Carcinoma at the tracheostoma site in a chronic smoker who smoked through the tracheostoma

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DESCRIPTION
A man had suffered trauma to the neck about two decades ago, for which he had undergone permanent tracheostomy. Over the years, the patient ignored repeated calls for reconstruction of his airway. The patient happened to be a chronic smoker, and he continued with his habit of smoking, even after tracheostomy, despite suggestions to the contrary. Since the airway above the tracheostoma was not patent, he would smoke directly through the tracheostoma.

The patient was brought to the hospital recently, when a large mass was seen around the tracheostoma (figure 1). There was a limited patency in the airway, leading to severe stridor. Local excision of the mass was performed (figure 2) with the emergent intention of restoring airway patency. Histopathology was established as a moderately differentiated squamous cell carcinoma and the patient has now been initiated on radiotherapy. Concurrent chemotherapy has been avoided given the advanced age (76 years) of the patient.

The patient was supposedly reluctant to be brought to the hospital, and a psychiatric consultation was sought during his stay in the hospital. He was also diagnosed to be suffering from schizophrenia, which could possibly explain the reason why the patient did not visit the hospital before the disease could grow to such an enormous size. Indeed, it has been estimated that patients with psychiatric illnesses who develop malignancies have a 50% lesser chance of survival in comparison to the general population of cancer patients. This could be attributed to neglect, late detection and also non-adherence to standard treatment.1 2

Learning points
▸ Certain patients with long-standing smoking habits may indeed continue to smoke through the tracheostoma, after tracheostomy.
▸ Smoking through the tracheostoma exposes the mucosa or the mucoepithelial junction to carcinogens, while it is possible that repeated irritation too could play a role in causing or promoting local carcinogenesis.3
▸ Patients with psychiatric disorders may avoid seeking medical care despite a dire necessity for the same.

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REFERENCE

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Figure 1 Patient at presentation, note the large growth around the tracheostomy site. There was severe stridor and his metallic tracheostomy tube had been displaced.

Figure 2 Following excision and re-establishment of patency of the tracheostoma.

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