ADENOID CYSTIC CARCINOMA OF THE NASAL CAVITY
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Abstract: Adenoid cystic carcinomas are neoplasms of minor salivary gland with a predilection for intraoral sites. Location of the tumor in extraoral sites are rare and nasal or paranasal location of the tumors are reported rarely. The present report is of a patient with a diagnosis of adenoid cystic carcinoma which presented as a nasal polyp.

Key words: adenoid cystic carcinoma, nasal polyp

Background: Adenoid cystic carcinomas are neoplasms of minor salivary gland with a predilection for intraoral sites. Location of the tumor in extraoral sites are rare and nasal or paranasal location of the tumors are reported rarely. These tumours generally involve minor salivary glands of the palate, but have rarely been reported in lacrimal gland, auditory canal, larynx, trachea, lungs, breast, skin and lower respiratory tract. They commonly occur in patients in the age group of 40 to 60 years with a minimal female preponderance.

Presentation: This patient was a 75 year old lady who presented to the outpatient department of the Department of Oto-Rhino-Laryngology, with a history of recurrent epistaxis and nasal obstruction for a duration of six months. She had no history of trauma or upper respiratory tract infection. The examinations showed no other abnormality. Diagnostic nasal endoscopy revealed a polypoid mass arising from the nasal septum in the left sinonasal cavity. Endoscopic polypectomy was done and the tissue sent for histopathological examination.

Pathology: The department of pathology received a glistering grey pink soft polypoidal mass of 3x2x1.5cms. The polypoidal mass had a greyish pink cut surface. The histopathology of the tissue revealed a tumor that was disposed as nests and columns of ovoid to elongate cells arranged concentrically forming gland like spaces [pseudocysts] filled with homogenous eosinophilic material giving a cribriform pattern (Fig.1). The cells had minimal cytoplasm with a hyperchromatic nucleus. The stroma was desmoplastic. The homogenous eosinophilic material in the tumour was P.A.S positive (Fig.2).

Discussion: Adenoid cystic carcinomas, since the original description had been a distinct tumor of minor salivary glands. They are generally slow growing but are considered highly malignant with a remarkable capacity for recurrence and a tendency for perineural spread.

Adenoid cystic carcinomas have a variable architectural pattern with tubular, solid or cribriform patterns, the latter being the most common pattern. The solid pattern of Adenoid cystic carcinomas is associated with a poor prognosis, having a rapid progression with fatal outcomes. Lymph node involvement is relatively uncommon. Distal spread is usually by hematogenous route with lung being the major site of metastasis, while liver is the second common site. Adenoid cystic carcinomas presenting as nasal polyp has been rarely reported. The patient is under follow up for recurrence. In this patient a differential diagnosis of Polymorphous Low Grade Adenocarcinoma was considered. This tumour is exclusively of the minor salivary glands within the oral cavity, the hard palate, being its only extra-oral presentation which is extremely rare. Nasal fossa and nasopharynx locations have been described in less than 0.5 – 1% of the cases. The patient has a clear female predilection, particularly in their forties and fifties. This especially occurs within lesions with a large number of cells and few matrix, with no fibrous capsule, which is common in minor salivary gland tumors but not in major salivary gland tumors.

References: