"What does this lump mean?"

By Jerzy Pawlak, MD, MSc, PhD

Chris, 52, presented with a mass on the right side of his neck which had been growing for the last two months (Figure 1). He has significant alcohol and smoking history, but otherwise has no significant past medical history. Family history is negative for malignancy. His father had Type 2 diabetes.

Chris has been employed as a sheet metal worker. He denies other drug use or exposure and has no known allergies.

Table 1 summarizes the patient's examination results.

What's your diagnosis?

- a) Lipoma
- b) Lymphadenoma
- c) Squamous cell carcinoma (metastasis)
- d) Mixed tumour of the parotid gland

Answer on page 46



Figure 2. CT scan of the neck



Figure 1. Large mass on patient's neck (right side).

Table 1 **Examination results**

Intraoral exam

- Poor dentition
- No evidence of the primary tumour
- Some oropharyngeal erythema
- · Normal tongue movements

Right neck

- Large mass which appeared fixed, extending from the pinna of the ear anteriorly into the mid-neck area
- The overlying skin is erythemous
- No other palpable nodes

Chest

Clear to percussion and auscultation

Answer: Squamous cell carcinoma

The patient underwent biopsy from the neck node, which showed well-differentiated squamous cell carcinoma. Infused computed tomography (CT) scan of the head and neck were performed (Figures 2 and 3) and showed an 8 cm to 10 cm necrotic lesion. Some irregularity of the right pharyngeal wall was seen.

A biopsy from the right pharyngeal wall revealed high-grade dysplasia with carcinoma in situ features. A chest X-ray showed no evidence of metastasis. A liver function test was within normal limits.

How can this patient be treated?

A CT scan was done to determine the status of the carotid artery. The scan showed that the tumour partially encased the internal and external carotids. Unfortunately, the neck metastasis was very extensive and, therefore, the patient was not a good candidate for a clean surgical resection.

Possibly, the best option for this otherwise young and reasonably healthy male is chemoradiation. If the response to chemoradiation is positive, the treatment can be followed by a neck dissection.

More on squamous cell carcinoma

Alcohol and tobacco use are the most important causes of oral cancer, as these agents act synergistically in their carcinogenic potential.

Among non-smokers, cancers of the tongue and buccal mucosa are seen more frequently than



Figure 3. CT scan of the neck.

are lesions of the floor of the mouth or other sites.

Ipsilateral node involvement is most common in squamous cell carcinoma, but metastasis to the contralateral node, especially from primary lesions of the tongue or floor of the mouth, also occur quite frequently. The lungs are the most frequently involved sites of extranodal metastasis.

Early diagnosis of squamous cell carcinoma, within stages I and II, correspond to a vastly improved five-year survival rate when compared with diagnosis at the more advanced stages III and IV. Therefore, the key is early detection of the asymptomatic, early stage oral cancer.

At the time of Chris's diagnosis, 50% of total cancer cells had already metastasized. De

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