Ji3cl3 原文題目(出處)：	Epithelial-myoepithelial carcinoma of the tongue base: a case for the case-report and review of the literature Head & Neck Oncology 2010;2:4
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內文：

Introduction:

Epithelial-myoepithelial carcinoma is a rare tumour occurring in the salivary glands (parotid gland)

0.2% ~1% of salivary duct tumours

hybrid tumour:

1965 ~1994　0.1% of salivary gland tumours were hybrid tumours

Mucoepidermoid carcinoma, basaloid-squamous carcinoma, adeno-squamous carcinoma, sarcomatoid carcinoma and carcinoma in pleomorphic adenoma with differentiation as squamous cell carcinoma as well as adenocarcino

Case Report

A 60 year old lady was referred to the Princess Alexandra Hospital Head and Neck Clinic

biopsy taken from a suspected tumour at the **base of the tongue (BOT)**

a one year history of dysphagia and difficulty in moving her tongue

25 kg weight loss over the past year

PEG feeding tube inserted

ex-smoker with a 30 pack year history

denied alcohol consumption

limited movement of her tongue

a large mass was palpable predominantly on the right side of the base of the tongue

no masses palpable in the neck

MRI:

an extensive BOT tumour across the midline which extends to involve the right faucial tonsil

intermediate **T2 signal** with foci of bright T2 fluid within

intermediate **T1 signal** tumour shows irregular enhancement following Gadolinium

the tumour extended inferiorly to the level of the epiglottis

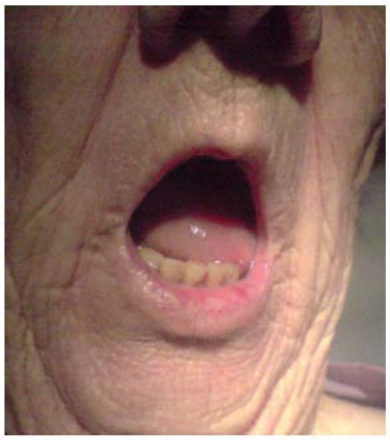

Figure 1 Extent of limited tongue protrusion due to tumour invasion of tongue muscles.

Figure 2 Close up of the tongue, with the patient protruding tongue maximally.

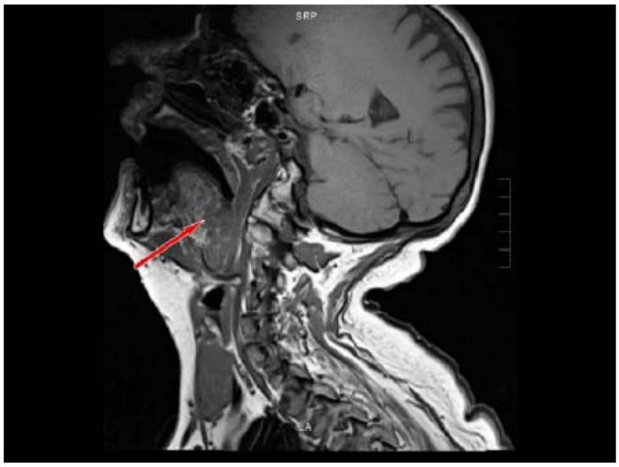

Figure 3 Axial T2 Fat saturated MRI representing mass invading right base of tongue extending across the midline involving the right faucial tonsil. Mass shows immediate T2 signal enhancement with bright focus within.

Figure 4 Sagittal T1MRI, sagittal view, mass located at the base of the tongue.

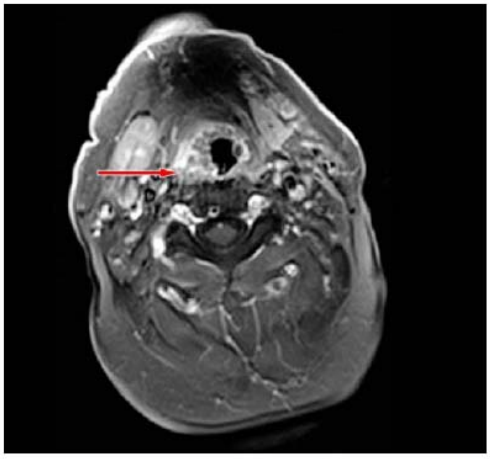

Figure 5 Axial intermediate T1 Fat saturated MRI, post gadolinium on lesion on right base of tongue. Lesion has irregular enhancement following gadolinium

vertical length of the tumour was **3.7 cm**

BOT tumour are not typical for the more common SCC in this location with the irregular bright T2 signal

unusual SCC appearance > minor salivary gland rare tumour

Panendoscopy:

4 cm submucosal lesion with a firm, posterior tongue

mass **extended over the midline**, into the inferior half of the tonsil and into the vallecula but the glossal epiglottis was clear of tumour

not fixed to the mandible

Figure 6 Intraoperative views of the mass at the base of the tongue.

Histological examination:

epithelial-myoepithelial carcinoma of the tongue base

Table 1 Histology results for biopsy

IMMUNOHISTOCHEMISTRY	RESULT
p63	Positive in basal cells (nuclear)
CK5/6	Positive in luminal cell (cytoplasmic); positive in basal cell (Golgi)
HMWCK (CK34)	Positive in luminal cell (cytoplasmic); positive in basal cell (Golgi)
SMA	Positive in basal cells
AE1/AE3	Positive in luminal cells

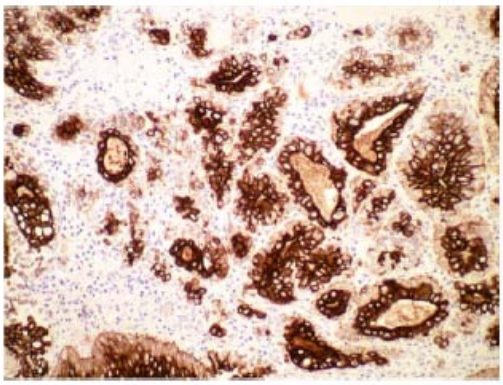

Figure 7 AE1/AE3 Immunohistochemistry stain of epithelial-myoepithelial carcinoma.

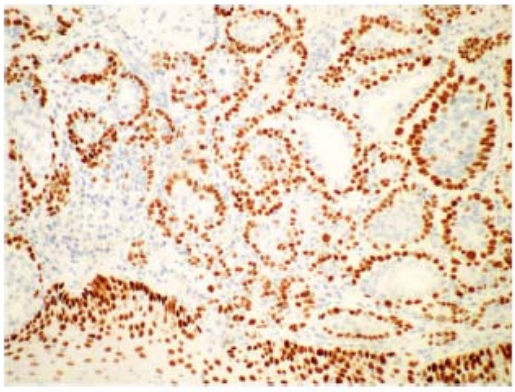

Figure 8 p63 Immunohistochemistry stain of epithelial-myoepithelial carcinoma in the base of the tongue.

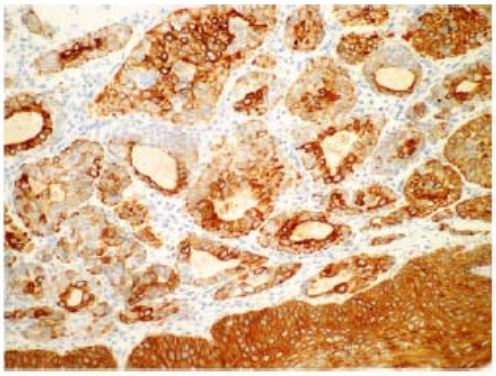

Figure 9 CK5/6 Immunohistochemistry stain of epithelial-myoepithelial carcinoma, biopsy taken from mass at base of tongue.

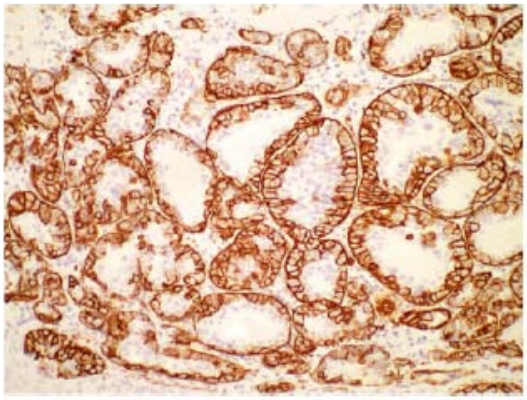

Figure 10 SMA stain, Immunohistochemistry stain from mass at the base of tongue in a 60 year old female patient.

60 Gy treatment over **30 fractions** with a **2 cm margin** around the primary tumour daily **hyoscine** injections to dry up excessive secretions

Literature Review

Table 2 Comparison of previous cases

	Puri et al 2004 [6]	Kumai et al 2006 [10]	Peters et al
Patient	Male 48 yo	Male 76 yo	Female 60 yo
Base of Tongue Location	Right	Left	Right
Tumour Size	50 mm × 30 mm	40 mm × 20 mm	37-15 mm
Treatment Modality	3 drug Chemotherapy (cisplatin, doxorubicin and 5-Fluorourcil) Radiotherapy (66 Gy) (Coblalt Teletherapy Unit)	Surgery (subtotal glossectomy, bilat neck dissection and rectus abdominis flap)	Radiotherapy, 60 Gy over 30 fractions, 2 cm margin
Follow up	Nil Recurrence (14 months)	Nil recurrence (19 months)	Complete clinical response

Discussion

Table 3 Histologic Classification and Incidence of Benign and Malignant Tumours of the Salivary Glands [7]

BENIGN	MALIGNANT
Pleomorphic adenoma (50%) (mixed tumour)	Mucoepidermoid carcinoma (15%)
Warthin tumour (5% to 10%)	Adenocarcinoma (NOS) (10%)
Oncocytoma (1%)	Acinic cell carcinoma (5%)
Other adenomas (5% to 10%)	Adenoid cystic carcinoma (5%)
Basal cell adenoma	Malignant mixed tumour (3% to 5%)
Canalicular adenoma	Squamous cell carcinoma (1%)
Ductal papillomas	Other carcinomas (2%)

Site:

parotid gland (60-80%)

submandibular gland (10%)

minor salivary glands (including the sublingual gland)

Level of Malignancy:

parotids gland(15-30%),

submandibular gland (40%)

minor salivary gland (50%)

sublingual gland (70-90%)
Epithelial-myoepithelial carcinomas:
basal myoepithelial cells
luminal epithelial cells
common precursor cells for both of the cell types

Immunohistochemistry:
(1)Outer Myoepithelial cell layer (epithelial and smooth muscle characteristics)
CK5/6
p63
SMA
(2)Luminal epithelial cell layer
AE1/AE3
CK5/6

Low grade malignant tumours
high grade tumours show evidence of dedifferentiation
recurrence rate 41%
5 year survival rate 87.5%
10 year survival rate 67.5%

題號	題目
1	**Which is the most common malignant mixed tumor?** **(A) carcinosarcoma** **(B) Carcinoma ex pleomorphic adenoma** **(C) Metastasizing mixed tumor** **(D) pleomorphic adenoma**
答案 (B)	出處：**Oral and Maxillofacial Pathology second edition** **p.424**
題號	題目
2	**Which is the more common site to be seen?**
	(A) Submandibular gland **(B) Sublingual gland** **(C) Parotid gland** **(D) Minor salivary gland**
答案 (C)	出處：**Oral and Maxillofacial Pathology second edition** **p.425**