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TONSILLAR METASTASIS FROM SARCOMATOID CARCINOMA LUNG: A RARE PRESENTATION

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ABSTRACT

Tonsillar metastasis from sarcomatoid carcinoma of the lung is an exceedingly rare occurrence. We present a case of a 62-year-old male with a known history of sarcomatoid carcinoma of the lung who presented with progressive dysphagia and a mass in the left tonsil. The patient underwent biopsy of the tonsillar mass, which revealed metastatic sarcomatoid carcinoma. To the best of our knowledge, this is one of the few reported cases of tonsillar metastasis from sarcomatoid carcinoma of the lung. This case highlights the importance of considering distant metastasis in patients with a history of sarcomatoid carcinoma of the lung who present with atypical symptoms.

KEYWORDS

Tonsillar metastasis, sarcomatoid carcinoma, lung cancer, rare presentation, dysphagia, distant metastasis.

INTRODUCTION

Tonsillar metastasis from sarcomatoid carcinoma of the lung is an extremely rare occurrence. Sarcomatoid carcinoma, also known as pleomorphic carcinoma, is a

highly aggressive subtype of lung cancer characterized by both epithelial and mesenchymal components. While lung cancer commonly metastasizes to regional

lymph nodes, distant metastases to the tonsils are exceptionally uncommon. Due to the rarity of this presentation, there is limited literature available regarding its clinical features, diagnosis, and management. In this report, we present a case of tonsillar metastasis from sarcomatoid carcinoma of the lung and discuss its clinical implications.

Tonsillar metastasis from sarcomatoid carcinoma of the lung is an uncommon occurrence that presents diagnostic challenges due to its rarity and similarity to primary tonsillar malignancies. Sarcomatoid carcinoma is a highly aggressive subtype of lung cancer characterized by a biphasic histological pattern comprising both epithelial and sarcomatoid components. While lung cancer commonly metastasizes to regional lymph nodes and distant organs, involvement of the tonsils is an unusual manifestation. Recognizing and accurately diagnosing tonsillar metastasis in the setting of sarcomatoid carcinoma of the lung is crucial for appropriate management and treatment planning.

The tonsils are part of the Waldeyer's ring, a lymphoid tissue ring located in the oropharynx, and are known to be a site of primary malignancies such as tonsillar squamous cell carcinoma. However, secondary involvement of the tonsils by metastatic tumors, especially from extrapharyngeal primary sources like lung cancer, is relatively rare. Tonsillar metastasis is often associated with advanced disease and carries a

poor prognosis. Therefore, understanding the clinical presentation, diagnostic approach, and management strategies for this unique presentation is essential for providing optimal care to patients.

In this case report, we describe a rare presentation of tonsillar metastasis from sarcomatoid carcinoma of the lung and discuss the diagnostic challenges, treatment options, and prognosis associated with this condition. Through an exploration of the clinical features, imaging findings, histopathological analysis, and therapeutic interventions, we aim to contribute to the existing knowledge regarding this infrequent manifestation. Improved awareness and early recognition of tonsillar metastasis in patients with sarcomatoid carcinoma of the lung can facilitate timely and appropriate management, potentially impacting patient outcomes.

By presenting this case and discussing the diagnostic and therapeutic considerations, we hope to enhance the understanding of this rare presentation among healthcare professionals and highlight the importance of a multidisciplinary approach in the management of such cases.

METHOD

A detailed case study was conducted to describe the clinical presentation, diagnostic evaluation, and management approach for tonsillar metastasis from sarcomatoid carcinoma of the lung. The medical

records, imaging findings, pathology reports, and treatment modalities of the patient were thoroughly reviewed and analyzed. Relevant literature was also reviewed to provide a comprehensive understanding of this rare presentation. The study adhered to ethical guidelines and maintained patient confidentiality.

Through this case study, we aim to contribute to the existing body of knowledge on tonsillar metastasis from sarcomatoid carcinoma of the lung, shedding light on its clinical characteristics, diagnostic challenges, and treatment considerations. The findings of this study may help improve early detection and appropriate management strategies for similar cases in the future.

RESULTS

In our case study, we presented a 62-year-old male with a known history of sarcomatoid carcinoma of the lung who presented with progressive dysphagia and a mass in the left tonsil. The patient underwent a biopsy of the tonsillar mass, which revealed metastatic sarcomatoid carcinoma. Imaging studies, including CT scans and PET-CT, confirmed the presence of lung cancer with tonsillar metastasis. The patient was evaluated by a multidisciplinary team and underwent palliative chemotherapy and supportive care.

DISCUSSION

Tonsillar metastasis from sarcomatoid carcinoma of the lung is an extremely rare phenomenon, with only a few reported cases in the literature. This presentation poses diagnostic challenges as it may mimic primary tonsillar malignancies or other benign conditions. The clinical manifestations, such as dysphagia, throat pain, or mass in the tonsil, can be nonspecific and easily overlooked. Imaging studies, including CT scans and PET-CT, play a crucial role in confirming the diagnosis and assessing the extent of the disease.

The management of tonsillar metastasis from sarcomatoid carcinoma of the lung is complex and requires a multidisciplinary approach. Treatment options may include palliative chemotherapy, radiation therapy, targeted therapies, and supportive care measures. However, the prognosis for patients with sarcomatoid carcinoma of the lung is generally poor due to its aggressive nature and propensity for metastasis.

CONCLUSION

Tonsillar metastasis from sarcomatoid carcinoma of the lung is an extremely rare presentation that requires a high index of suspicion for accurate diagnosis. Clinicians should consider distant metastasis in patients with a known history of sarcomatoid carcinoma of the lung who present with atypical symptoms involving the tonsils. Imaging studies, such as CT scans and PET-CT, are essential in confirming the

diagnosis and guiding treatment decisions. A multidisciplinary approach is crucial for the management of these cases, with palliative chemotherapy and supportive care being the mainstay of treatment. Further research and case studies are needed to enhance our understanding of this rare presentation and improve patient outcomes.

REFERENCES

1. Hyams VJ. Differential diagnosis of neoplasia of the palatine tonsil. Clin Otolaryngol Allied Sci 1978; 3: 117-126.
2. Unsal M, Kutlar G, Sullu Y and Yurtlu S: Tonsillar metastasis of small cell lung carcinoma. ClinRespir J 2016 ;10: 681-683.
3. Arroyo HH, Takehara J, Ogawa AI, Frizzarini R, Imamura R, Paula HM. Small cell lung carcinoma metastasis to palatine tonsils. Braz J Otorhinolaryngol. 2013; 79:645.
4. Yaren A, Degirmencioglu S, Topsakal S, Yuksel S, Bir F, et al. Tonsillar metastasis from small cell lung cancer: rare but occurs. Turkish J Cancer 2009;39: 28-30.
5. Mastronikolis NS, Tsiropoulos GE, Chorianopoulos D, Liava AC, Stathas T, et al. Palatine tonsillar metastasis from lung adenocarcinoma. Eur Rev Med Pharmacol Sci2007;11: 279-282.
6. Wu Y, Zhu Z, Chen Y, et al. Tonsillar metastasis of non-small cell lung cancer with G719S mutation in exon 18: a case report. Medicine (Baltimore) 2017; 96: e9003.
7. Tajima S and Koda K: Palatine tonsillar metastasis of a small pulmonary adenocarcinoma showing an invasive micropapillary carcinoma pattern and Pagetoid spread at the tonsil: A case suggesting retrograde lymphatic metastasis from bulky lymph node metastases of the neck. Int J Clin Exp Pathol 8: 13601-13653, 2015.
8. Tian Y, Han Y, Du J, Zhang Y, Liu N, Du X, et al. Palatine tonsillar metastasis of lung adenocarcinoma: an unusual immunohistochemical phenotype and a potential diagnostic pitfall. Int J Clin Exp Pathol. 2019;12(6):2288-92.
9. Zaubitzer L, Rotter N, Aderhold C, Gaiser T, Jungbauer F, Kramer B, et al. Metastasis of pulmonary adenocarcinoma to the palatine tonsil. Molecular and clinical oncology. 2019 Feb 1;10(2):231-4.
10. Brownson RJ, Jaques WE, Lamonte SE, Zollinger WK. Hypernephroma metastatic to the palatine tonsils. Ann Otol Rhinol Laryngol.1979; 88: 235–40.