Sino-Nasal Carcinoma with Multiple Cutaneous Secondaries

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An unusual case of an Anaplastic carcinoma of sino-nasal tract (maxillo-ethmoid angle) with multiple secondary deposits in the skin without lymph nodes and other known distant metastatic sites involvement is being reported.

INTRODUCTION

Malignant tumours of the sino-nasal tract account for 0.2 to 0.8% of all human malignancies and only 3% of malignant tumours of upper aerodigestive tract (Grant and Silverberg, 1970). Anatomically the nasal cavity and the paranasal sinuses are so intimately and complexly related with each other, that an accurate determination of the site of origin is difficult and sometimes impossible even after surgical exploration. However the classification of tumour in this region as per the probable site of origin is of statistical interest and is of limited value as an aid to treatment (Lewis and Castro, 1972).

Squamous cell carcinoma accounts for more than 70% of malignant neoplasms in the nose and paranasal sinuses and the maxillary sinus is involved in 70% of cases, followed by nasal cavity 20% and other sinuses 10% (Robin et al, 1980). Further, during the course of disease, cervical node metastases develop in approximately 35% of the patients and distant metastasis in 10%. The commonest site for distant metastasis have been lungs and the bones, commonly being the thoraco-lumbar spines. Other rare sites of distant metastasis reported in the literature are liver, kidney, brain, breast and skin. Commonly distant metastasis do occur in conjunction with lymph nodes involvement and moreover there may be more than one site of

distant metastasis. The involvement of skin alone without any lymph node or any other distant involvement is a very rare and thus this rare case of carcinoma of the sino-nasal tract with multiple secondary deposits in skin is being reported.

CASE REPORT

A 65 years old Sikh male with poor socio-economic status presented to us in the E.N.T. outpatient department of Govt. Medical College, Amritsar with the chief complaints of mass in left nasal cavity and a swelling over the left thigh for about last five months. He further complained of multiple swellings over the body for last 2 months. To begin with patient complained of occasional blood stained nasal discharge and nasal obstruction from left side. Simultaneously he noticed a walnut sized hard swelling on his left thigh. With passage of time, nasal obstruction from left side became almost complete and he noticed a mass in left nasal cavity along with fullness along the left cheek, mainly along the side of nose near the eyeball. Later on, patient noticed multiple hard swellings all over the body and these were of variable sizes and of course were increasing in size with passage of time.

General physical examination revealed a moderately built, poorly nourished male with multiple, firm to hard, subcutaneous swellings of variable sizes all over the body (Fig.1). Local examination revealed a swelling on the left side of the nose about 5 x 3 cm. in size, extending superiorly upto medial canthus of left eye (Fig.2). Further a mass was seen coming out of left nose. Anterior rhinoscopy revealed nasal septum to be deviated to the right side and a reddish mass

protruding out of the left nasal cavity. The mass was filling the left nasal cavity and probe could

The mass from the nasal cavity was biopsied and sent for histopathological examination which

Fig.1

Photograph showing multiple cutaneous secondaries

not be passed all around. Moreover the mass was firm to hard in consistency and bled on touch. The overlying mucosa was ulcerated. Posterior rhinoscopy did not reveal the mass in the nasopharynx or posterior choana. Nasal patency test revealed almost total obstruction on left side and partial on right side. Throat and Ears examination were within normal limits. Systemic examination i.e. Chest, Abdomen, CVS, CNS examinations did not reveal any significant positive finding. Routine haemogram and urine examination was normal. Liver and renal functions were within normal limits. X-ray paranasal sinuses revealed a mass on the left side of the nose and adjoining face with opaque left maxillary antrum having its medial wall ended. X-ray Chest was normal and X-ray lumbosacral region did not reveal any metastatic changes.

Fig.2

Photograph showing fullness of the left side of the nose and cheek occluding the left eye

revealed it to be an anaplastic carcinoma. Simultaneously the subcutaneous swelling was also taken up for histopathological examination which showed masses of mononuclear cells with small amount of cytoplasm containing radial and oval hyperchromatic nuclei with prominent nucleoli. The appearance was suggestive of secondary deposits of anaplastic carcinoma.

The patient was given Radiotherapy for the primary anaplastic carcinoma of the nose and chemotherapy (Cyclophosphamide) for the secondaries. Patient died after a gap of two months treatment possibly due to malignant cachexia.

DISCUSSION

It is a well known fact that disease in head and

neck cancer remains confined to above the clavicle in a majority of cases for a considerable length of time. However distant metastasis do occur late in the disease and Merino et al (1977) have indicated its incidence to be 10.9% in head and neck malignancies. Kent and Majumdar (1984) have analysed 250 cases of carcinoma of sino-nasal tract and have found distant metastasis in bones (8%), lungs (4%), liver (4%), brain (2.5%) and kidney (1.2%) without any case with skin involvement. Bahadur and Bhatia (1987) reported the incidence of distant metastasis to be 11.1% in 117 cases of maxillo-ethmoid cancers and of course the commonest sites being lungs and bones. However, they have reported one case of skin involvement and another of soft tissue of thigh.

In the present case, how the multiple secondaries in the skin developed without the involvement

of lungs or bones is something which is unlikely on the scientific basis. If at all these secondaries were to go without involvement of nodes or lungs, it could only be possible through arterial circulation via a big feeding blood vessel which is also not there in this case as the tumour remained confined to the nose and skin only. The possible explanation for such a thing to happen as per our view is that it may be a case of highly malignant lymphoma which could not be differentiated from anaplastic carcinoma and secondaries in the skin could be lymphomatous deposits. Further more, it may be an auto-immune reaction to the tumour cells resulting in multiple cutaneous swellings. Also though quite unlikely, there is a possibility of carcinogenic virus causing malignancy at the primary site and then producing similar lesions in the form of secondary nodules at multiple distant places of the body.

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