

原文題目(出處)：	Verrucous carcinoma of the temporal bone /American Journal of Otolaryngology-Head and neck medicine and surgery 29 (2008) 69-71
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報告日期：	9/23/2008

內文：

1. Introduction:

Verrucous carcinoma is a highly differentiated variant of squamous cell carcinoma, which is slowly and locally growing and rarely metastasizes.

In the head and neck region, this lesion is principally seen in the oral cavity and larynx, and rarely in the ear; In the literature, 11 cases of primary verrucous carcinoma of the temporal bone have been reported.

We discuss verrucous carcinoma of the temporal bone with the review of literature.

2. Case report:

a. A 48-year-old woman who had a bilateral sensorineural hearing loss and bleeding in the left ear with left peripheral facial paralysis had left radical mastoidectomy in her left ear 20 years ago earlier, and had a revision mastoidectomy 8 years ago because of chronic otitis media. Moreover, she has complained of left peripheral facial paralysis for 20 years and has received oral steroid.

b. In the otoscopic examination, the left ear cavity was filled with granulation tissue and a whitish warty tissue and left peripheral facial paralysis was also present.

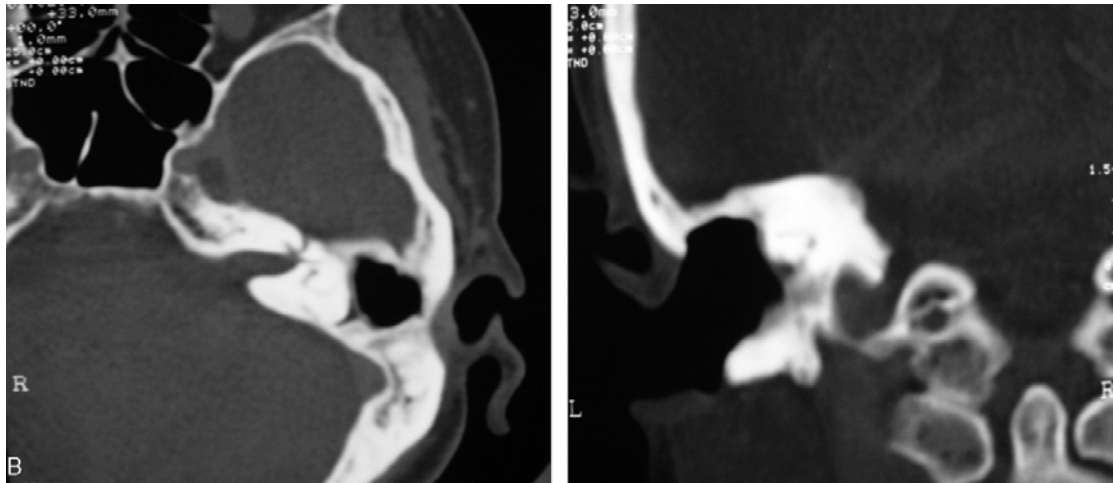
In the oropharyngeal and systemic examination was unremarkable with no cranial nerve deficit or palpable lymphadenopathy.

The audiogram showed total sensorineural hearing loss in the left ear; the computed tomography showed a defect in the left mastoid.

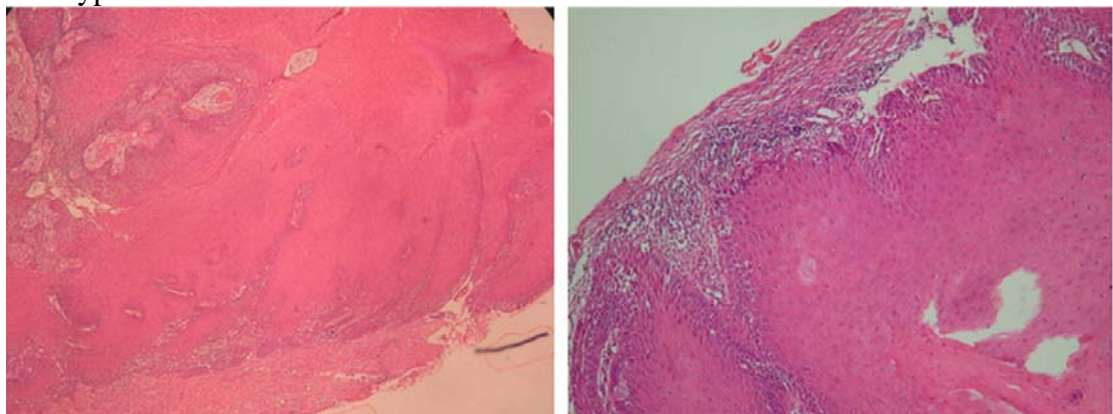


The biopsy taken from the granulation tissue in the left ear cavity has been reported as chronic inflammation.

c. We performed a revision radical mastoidectomy though a definitive histologic diagnosis was not obtained.



- d. During the surgery, keratinized tissue, granulation tissue and cholesteatoma was encountered in the mastoid cavity and removed with great care. A large meatoplasty was made after the removal of all of these tissues.
- e. Histopathology of the specimen was reported as verrucous carcinoma in the left ear; histopathologic examination revealed marked hyperkeratosis, acanthosis, papillomatosis, and well-differentiated tongues of squamous epithelium extending into the underlying stroma; there was no cytologic atypia.



- f. The mastoid cavity remained dry and free of disease, and the facial functions of the patient were deemed acceptable during the 26-month follow-up.
3. Discussion:
 - a. Although verrucous carcinoma has a histologically benign appearance, it behaves like a locally aggressive tumor due to persistent local growth, and the metastatic potential of this tumor is very rare.
 - b. The diagnosis of this tumor requires multiple and deep biopsy ; small or superficial biopsy specimen often reveals only hyperkeratosis, acanthosis, and apparently benign papillomatosis. The biopsy taken from our patient was not diagnostic, and the revision mastoidectomy was planned to remove all the pathologic tissues and have them sent for histologic examination, and verrucous carcinoma was reported as the final diagnosis.
 - c. Chronic local irritation plays a role in the etiology of verrucous carcinoma; Ackerman emphasized the role of tobacco chewing in the verrucous cancer of the oral cavity, and the occurrence of most larynx verrucous carcinoma cases in smokers supports this theory. In addition, temporal bone squamous cell carcinoma is often observed in patients who had chronic otitis media

- with lifelong otorrhea.
- d. The location of the primary lesion of verrucous carcinoma in the temporal bone in these 12 patients were in the external auditory canal(5 cases), in postoperative defect(6 cases), and middle ear(1 cases).The lesion in this case was localized in the radical cavity without any further extension.
 - e. Radiotherapy of verrucous carcinoma remains controversial; surgery seems to be the best therapeutic alternative in the treatment of this tumor (verrucous carcinoma); if the tumor is irresectable , radiotherapy may be suitable. We have operated on our patient without knowing that the diagnosis was verrucous carcinoma, but revision surgery was enough in the management of our patient without any further plan of postoperative radiotherapy.
 - f. Closely follow-up of such patients is very important to detect any sign of recurrence as early as possible, and in our case, we check her postoperative temporal bone computed tomography for every 6 months.
 - g. The prognosis of the verrucous carcinoma is related to the spread of tumor; lymph node metastases are surprisingly low in number and have been reported in only 9% of patients. Our case had no extratemporal invasion and after our revision mastoidectomy operation, she has been tumor-free for 26 months, and her facial function has improved.

題號	下列何者非Verrucous carcinoma的特徵?
1	(A) 光學顯微鏡底下可見顯著的epithelial hyperplasia, wide and elongated rete ridges ,rough and papillary surface and abundant keratin 。 (B) 高倍光學顯微鏡底下可見bulbous rete ridges with significant dysplasia 。 (C) 臨床上可見其為exophytic, white, papillary mass 。 (D) 為low-grade, high-differentiated variant of SCC 。
答案(B)	出處：Oral and maxillofacial pathology (second edition) by Neville,Damm,Allen,and Bouquot. p.367~368
題號	下列有關verrucous carcinoma的預後以及治療敘述何者正確?
2	(A) Metastasis is often. (B) 放射線治療為最佳的治療方式。 (C) Chemotherapy 也許可以縮減腫瘤大小,卻不能夠當成一種definitive, stand-alone 的治療方式。 (D) 手術切除後常會使腫瘤anaplastic transformation為 very aggressive SCC 。
答案(C)	出處：Oral and maxillofacial pathology (second edition) by Neville,Damm,Allen,and Bouquot. p.367~368