原文題目(出處):	Hyalinizing clear cell carcinoma of the base of tongue
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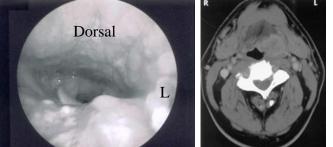
內文:

Abstract

- Hyalinizing clear cell carcinoma is a rare, low-grade neoplasm of the minor salivary glands
- Composed exclusively of epithelial cells with optically clear cytoplasm
- Only a few isolated cases reported involve the base of tongue
- Tx \rightarrow wide excision and selective neck dissection, with or without radiotherapy
- More commonly in **adult females**
- **Positive** for cytokeratin and negative for S-100 and smooth muscle actin (SMA)
- Originates from **epithelial cells** and not myoepithelial cells

Case report

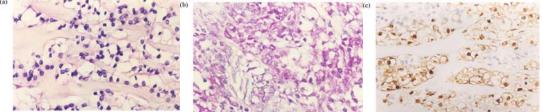
- A 57-year-old male felt foreign body sensation in the throat for 1 month
- Smoking (-), Alcohol drinking(-)
- By indirect laryngoscopy, a 3 cm*3 cm smooth submucosal mass towards the left side of the base of tongue, extending to the tonsillolingual sulcus and vallecula



• Palpation/firm, tender(-), bleeding(-), no palpable cervical lymphadenopathy, tongue movement was normal

CT scan of the neck (axial cuts)

- Heterogeneously enhancing mass at the base of tongue towards the left
- Involve the ipsilateral mylohyoid m. and bilateral genioglossus m.
- Extend to the left vallecula and abutting the epiglottis, displacing it posteriorly **Operation procedure**
- Excision of the mass via a **transcervical approach** under general anaesthesia
- Retract and cut the myohyoid m. attached to superior of hyoid bone to expose the tumor
- The tumor was removed in toto by **blunt dissection** and a supraomohyoid neck dissection was done
 - Grossly
- It was solid and grey white on cut surface measuring about 3cm*2cm*1.5cm Microscopically
- Partly encapsulated with **infiltrative margins**, and was composed of **large polygonal cells** with **clear cytoplasm** and **distinct cell borders** (Fig. a).



- In some areas, these cells were admixed with smaller cells having amphophilic cytoplasm
- The nuclei \rightarrow large, oval to slightly irregular with coarse chromatin
- The neoplastic cells → arranged in **nests** and **trabeculae**, surrounded by **fibrous stroma showing hyalinization** (Fig. a)
- **Periodic acid–Schiff (PAS) stain** with and without diastase showed **intracytoplasmic glycogen** in some of the tumor cells (Fig. b)
- Intracytoplasmic mucin or fat : (-)
- Atypical mitosis or necrosis : (-)
- Immunohistochemistry → the tumour cells were positive for cytokeratin (AE1/AE3; Dako) (Fig. c).
- S-100 (Dako) and vimentin (Dako) : (-)
- According to the light microscopic and immunohistochemical features → hyalinizing clear cell carcinoma

Post-op

- 3 weeks after surgery, the patient received postoperative radiotherapy of 60Gy in 30 fractions over 6 weeks
- Follow up after 18 months there was no evidence of recurrence or distant metastasis

Discussion

- Hyalinizing clear cell carcinoma (HCCC) is a distinct clinico-pathological entity Microscopically
 - → Composed exclusively of monomorphic undifferentiated cells with optically clear cytoplasm

Clinically

- → Less than 1% of all salivary gland tumour
- → Arise from the minor salivary glands within the oral cavity → commonly located in the palate, lips and buccal mucosa
- → Base of tongue, hypopharynx, larynx, nasal cavity and jaw bones are rare
- → More common in women between the fifth and seventh decades
- ➔ A slow growing and painless submucosal mass
- → a low propensity towards recurrence nodal and distant metastasis
- → clear cell carcinoma, glycogen-rich clear cell adenocarcinoma and glycogen-rich clear cell carcinoma

Histologically

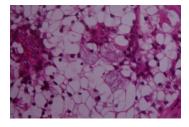
- → The tumour has infiltrative borders, with the neoplastic clear cells arranged in thick trabeculae, nests, cords or solid sheets with a hyalinizing stroma
- ➔ Eosinophilic cells, as seen in the present case, may also be a component of the tumor
- → Distinct cell borders with uniform small nuclei
- → PAS-positive diastase-sensitive material, representing glycogen, in the cytoplasm
- ➔ Immunohistochemistry shows expression of epithelial markers especially cytokeratins
- → negativity for vimentin, S-100 and SMA
- → don't contain mucin
- Histopathology differential diagnosis : mucoepidermoid carcinoma, acinic cell

carcinoma, clear cell oncocytoma, epithelial myoepithelial carcinoma, malignant myoepithelioma, sebaceous carcinoma, odontogenic tumours, metastatic renal cell carcinoma

- Clinical differential diagnosis of the lesion at the base of tongue : epithelial malignancies, granulomatous conditions, lingual thyroid, prominent lingual tonsils and cysts
- As these tumors are rare, there is no standard treatment protocol

In conclusion

- HCCC is a rare **minor salivary gland tumor** exhibiting the behavior of a low-grade malignancy
- It has a **better prognosis** than the other salivary gland tumors showing clear cells
- Wide local excision achieves adequate locoregional control of small primary tumors



題號	題目
1	It is composed of a mixture of mucus-producing cells and squamous
	(epidermoid) cells. In some tumor also show variable numbers of
	clear cell. Which one is the proper diagnosis ?
	(A) Hyalinizing clear cell carcinoma
	(B) epithelial myoepithelial carcinoma
	(C) mucoepidermoid carcinoma
	(D) clear cell oncocytoma
答案(C)	出處:oral & maxillofacial pathology p420
題號	題目
2	All of the following salivary gland disease can find clear cells except for
	?
	(A) Oncocytoma
	(B) Acinic cell adenocarcinoma
	(C) mucoepidermoid carcinoma
	(D) Warthin tumor
答案(D)	出處:oral & maxillofacial pathology p414、p420、p423