

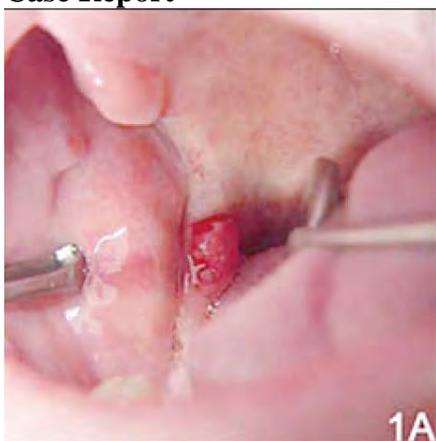
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內文：

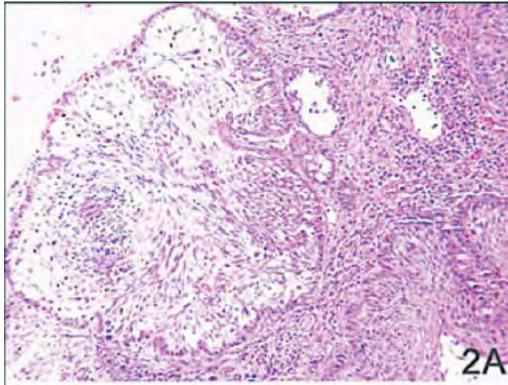
Introduction

1. Basaloid squamous cell carcinoma (BSCC) was recognized as a separate variant of squamous cell carcinoma (SCC), due to its more aggressive clinical behavior and morphological features
2. Predilection for the head and neck region,3 particularly the upper aero-digestive tract
3. In the oral cavity BSCC occurs mostly in the tongue
4. BSCC is commonly associated with early recurrences, cervical lymph nodes, and distant metastasis to the lungs and liver
5. From a multi-potential primitive cell in the basal layer of the surface epithelium or from the salivary duct lining epithelium
6. The treatment for BSCC is surgery followed by radiotherapy and chemotherapy

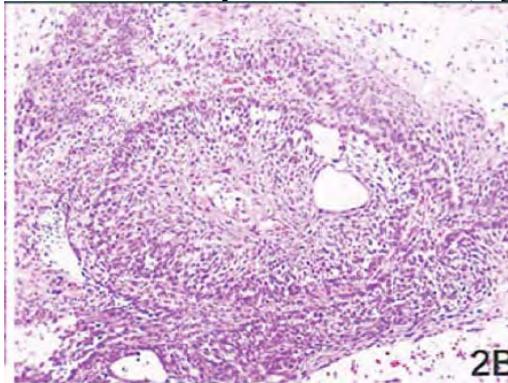
Case Report



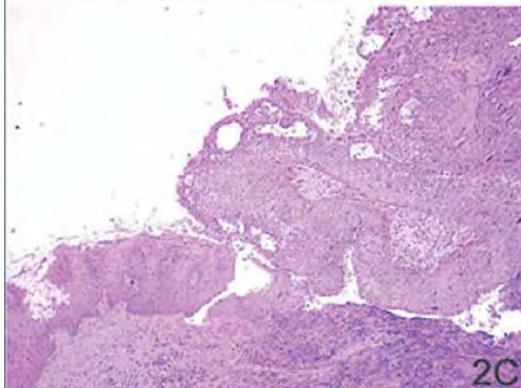
1. 59-year-old man in the retromolar trigone , found a 12x07x07 mm nodular mass, with a rubbery consistency, defined borders, covered by reddish mucosa , absence of bleeding upon palpation
2. the lesion was noted six months earlier and during the last month it had imposed severe pain
3. The patient related the consumption of tobacco until ten years
4. No palpable cervical lymph nodes



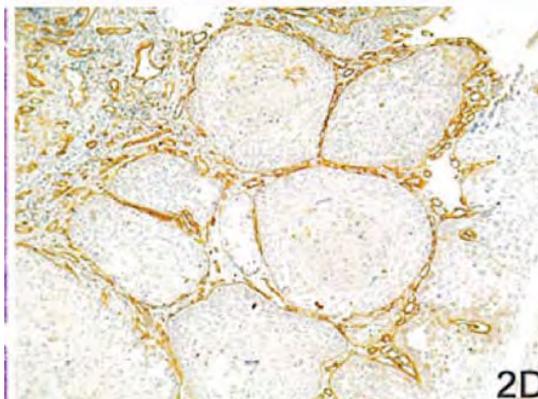
5. Composed of nests and cords of closely packed, moderately pleomorphic basaloid cells with nuclear palisading along the periphery of the neoplastic nests, surrounded by a fibrous stroma (Figure 2A)



6. Comedo-type central necrosis (Figure 2B)

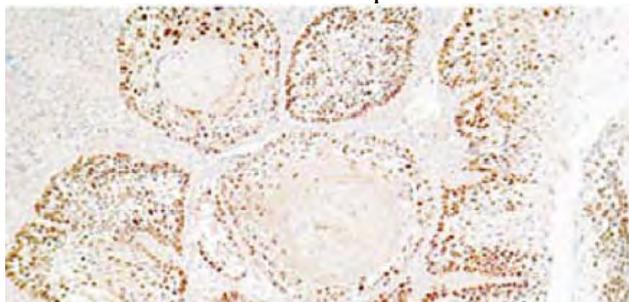


7. Focal areas showed a continuum of the BSCC with the oral mucosa (Figure 2C) and the prevalence of a basaloid cellular component

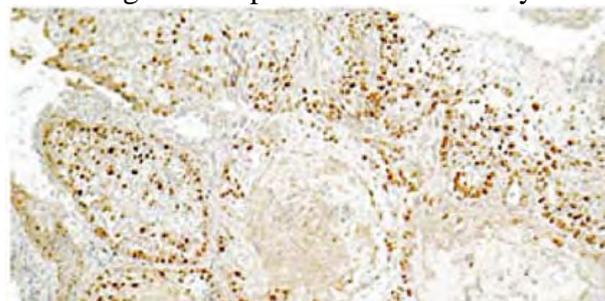


8. Immunohistochemical examination revealed positivity for laminin in the microcystic spaces between basaloid tumor cells as well as in the basement

membranes of vascular spaces



9. Basaloid components showed poor or patchy staining with CK7
10. Vimentin was detected only in the fibrous stroma of the lesion
11. Strong nuclear p53 immunoreactivity was found in most of the neoplastic cells



12. Strong nuclear expression in the peripheral cells of the neoplastic nests was observed for Ki-67
13. High molecular weight cytokeratin was detected in the BSCC around the tumoral nests



14. The patient was followed for a post-operative period of 7, 14, 30 and 60 days (Figure 1B, follow-up, 60 days) with a normal process of repair without edema, pain, or fever
15. The patient underwent radiation therapy following surgery, and after eight months he died due to a mesenteric thrombosis

Discussion

1. most BSCC's are diagnosed at advanced clinical stages, they have an unfavorable prognosis
2. with early and high rates of local recurrences and regional and distant metastases
3. may be confused with adenoid cystic carcinoma of the solid subtype (ACC), small cell neuroendocrine carcinoma, undifferentiated carcinoma, basal cell adenocarcinoma, and squamous/adenosquamous carcinoma
4. In the present case, immunohistochemical reactions were helpful in distinguishing between these neoplasms
5. glandular carcinomas were excluded from the diagnosis, since glandular lesions,

- such as adenoid cysts, present immunoreactivity for CK7
6. the negativity to vimentin observed in the present case may be explained by the absence of glandular arrangement, since the literature suggests a differentiation of BSCC towards the salivary gland tissue, based on immunoreactivity of the basaloid cells to vimentin
 7. the immunoprofile shown in this case demonstrates the predominant morphological aspect of undifferentiated cells without differentiation towards glandular tissue
 8. the positivity detected for high molecular weight cytokeratin confirms the epithelial phenotype in this case
 9. the association of the basaloid component with the enhanced aggressiveness of BSCC and increased tumoral invasiveness capacity^{5,16} was confirmed in the present case by the high expression of both Ki67 and p53
 10. The diagnosis of BSCC was established due to the prevalence of a basaloid cellular component and based particularly on the remarkable basaloid pattern

Summary

Since some histopathological features of oral BSSC are shared with other tumors composed predominantly by basaloid cells, immunohistochemistry may be helpful for its differential diagnosis. Additional attention should be paid to patients that request special care to avoid the neglecting of their health

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| 題號 | 題目 |
| 1 | What are not the clinical features of basaloid squamous cell carcinoma? (A) BSCC occurs predominantly in women (B) It usually occurs in the larynx and tongue base (C) Almost 80% of patients have cervical metastases (D) The lesion may be painful or interfere with swallowing |
| 答案(A) | 出處：Oral & Maxillofacial Pathology, second edition P.370 |
| 題號 | 題目 |
| 2 | What are not the histopathologic features of basaloid squamous cell carcinoma? (A) Basaloid cells and islands of cells often are surrounded by mucoid stroma (B) The histopathologic features may be confused with adenoid cystic carcinoma (ACC), basal cell adenocarcinoma (C) The deeper tumor often shows palisading of peripheral cells (D) There is no necrosis of the central lesions |
| 答案(D) | 出處：Oral & Maxillofacial Pathology, second edition P.370 |