Indian J Otolaryngol Head Neck Surg
https://doi.org/10.1007/s12070-018-1553-7

CLINICAL REPORT

Laryngeal Leiomyosarcoma: A Rare Case

Boon Han Kevin Ng[1] · Ing Ping Tang[1] · G. Suhashini[2] · Chiun Kian Chai[3]

Received: 6 October 2018 / Accepted: 5 December 2018

Abstract Laryngeal leiomyosarcoma is a rare smooth muscle malignancy of the head and neck region. Diagnosis is based on immunohistochemistry. Here we present a case of laryngeal leiomyosarcoma that was diagnosed and treated in our center, focusing on the clinical features, histological diagnosis and management of this rare disease.

Keywords Larynx · Leiomyosarcoma · Laryngeal tumor

Introduction

Laryngeal leiomyosarcoma is one of the rarer types of laryngeal carcinoma. It normally presents in the older age group. Clinical features include hoarseness and dysphagia. Diagnosis is via immunohistochemical investigations which are positive for muscle specific actin, desmin and vimentin. Surgery with a clear margin is the main treatment option. Long term follow up is essential as it has the potential for recurrence later.

Case Report

P, a 52 years old man who was a non smoker presented to our center with a history of hoarseness for 6 months in duration. There were no complains of difficulty in breathing or dysphagia. Flexible nasopharyngolaryngoscopy (FNPLS) showed an irregular mass at the anterior commissure extending to the anterior third of the left vocal cord. There were no palpable neck nodes. He underwent a endoscopic laryngeal microsurgery (ELMS) where a biopsy was taken. The histopathological examination (HPE) showed malignant spindle cells that are positive for smooth muscle actin (SMA) and vimentin consistent with leiomyosarcoma (Fig. 1). The specimens were negative for desmin and S100. Computed tomography showed soft tissue lesion at the left vocal cord involving the anterior commissure and extending into the subglottic region. No evidence of erosion of the thyroid cartilage or hyoid bone was noted on imaging. There were also no radiological evidences of lymph node involvement or distant metastases. He subsequently underwent a total laryngectomy. The resected specimen consisted of a total larynx with a tumor arising from the anterior commissure extending about 5–10 mm below the subglottic region (Fig. 2). Histology showed a haphazardly arranged spindle shaped cells that have elongated and pleomorphic nuclei with numerous mitotic figures (Fig. 3). No radiotherapy was given after being reviewed by the oncological department as the surgical margins were clear histologically. At 1 year post operation, patient did not show any evidence of recurrence and is well.

✉ Boon Han Kevin Ng
nivekalt@yahoo.com

[1] Department of ORL-HNS, Faculty of Medicine and Health Sciences, University Malaysia Sarawak (UNIMAS), Jalan Datuk Mohd Musa, 94300 Kota Samarahan, Sarawak, Malaysia

[2] Department of Pathology, Sarawak General Hospital, Kuching, Malaysia

[3] Department of ORL-HNS, Sarawak General Hospital, Kuching, Malaysia

Published online: 08 December 2018