CASE STUDY

Clear Cell Carcinoma of the Base of the Tongue

Carcinoma de células claras en la base de la lengua

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Clinical Case

We report the case of a 47-year-old woman, who came to the ENT service at her hospital due to pharyngeal problems, with a foreign body sensation and difficulty in swallowing (both solids and liquids), evolved over approximately 1 year. Likewise, the patient presented nocturnal dyspnoea in supine dorsal decubitus position.

In the clinical examination, a vegetative lesion was observed by indirect and fibre laryngoscopy; it was smooth and vascularized, without erosions or ulcers, on the base of the tongue, predominantly on the left side and more than 4 cm in diameter. Cervical palpation revealed no lateral cervical adenopathy or thyroid goitre.

Cervical CAT scan showed a 4.4 cm × 4.5 cm × 2.6 cm mass on the left side of the base of the tongue, with caudal extension to the pre-epiglottic space. No adenopathy or other lesions were seen.

The NMR indicated oropharyngeal tumour in the posterior section of the base of the tongue, of the same dimensions as in the CAT scan. Radiologically, it gave the impression of having a low level of aggressiveness with well-defined margins; there were no defined areas of central necrosis and adenopathy was absent (Fig. 1).

Two biopsy samples were taken from the lesion. The histopathological report indicated “epithelial carcinoma compatible with hyalinizing clear cell carcinoma”; in the lesion there was an epithelial carcinoma with malignant characteristics, consisting of clear cell niches and cords, of scant mitotic activity, with abundant content of glycogen PAS (+)/PAS-distase (−) and of somewhat eccentric nuclei with moderately dense chromatin (Fig. 2).

Faced with this diagnosis, an abdominal sonogram was performed to rule out kidney involvement (renal cell carcinoma).

The mass was removed using approach through the suprathyroid pharyngotomy. There were no complications in the postoperative period.

Figure 1  NMR, sagittal cut: mass of 4.4 cm × 4.5 cm × 2.6 cm in the base of the tongue, mildly aggressive, with well-defined margins and lacking areas of necrosis.
It is difficult to diagnose, because it shares or overlaps immunohistological characteristics with other malignant tumours of the salivary glands. It must be differentiated from, among others, mucoepidermoid carcinoma, oncocytic clear cell tumours and metastasis of renal cell or other clear cell carcinomas.

Our clinical case, within the rarity of these tumours, falls within the most frequent parameters in its presentation, such as: middle-aged woman and located on the tongue. Likewise, its range of symptoms is among the most frequent for this disease.

Its low-grade, non-specific clinical presentation causes HCCC diagnosis to be delayed and, although metastasis is rarely produced, some can become locally aggressive. Tumour recurrence in extensive series (considering the number of cases described) is approximately 12%).

There is some controversy over the need to perform prophylactic ganglion removal. Given the rarity of HCCC, this decision should depend on the individual case. Our patient rejected this part of the surgery and, 3 years later, has no involvement or metastasis.

With this case, we provide details on a tumour rare in this location, but that should be taken into consideration in differential diagnosis of tumours of the base of the tongue.

Conflict of Interests

The authors have no conflicts of interest to declare.

References