CASE STUDY

Cutaneous Metastases of Laryngeal Chondrosarcoma

Metástasis cutáneas de condrosarcoma laringeo

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Clinical Case

The following is the case of a 60-year-old male patient, a non-smoker, who was admitted to our unit with dyspnoea, dysphonia and a sore throat which had progressively evolved over several months.

Fibroscopic examination showed a subglottic ulcer, which was biopsied and identified as a grade 2 laryngeal chondrosarcoma. A cervical CT scan revealed a subglottic lesion which had spread into the pre-epiglottic space, from the infrahyoid epiglottis to the second tracheal ring. We therefore performed a total laryngectomy. The surgical specimen was reported as a grade 2 transglottic chondrosarcoma.

The chondrosarcoma recurred a year after surgery as a mass between the sternum and the tracheostoma, and metastasized bilaterally in the lung. The patient was therefore administered cyto reduction chemotherapy treatment.

Thirty months after surgery, the patient presented with multiple infiltrative nodules, 5 mm in diameter, on his chin and nose (Fig. 1). Fine needle aspiration and excisional biopsy showed that this was cutaneous metastases of chondrosarcoma (Fig. 2).


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Figure 1 Chondrosarcoma metastasis on nose and chin.
The patent died from lung metastases 35 months after diagnosis.

Discussion

As far as we know, this is the first time cutaneous metastasis from laryngeal chondrosarcoma has been reported.

Chondrosarcoma is the most frequent mesenchymal tumour of the larynx. It usually occurs in the subglottis and its lack of symptoms may result in a delayed diagnosis. It tends to present local–regional recurrence and this tendency is associated with its degree of differentiation. On the rare occasions it metastasizes, the lung is the first organ to be affected.

In general, cutaneous metastases of chondrosarcoma are rare and infrequently documented. They usually present in the fifth decade of life and the time of presentation varies greatly: metastasis may manifest prior to the primary lesion or present years after it has been removed.

Chondrosarcoma normally begins in the cartilage of the extremities. Metastasis tends to present in the skin on the face and the scalp, although other locations have been reported.

The metastases vary in appearance. They may present as a single lesion or multiple lesions. In the majority of cases they are described as infiltrative nodules, but their macroscopic appearance can vary, and they may look like keratoacanthoma.

Obeso et al. studied 17 cases of head and neck chondrosarcoma in Spain, with a median survival rate of 88% 5 years after the disease began. The study describes how the lower the lesion’s grade of differentiation the better the prognosis. Cutaneous metastases of chondrosarcoma should therefore be treated as a sign of a poor prognosis, since the majority of patients die 6 months after lesions present.

Conflict of Interests

The authors have no conflict of interest to declare.

References