

Advanced Nasopharyngeal Carcinoma without Cervical Lymphnodes

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Abstract

Nasopharyngeal carcinoma is the most frequent tumor type arising in the nasopharynx. Lymph nodes metastases are predominantly seen at diagnosis in lymph node regions of the neck. But we can see a rare cases without lymph nodes in extension tumor are detected. We describe a 48-year-old man admitted to the hospital with a headache, epistaxis, and nocturnal snoring. On clinical examination is not palpable cervical lymphadenopathy. On radiological evaluation, he had nasopharyngeal thickening and lysis of the sphenoidal floor with end sphenoidal and endocranial extension without cervical lymph nodes. A biopsy of the cavum shows high grade undifferentiated carcinoma infiltrate UCNT.

Introduction

Nasopharynx carcinoma is a malignancy of nasopharyngeal region. Although it is uncommon malignancy, the epidemiology, histology, and clinical features has demonstrated different characteristics compared the other head neck cancers [1]. The incidence of nasopharynx cancer shows geographical variation, due to multifactorial etiologies like alcohol consumption, smoking and Epstein Barr Virus (EBV) [2,3]. The most common presenting symptom of naso-pharyngeal carcinoma is mass in the neck due to cervical lymph node metastasis. However, presentation with Lymphadenopathy (LAP) rather than a prominent nasopharyngeal mass is not common. At the time of diagnosis up to 90% of the cases had metastasis to neck lymph nodes. The location and extend of lymph nodes might predict the distant metastasis [4]. Nasopharyngeal carcinoma is commonly metastasis to bone (75%), liver, lung, and distant lymph nodes [5]. Axillary lymph nodes are not among the primary lymphatic stations for nasopharyngeal carcinoma [6]. A high grade undifferentiated of UCNT without cervical lymph nodes is presented in this report.

Observation

A 48-year-old man admitted to the hospital with a headache, epistaxis, and nocturnal snoring. On clinical examination is not palpable cervical lymphadenopathy. He had no other pathology on head and neck examination. On radiological evaluation, he had nasopharyngeal thickening and lysis of the sphenoidal floor with end sphenoidal and endocranial extension without cervical lymph nodes (Figure 1). A biopsy of the cavum shows high grade undifferentiated carcinoma infiltrate UCNT. he was sent to the chemotherapy service for chemotherapy sessions with good evolution.

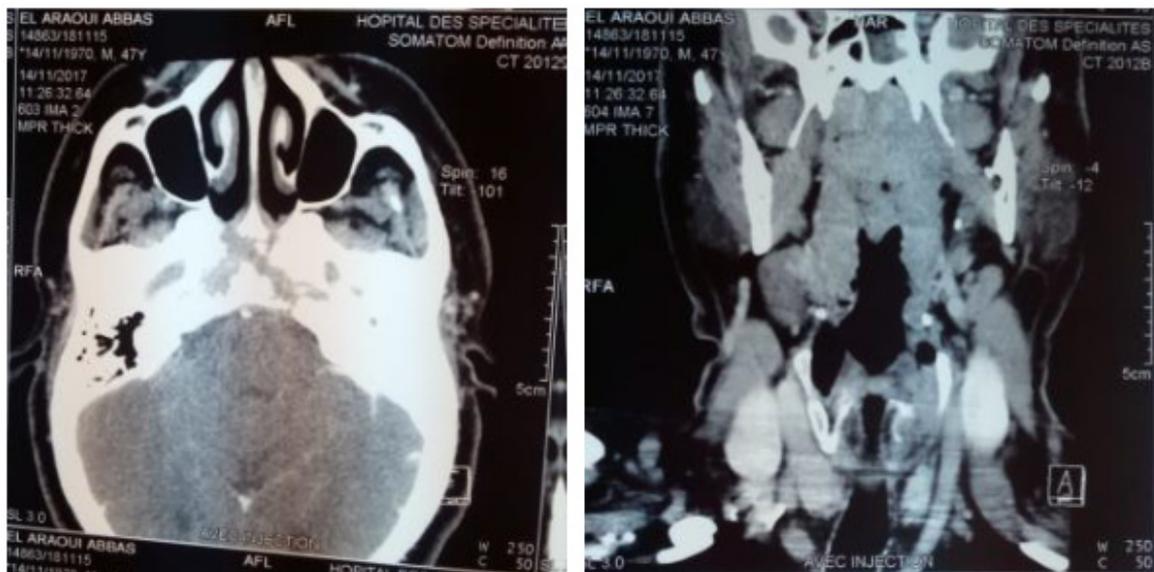


Figure 1: L facial CT shows a regular thickening of the wall postero-superior of the cavum.

Discussion

Pan WR et al. [6] demonstrated the lymphatic drainage of the nasal fossa and nasopharynx as the initial lymphatics in the nasal fossa and nasopharynx, the collector lymphatics in the parapharyngeal space and the lymph nodes in the lateral pharyngeal and retropharyngeal area [6]. Our patient presented a high UCNT without cervical lymph nodes. Right axillary lymphatic region is not defined among the primary lymphatic drainage regions of nasopharynx [6]. So, nasopharynx carcinoma is not a common cause of right axillary LAP. Relapsing with prominent axillary LAP despite mild cervical LAPs after a remission period in nasopharynx carcinoma sounds interesting. It is well-known that more common etiologies such as lymphoma should be ruled out while evaluating the patients with LAPs. However, accompanying signs and symptoms should be also taken into account for accurate diagnosis with headache, snoring and epistaxis.

Conclusion

Nasopharyngeal carcinoma is the most frequent tumor type arising in the nasopharynx. Lymph nodes metastases are predominantly seen at diagnosis in lymph node regions of the neck. But we can see a rare cases without lymph nodes in extension

tumor are detected. So, the important to research in any epistaxis, headache, and snoring nose the UCNT by the biopsy nasale and the CT facial to a chemotherapy sensible and efficacy.

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