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內文：

Introduction

*BSC and ACC是相當相似的,因為切片時都會出現明顯的adenoid pattern,因此造成了診斷上的困難.

*本篇的重點~ 以位於舌頭根部的keratin來區別BSC and ACC.

Case history

一位八十歲的病人在舌頭背面有腫脹達一年,在別處做切片診斷為low grade mucoepidermoid carcinoma.做口腔檢查時,發現有一個大的ulcerated tumour位於舌頭背部,延伸到右側的tonsillar fossa,量起來3 × 2 cm. 沒有證據顯示在別處有 lymphadenopathy或其他疾病. 例行的血液檢查也在標準值內. MRI顯示有一個 polypoidal soft tissue neoplasm已蔓延到right tonsil, lateral wall of oropharynx and the base of tongue.舌頭前2/3, vallecula,及會厭都是正常,下顎也正常.在脖子右側發現有一個擴大的level II lymph node.

對舌頭的腫塊做Needle core biopsy,診斷結果為salivary gland neoplasm with squamous metaplasia. Paraffin section(routine H and E stained slide)→腫瘤由solid nests of basaloid cells with scanty cytoplasm and hyperchromatic nuclei without nucleoli所組成. 細胞被排列成Small gland like spaces,在這些空間中央有 eosinophilic hyaline substance (Fig. 1). 在組織學方面與adenoid cystic neoplasm of the minor salivary gland極為相似.

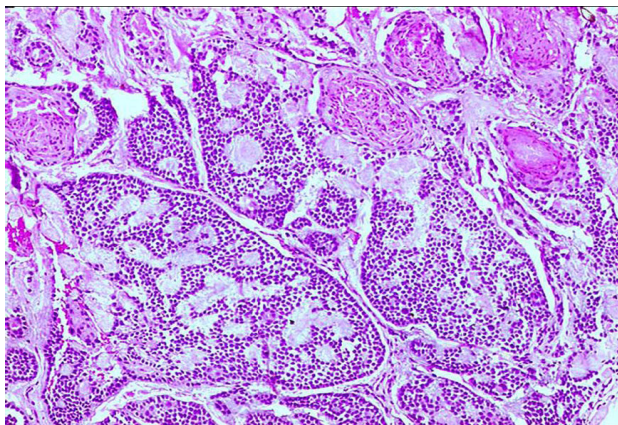


Figure 1 Solid nests of basaloid cells with keratin pearls.

然而有一些gland like spaces顯示出squamous differentiation,像是keratin pearls 以及微細的nuclear abnormalities.除此之外底下的squamous mucosa有顯示潰瘍,透露出是situ squamous carcinoma (Fig. 2).

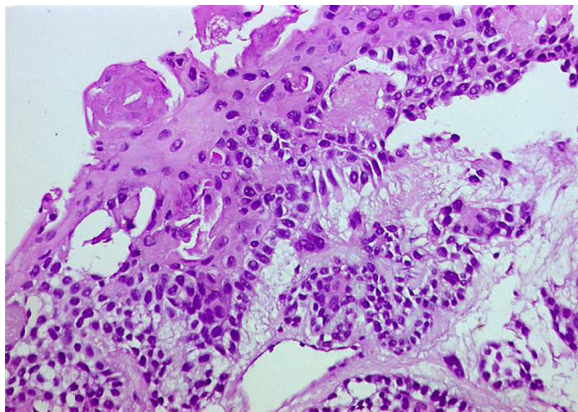


Figure 2 In situ squamous carcinoma in the overlying mucosa.

考慮到兩者間DD的難度,因此做了immunohistochemistry stains,其中包含了cytokeratin, vimentin, S100 protein, CEA and EMA的比較.

CK	positive in both squamous and non-squamous areas
EMA	positive in both squamous and non-squamous areas
Vimentin	non-reactive (缺少 myoepithelial histogenesis)
S100	non-reactive (缺少 myoepithelial histogenesis)
CEA	positive in the squamous cells

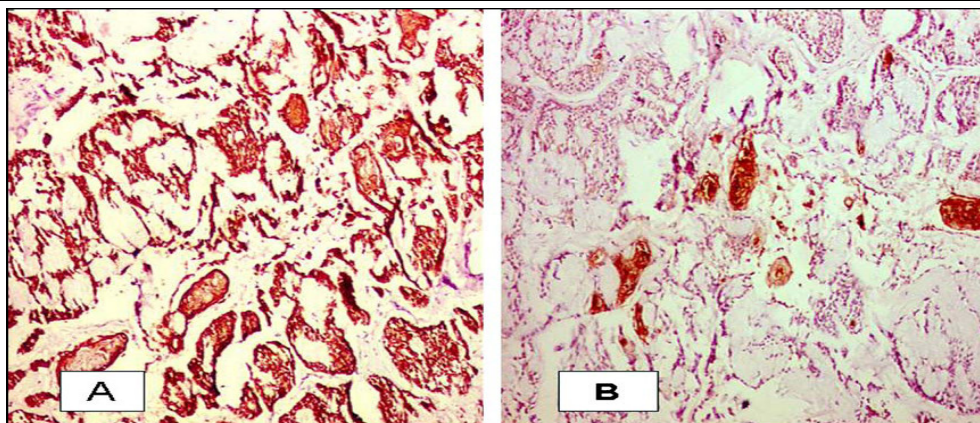


Figure 3 (A) CK positive in squamous and non-squamous areas and

(B) CEA positivity in the squamous areas

Discussion

Tumour長於base of tongue,又有adenoid cystic pattern的,有以下幾種：

(i) True adenoid cystic tumour of the salivary gland

起源是由small darkly stained uniform cells聚集成圓堆所組成, lumina of these spaces充滿著由myoepithelial cells所分泌 hyaline material or basement membrane material. 缺乏keratin. Immunohistochemistry ~ CEA : postivity only in the ductal

cells.

(ii) Mixed parotid tumour

是惡性腫瘤.惡性的部份可能可以是ACC.

(iii) Basaloid squamous carcinoma with adenoid cystic pattern

有solid nests of poorly differentiated cells in lobular form,很近的並排在mucosa表面. 這些細胞有scantly cytoplasm with dark hyperchromatic nuclei without nucleoli 以及small cystic spaces,與 adenoid cystic carcinoma相似.這種腫瘤永遠都有一部分的squamous component,去顯示典型squamous carcinoma.

當病例中adenoid spaces是很明顯的,則situ squamous component and keratin pearls 的出現是較支持診斷為squamous carcinoma.若缺乏上述這些特徵,則immunohistochemistry對區分二者很有幫助的→ACC常常會在basaloid cells一起表現 S100protein, actin, and vimentin, 而在60%–90% 的案例中, CEA只在ductal cells出現.

臨床的發現也有助於區分二者,BSC偏好hypopharynx, base of tongue, larynx or tonsil以及常伴隨cervical lymph node metastasis.

BSC的Stage, behavior and treatment 都與常見的squamous cell carcinoma.相似.常見之治療: Surgery with neck node dissection with or without radiotherapy.

本篇文章之目的~主要是爲了強調BSC and ACC兩者之間相似特徵的部份,以及immunohistochemistry的重要性,特別是當切片沒有keratin或situ squamous carcinoma component等特徵.

@整理~

	BSC	ACC
CK	positive in both squamous and non-squamous areas	
EMA	positive in both squamous and non-squamous areas	
Vimentin		在basaloid cells一起表現vimentin
S100	non-reactive (缺少 myoepithelial histogenesis)	S100protein, actin
CEA	positive in the squamous cells	在 60% – 90% 的案例中, CEA 只在 ductal cells 出現
臨床特徵	-situ squamous component and keratin pearls 的出現 -偏好 hypopharynx, base of tongue, larynx or tonsil -常伴隨 cervical lymph node metastasis	

題號	題目
1	下列何者非 Basaloid squamous carcinoma 在頭頸部好發的位置? (A) Base of tongue

	(B) Hypopharynx (C) Gingiva (D) Larynx or tonsil
答案 (C)	出處：Oral Oncology EXTRA (2006) 42, P. 229 BSC 偏好 hypopharynx, base of tongue, larynx or tonsil
題號	題目
2	下列病變中, S-100 protein 組織免疫染色呈陰性反應者為：
	(A) Granular cell tumor (B) Neurofibroma (C) Congenital epulis (D) Basaloid squamous carcinoma
答案 (D)	出處：Oral & Maxillofacial Pathology, 2nd Edition, 2002 p.466~458