

Aggressive nodal manifestation of poorly differentiated thyroid carcinoma and its management challenges

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SUMMARY

Poorly differentiated thyroid carcinoma is an intermediate type of thyroid carcinoma with biologic features stands between those of differentiated thyroid carcinoma and anaplastic thyroid carcinoma. It usually manifest at the seventh decade onwards is uncommonly reported in young patient. Nodal manifestation of this disease is common, but none had reported such extensive mediastinal and infraclavicular involvement. We present a 29-year-old male with a long-standing history of thyroid mass which began to develop obstructive symptoms after 4 years. A multidisciplinary team surgery involving total thyroidectomy was performed followed by a challenging neck dissection removing extensive nodal metastasis at the cervical, infraclavicular and mediastinal region. Postoperatively, the patient had a wound break down, hemidiaphragm paresis, and residual neck nodes. Postoperatively, the patient received radioactive iodine ablation therapy and had since been in clinical remission. We have shown that PDTC can present with extensive nodal manifestation and multidisciplinary approach is required especially when there are mediastinal and infraclavicular extensions to achieve locoregional control. In face with extensive nodal manifestation, the role of surgical resection is for a debulking surgery and to improve the efficacy of adjuvant oncological treatment.

Temporalis muscle flap as an option for maxillary defect reconstruction

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SUMMARY

Temporalis muscle is one of the options for reconstruction of intraoral tissue defects following maxillectomy. Using temporalis muscle flap is an advantage especially in elderly, edentulous, and patients that require radiotherapy postoperative where obturator is not possible. A case of a 63-year-old female with a history of nasopharyngeal cancer for more than 30 years completed radiotherapy, presented to our center in September 2019 with a non healing ulcer at the left palatal region communicating with the ipsilateral nasal floor. Intraorally revealed left palate ulcer measured around 2 x 2 cm and endoscopic nasal examination showed left nasal cavity mass which bleed upon touch. The post nasal space was normal and she did not have trismus. Clinically no neck nodes palpable. Histopathological examination of the mass confirmed the diagnosis of non keratinizing squamous cell carcinoma of the palate. CT scan of the base of skull to neck reported as aggressive left palatal soft tissue mass irregular 4.1 x 2.7 x 2.1cm with erosion of nasal septum and extension into contralateral right soft and hard palate. It erodes the inferior medial wall of the left maxillary sinus with intrasinus extension. The left pterygoid bone is eroded with involvement of the left medial pterygoid muscle. The left eustachian tube was obliterated and the ipsilateral nasopharyngeal wall was affected. There were multiple subcentimeter cervical lymphadenopathy. The patient initially refused surgical intervention, therefore underwent 5 cycles of neoadjuvant chemotherapy. The 6th cycle of chemotherapy was withheld due to sepsis. Post neoadjuvant chemotherapy, showed tumour shrinkage. Remnants of the tumour seen at the floor of left nasal cavity. The patient was subjected to extended inferior maxillectomy and the maxillary defect was reconstructed with left temporalis flap. The temporalis flap was used in this case as the patient was edentulous and obturator is not suitable. The operation was uneventful. The patient discharged home a week after operation and was able to take orally after 2 weeks post operative period but limited to a soft and liquid diet without any nasal regurgitation. Otherwise no speech impairment noted. She received postoperative radiotherapy. To date she is at 7 months postoperative period and on regular follow up. The choice of reconstruction depends on many factors that contribute to the outcome including size defect, underlying illness and location of the mass itself. In this case, temporalis flap is an excellent and reliable method for maxillary defect reconstruction as she is edentulous in which the surgical plate/obturator wouldn't be feasible.