Spindle Cell Carcinoma of the Larynx: Radiation vs. Surgery

Estelle S. Yoo, MD; Thad Primeaux, MD; Timothy Lian, MD; Cherie-Ann Nathan, MD
1Louisiana State University Health Sciences Center – Shreveport & 2 The Feist-Weiller Cancer Center

ABSTRACT

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Introduction

Spindle cell carcinoma should be considered in the differential for vocal pathologic specimen with adjacent squamous epithelium consistent with SpCC (Figure 3). Prior studies on spindle cell carcinoma showed majority of the SpCC found in the larynx were T1 tumors. Most SpCC are found in the glottis (75.8%) and classified as T1 tumors. SpCC usually occurs in the older population while desmin and ALK-1 immunoreactivity were negative. On microscopic review, concurrent presence of carcinomatous and sarcomatoid cells accompanied by immunohistochemical marker confirmation adds to accuracy of the diagnosis. On laryngoscopic evaluation, one lesion showed pedunculated polypoid appearance of the vocal cord lesion and therefore underwent partial cordectomy. The second patient underwent radiation therapy for the clinically aggressive ulcerated lesion.

Methods and Materials

Prospective case series. You make patient with biopsy process TUMOR SpCC of the larynx diagnosed between January, 2008 and January, 2009 at LSUHSC. These patients were compared descriptively based on their clinical presentation, gross and microscopic histopathology, and management methods.

Results

Subjects were two Caucasian men, ages 61 and 64, with over six month history of dysphonia. Flexible scope showed pedunculated polyoid mass extending to the false cord in the first patient with a similar presentation in the second patient. Both T1 tumors were excised by direct laryngoscopy with and biopsy confirmed SpC.

Both patients had extensive smoking history. The first patient had a pedunculated, polypoid lesion on the right TVC and biopsy revealed SpCC. Gross description: Pedunculated lesion with superficial ulceration in Figure 1. Immunohistochemistry stain: Smooth muscle actin and vimentin immunoreactivity in the spindle cell component. Figure 2 shows 6 month post-op right TVC partial cordectomy without evidence of recurrence. Both patients are without evidence of disease at the current follow-up.

Conclusion

Treatment of spindle cell carcinoma is controversial as is the histogenesis of this tumor. Earlier literature regarding spindle cell carcinoma used various terminology including anaplastic carcinoma, carcinosarcoma, pleomorphic carcinoma, pseudosarcomatous carcinoma, and pseudosarcoma. In the literature, this tumor has been described as anaplastic carcinoma of the vocal cords characterized by invasion and progressive behavior. A recent study using a panel of immunohistochemical markers in the diagnosis of these tumors. Results: Both patients had extensive smoking history. The first patient had a pedunculated, polypoid lesion on the right TVC and biopsy revealed SpCC. Gross description: Pedunculated lesion with superficial ulceration in Figure 1. Immunohistochemistry stain: Smooth muscle actin and vimentin immunoreactivity in the spindle cell component. Figure 2 shows 6 month post-op right TVC partial cordectomy without evidence of recurrence. Both patients are without evidence of disease at the current follow-up.

Contact

Estelle S. Yoo
Louisiana State University Health Sciences Center–Shreveport
Email: eyoo@lsuhsc.edu
Website: http://www.sh.lsuhsc.edu/oto-hns/index.html

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REFERENCES