

Adenoid Cystic Carcinoma of the Nasopharynx: A Case Series

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Abstract Adenoid cystic carcinomas are tumors that are more commonly seen in the salivary glands than in the nasopharynx. Nasopharyngeal adenoid cystic carcinomas are rare and cases that are reported in the literatures are few. Treatment is mainly by surgical resection. Here, we report 2 cases of nasopharyngeal adenoid cystic carcinoma.

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Endoscopic transpterygoid nasopharyngectomy

Introduction

Adenoid cystic carcinoma (ACC) which was previously known as ‘cylindroma’, is an uncommon malignancy of the head and neck region. The nasopharynx is a very rare location for ACC. Epistaxis is one of the common clinical presentations for Nasopharyngeal adenoid cystic carcinomas (NACC). It has a tendency for distant metastasis but rarely involves the lymph nodes. Surgical resection is the mainstay of treatment.

Case 1

Mr T is a 21 year old gentleman who presented to our center with right sided epistaxis for the past one month. Nasal endoscopy showed a mass at the right nasopharynx. No palpable cervical nodes and no cranial nerves involvement were noted. Biopsy result of the mass was reported as adenoid cystic carcinoma. Computed tomography (CT) scan showed a mass at the right nasopharynx extending to the left nasopharynx with no surrounding bony involvement with cervical nodes on the right side. He underwent an endoscopic right transpterygoid nasopharyngectomy and right myringotomy and T tube insertion with right cervical node excision. Intra operatively, a huge vascularized mass was noted arising from the right nasopharynx occupying the entire nasopharyngeal space extending to the floor of the sphenoid bone. Histopathological examination (HPE) of the specimen was consistent with adenoid cystic carcinoma of the nasopharynx. The cervical node was negative for malignancy. He subsequently underwent 30 cycles of radiotherapy and is currently on three monthly follow up at the ENT outpatient clinic which has been uneventful.

Case 2

Mr M is a 30 year old gentleman who presented with a chief complain of left sided epistaxis and nasal blockage for the past six months. Endoscopic examination of the nose showed a polypoidal vascular mass in the left nasal cavity which was biopsied and reported as adenoid cystic carcinoma. No cranial nerves involvement were noted. Radiological imaging showed a mass in the left nasal cavity with erosion of the medial wall of the maxillary

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