

DRAMATIC RESPONSE TO TREATMENT OF ADVANCED STAGE HEAD AND NECK CANCER WHICH IS OPENED TO SKIN

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Introduction - Purpose : The Guidelines for Head and Neck (H&N) cancers address tumors arising in the lip, oral cavity, pharynx, larynx and paranasal sinuses; occult primary cancer, salivary gland cancer and mucosal melanoma are also addressed. Most head and neck cancers begin in the mucosal surfaces of the upper aerodigestive tract, and these are predominantly squamous cell carcinomas. In 2017, it is estimated that about 63,000 new cases of oral cavity, pharyngeal and laryngeal cancers will occur, which account for about 3.7% of new cancer cases in United States. The management of head and neck squamous cell carcinoma (HNSCC) is based on whether the disease is early or advanced stage at presentation and the primary site of the tumor. Patients with locoregionally advanced cancers are typically managed with multimodality treatment with organ preservation, an important objective of therapy. Surgery followed by radiation-based therapy, concurrent chemoradiotherapy, and sequential therapy are different standards of care available. Our purpose in this presentation is; We wanted to present the dramatic response we have with similar chemotherapeutic agents in two different cases of metastatic skin-opening oral cavity and larynx cancer.

Methods - Tools : This presentation is case report

Findings : There are two cases. The first one is a 70-year-old male patient. In December 2015, a mass lesion destroying the mandibula was detected in his chin. On the examinations, PET-CT showed no mass other than the mass at the mouth and bilateral cervical lymphadenopathies. Fine needle biopsy made moderately differentiated squamous cell carcinoma detected. Left mandibulectomy, left hemiglossectomy and bilateral neck dissection were performed in operation performed on 15 December 2015. In pathology; Squamous cell carcinoma, 17 units lymphadenectomy without metastasis, tumor 2.2 cm, moderate differentiation, perineural and lymphovascular invasion, surgical margin negative, mandibular invasive. Residual or Recurrent tumor tissue was detected in post-operative examinations. Radiotherapy concomitant cisplatin therapy was given. Patient follow-up after treatment. Until December 2016, the patient was clinically and radiologically stable. In December 2016, a recurrent mass was detected in the neck. This recurrent mass was skin-opened in the right submandibular region. Recurrent head and neck tumors were accepted and cetuximab, carboplatin and 5-FU started to the patient. After three cycles of chemotherapy treatment, a dramatic clinical response was observed on the visible mass. On May 2, 2017. The patient's chemotherapy continued. Finally, the patient has better oral intake, has a better physical appearance and is in a healthy condition. Second case, male patient with larynx cancer at 60 years. On August 16, 2016, Physical examination done due to voice anomaly, a millimetric nodular polypoid lesion was found along the right vocal cord. After the patient's biopsies were taken, the tracheotomy was performed and the treatment plan was made. Chemotherapy and radiotherapy were recommended after total laryngectomy in the patient who was diagnosed with squamous cell carcinoma of the glottic, subglottic and epiglottic areas. But the patient did not accept any treatment and left the patient voluntarily. After that the patient resorted to with a giant mass on the skin of the ear, nose and throat clinic in January of 2017. His oral intake was impaired and breathlessness began to develop. An irregularly limited large mass lesion extending posteriorly to the pharyngeal wall, which was located at the level of the false and true vocal cord, narrowing the air flow at the glottic level was observed in the neck MR. In addition, lung metastases were also detected in the patient. Then the systemic chemotherapy, cetuximab, cisplatin and 5-FU started immediately. After 3 cycles of chemotherapy, a dramatic response was obtained in the patient's clinic. The giant neck enlargement was shrunk, oral intake improved, and breathlessness decreased.

Discussion : The prognosis of patients with recurrent or metastatic head and neck squamous cell cancer is generally poor. The median survival in most series is 6 to 12 months depending upon patient and disease-related factors. Systemic therapy is indicated in conjunction with best supportive care for most patients with metastatic or advanced recurrent head and neck

cancer. Chemotherapy plus cetuximab significantly prolonged overall survival compared with chemotherapy alone.. Significant improvements were also seen in the progression-free survival and objective response rates. There are visible dramatic morphological responses as well as the survival benefit obtained in the combination systemic treatment given as in both cases.

Keywords: Metastatic head and neck cancer, skin opened, chemotherapy, dramatic response

prechemoterapy-1



oral cavity cancer precehemoterapy-1

prechemoterapy-2



oral cavity cancer prechemoterapy-2

postchemoterapy



oral cavity cancer postchemoterapy

prechemoterapy-1



larynx cancer orechemoterapy-1

prechemoterapy-2



larynx cancer prechemoterapy-2

prechemoterapy-3



larynx cancer prechemoterapy-3

postchemotherapy-1



larynx cancer postchemotherapy-1

postchemoterapy-2



larynx cancer postchemoterapy-2