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Laryngeal Neuroendocrine Carcinoma with Skin Metastasis

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ABSTRACT

Neuroendocrine tumors are epithelial neoplasms with predominant neuroendocrine differentiation. These tumors can arise from any organ system. Laryngeal neuroendocrine neoplasms are very rare with the frequency of 0.6% of all laryngeal malignant neoplasms. There are nadir case reports in the literature with skin metastasis from laryngeal neuroendocrine tumors. Herein, we present a male patient with laryngeal neuroendocrine carcinoma in whom skin metastasis developed while his follow up.

Introduction

Laryngeal neuroendocrine carcinoma is a rare type of non-squamous type of larynx carcinomas and it accounts for 1% of all laryngeal cancers. Laryngeal neuroendocrine carcinomas originate from argyrophilic cells of the mucosa and most common location site is the supraglottic area. It usually develops in men aged between 50-83 years old and heavy smokers. Distant metastases are usually detected at bone, lung, liver and lymph nodes while skin metastasis can occur in 20% of the patients [1].Herein, we present a male patient with laryngeal neuroendocrine carcinoma in whom skin metastasis developed while his follow up.

Case Report

A 65 year-old male patient admitted to the hospital with dysphonia complaint. A mass was established at the supraglottic area in direct laryngoscopic evaluation. The histological examination of the biopsy from the mass was consistent with neuroendocrine tumor. Partial laryngectomy and neck lymph node dissection was performed. The pathological stage was determined as T1N2M0 and clinical stage was stage 3A. Surgical procedure was followed by adjuvant radiotherapy.
7 months later, multiple erythematous nodular skin lesions occurred on the scalp, chest and neck. Multiple excisional biopsy specimens from these lesions was sent to histological examination. Light microscopic examination of the specimens which were stained with H&E revealed that there is cellular neoplasm infiltration between collagen fibers in the dermis. The immunohistochemical study demonstrated that neoplastic cells stained positive for PanCK, chromogranin, CD56 and negative for ER and PR. As the histological examination was compatible with neuroendocrine tumor metastasis, patient was treated with a chemotherapy protocol including etoposide and carboplatin. Third cycle of etoposide and carboplatin protocol was followed by PET-CT scan to assess clinical response. High FDG uptake was established at the retropharyngeal area, tracheostomy region and lungs (SUVmax: 5.8) and these findings were accepted as clinical progression. The patient was discharged with a palliative irinotecan consisting chemotherapy regimen.

Keywords: **Neuroendocrine carcinoma; Larynx**

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