

Case report: a rare case of a teenager with metastatic nasopharyngeal carcinoma involving the chest wall

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ABSTRACT

Nasopharyngeal carcinoma (NPC) in teenagers with isolated chest wall metastasis is so rare that no such case was ever reported in literature. Nasopharyngeal carcinoma accounts for up to 5% of all primary cancers in children and less than 30% of nasopharyngeal cancers. Incidence of NPC had two peaks: the initial peak is in the late adolescence/early adulthood (15-24 years old); and another peak later in life (65-79 years old). A 15-year-old boy presented with progressively enlarging bilateral neck swelling over five-month duration associated with one-month history of vague, ill-defined, diffuse left sided chest pain. No chest mass was seen or palpable. Endoscopic, radiological and histopathological examinations established the diagnosis WHO type III undifferentiated nasopharyngeal carcinoma with cervical lymph nodes and isolated chest wall metastasis. He underwent chemotherapy at a tertiary oncology centre. He was responding well with ongoing chemotherapy initially but when followed up after four cycles of chemotherapy revealed liver, spine and bone metastasis. No lung parenchyma metastasis seen. Chest wall metastasis usually originated from adjacent structures such as lungs or breast malignancy. Lung malignancy also involves chest wall via intrapulmonary and hilar lymphadenopathy pathway. Our patient was negative for lung and adjacent structure malignancy. Hence, it was solely chest wall metastasis from the NPC. Survival rate is approximately 71% for juvenile NPC with treatment but they have high recurrence and distant metastasis rate of approximately 39%. WHO Type 3 undifferentiated nasopharyngeal carcinoma is the most common type and have the best prognosis compared to the other types. It is important to recognise the features of NPC and the fact that it does affect paediatric patients too. Early referral to ENT specialty for prompt management improves prognosis.

Evaluation of a new and simple classification for endoscopic sinus surgery in chronic rhinosinusitis and paranasal sinus cysts

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ABSTRACT

Objective: No universal operative classification for endoscopic sinus surgery (ESS) has yet been established. In 2013, the Japanese Rhinologic Society proposed a simple classification for ESS. This classification consists of five procedures (Type I, fenestration of the ostio-meatal complex; Type II, single-sinus procedure; Type III, poly-sinus procedure; Type IV, pan-sinus procedure; Type V, extended procedure beyond sinus wall). The clinical relevance of this classification in chronic rhinosinusitis (CRS) and paranasal sinus cyst was evaluated. **Methods:** 122 patients (195 sinuses) who underwent ESS in Okayama University Hospital in 2012 were enrolled. The relationships between the ESS classification and the clinical course, including operation time, bleeding amounts during surgery, and postoperative changes of olfaction, the computed tomography (CT) score, and nasal airway resistance were analysed. **Results:** A total of 195 ESS procedures were classified into Type I (n=3), Type II (n=17), Type III (n=91), Type IV (n=82), and Type V (n=2). The major phenotypes of type II, III, and IV ESS were paranasal sinus cyst (68%), CRS without nasal polyps (77%), and CRS with nasal polyps (55%), respectively, and the difference was significant. The degree of ESS based on this classification was positively and significantly correlated with operation time and bleeding amounts. As a whole, olfaction, CT score, and nasal airway resistance were significantly improved postoperatively. The degree of improvement was similar between type III and type IV ESS. **Conclusions:** This simple classification for ESS reflects the perioperative burden. Proper selection of ESS with this classification can achieve a substantial improvement after surgery.