cancer