Unusual presentation of nasopharyngeal carcinoma – a case report

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Abstract Nasopharyngeal carcinoma may present with bewildering arrays of signs & symptoms. Diagnosis often become difficult and requires a high degree of clinical suspicion for the disease. We here by present a case of 11 year old girl which have unusual presentation.

Keywords Nasopharyngeal carcinoma · Clinical presentation · Radiotherapy

Introduction

Nasopharyngeal carcinoma is a relative rare malignancy of Indian subcontinent. Patients with malignant tumours of the nasopharynx have a bewildering arrays of signs and symptoms. Scanlon [1] and other describes nasopharyngeal carcinoma as always challenging problems both from the diagnostic and therapeutic stand point, malignant lesion of the nasopharynx are perhaps the most commonly misdiagnosed, most poorly understood and most pessimistically regarded of all tumors of the upper respiratory tract. Here we are presenting a report of a case with unusual presenta-

tion of nasopharyngeal carcinoma to our out patient department.

Case report

A 11-year-old girl came to our Department of Otorhinolaryngology and Head and Neck Surgery at Davangere, India with complains of, recurrent attacks of throat pain, mouth breathing during night and nasal obstruction since 4 months. Patient gives past history of ear discharge in left ear 6 month back. There is no history of blood stained discharge through nostril, ear fullness, neck lump, headache, weight loss or visual disturbances. On examination flushing of anterior pillar and tonsillar enlargement was noted. Anterior rhinoscopic examination shows mild deviation of septum to left and mucoid secretion in the middle meatus. Posterior rhinoscopic examination adenoids enlargement seen. Left ear examination shows medium sized central perforation. Neck examination does not reveals any palpable lymphnodes. Systemic examination shows no abnormality. Patient was not willing for nasal endoscopic examination so it was postponed. Patient was clinically diagnosed as adenotonsillitis was put on Amoxycillin and analgesics was asked to review after 1 week. On follow-up patient complained of drooping of eyelids (Fig. 1a) and headache since 2 days. There is no h/o diplopia or visual disturbance. On examination ptosis of left eye is noted. Cranial nerve examination reveals 6th cranial nerve palsy. All other cranial nerve was normal. Patient was admitted and put on IV antibiotics. CT scan was done which shows left side nasopharyngeal mass which has eroded sphenoid bone and extending to temporal lobe (Fig. 2). Nasoendoscopic examination under general anaesthesia was done which shows small proliferative growth in left lateral wall and roof. Biopsy was taken and sent for histopathological examination. Histopathology reports shows lymphoepithelioma (undifferentiated carcinoma). Patient was evaluated and advised radiotherapy. Patient was re-evaluated after radiotherapy. On posterior rhinoscopy,

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mucousites present but no growth can be seen and ptosis is also resolved (Fig. 1b). Nasal endoscopic examination was performed which shows no growth.

Discussion

Nasopharyngeal carcinoma is the frequent malignancy of nasopharynx. India has a low incidence (age standardized rate <1/100000 males). Male to female ratio of 2–3:1. It presents as Bimodal age peaks, first peak is at post adolescent age i.e., below 20 years and second later in life 55–65 years [2]. Many factors play role in etiology of nasopharyngeal carcinoma. They include race, genetically determined susceptibility and environmental and chemical carcinogens. The precise role of each other factors are unknown [3]. Histologically world health organization has classified in three

types. Type I is squamous cell carcinoma, Type II is non keratinizing carcinoma that is transitional cell carcinoma and Type III undifferentiated carcinoma that is lymphoepithelioma and anaplastic carcinoma [4].

Nasopharyngeal carcinoma presents most commonly as neck lump (60%) ear fullness (41%), hearing loss (37%), nasal bleeding (30%) nasal obstruction (29%), head pain (16%), ear pain (14%), neck pain (13%), weight loss (10%), diplopia (8%) [5]. The most frequently involved cranial nerve are V, VI, IX, X accounting for 50% of all palsies. IX & X are invariably involved together and are most common group to be affected. Isolated single cranial nerve palsy is common with nerve V & VI [2]. Sore throat or throat pain is a rare presentation and its incidence is not documented.

Endoscopes either flexible or rigid is used for thorough examination of the nasopharynx and biopsy of suspicious areas in nasopharynx may be carried out under direct vision. Extent of deep infiltration may only be determined by radiologic examination such as CT scan or MRI. Nasopharyngeal carcinoma is radiosensitive, the primary treatment modality external beam radiotherapy. The usual radiation dose delivered to the nasopharynx ranges from 66 to 70 GY and approximately 60 GY to neck. This dosage is usually given 1.8 to 2.0 GY daily fraction through two lateral opposing field with or without an anterior field [6]. Surgery is reserved for the treatment of recurrent or residual disease after external radiotherapy [2].

Fig. 1 (a) 11-year-old girl showing ptosis in her left eye during first follow up to our opd (b) showing postradiotherapy resolution of ptosis

Fig. 2 CT Scan showing mass in left nasopharynx extending intracranially

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