Airway obstruction caused by retro-laryngeal carcinosarcoma

Yasuyuki Chida,1 Ryota Inokuchi,2 Hiroaki Kikuchi,1 Kazuaki Shinohara1

DESCRIPTION

A 78-year-old Japanese man with alcohol dependence syndrome and hypertension presented with a 1-month history of dyspnea and dysphagia. On admission, his blood pressure was elevated but his other vital signs and laboratory tests were normal. A physical examination showed slight stridor and hoarseness; no swollen lymph nodes or tenderness, suggestive of epiglottitis, were detected during lateral laryngeal palpation. Cervical CT revealed a huge retro-laryngeal mass (figure 1), confirmed to be a tumour during laryngoscopy (figure 2). We performed an emergent tracheotomy, with local anaesthesia, for a suspected near-total airway obstruction. Subsequent tumour resection and pathology led to a diagnosis of carcinosarcoma and contrast-enhanced CT did not detect metastasis. We planned postoperative chemotherapy and radiotherapy, but the patient declined additional therapy.

Sarcomas are very rare among head and neck neoplasms, representing only 1% of all primary tumours arising in the head and neck regions. Generally, treatment involves chemotherapy (cyclophosphamide, vincristine, doxorubicin and dacarbazine) and postoperative radiotherapy (total doses of 60–70 Gy in standard fractions over 4–6 weeks).1 Median survival times are 6.2 years after initial recurrence and 1.5 years after the diagnosis of metastasis.2

Upper airway tumours can obstruct the airway via inflammation, bleeding and/or physical blockage.3 Such oncologic airway emergencies are rare but may require emergent tracheotomies or other forms of immediate airway management. Persistent dyspnea and/or dysphagia, in the absence of fever or tenderness on laryngeal palpation, may suggest an upper airway tumour; stridor indicates an airway emergency. Coronal and sagittal CT can help assess the size and location of the tumour.

Contributors

YC, HK and KS contributed to patient management. YC drafted the initial manuscript. RI critically reviewed the manuscript. All authors contributed to writing the manuscript. All authors have also provided written consent for publication.

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REFERENCES
