Laryngeal Lymphoma: Before and After Chemotherapy

Arvind H Kate¹, HS Sandeepa¹, Sanjay Khare², Nilesh Lokeshwar³, Shishir Shetty⁴, Chandrashekhar Tulasigeri⁵, Prashant N Chhajed⁶

8 year old female with ischaemic heart disease admitted to critical care unit with worsening stridor and breathlessness because of large thyroid mass which was causing significant tracheal luminal compromise. Computed Tomography of Chest showed tracheal narrowing to about 4 mm. Tracheostomy tube placement was difficult due to large size of thyroid mass. She underwent emergency total thyroidectomy in view of worsening stridor. Histopathology (Figure 1) and immunohistochemistry showed high grade Non Hodgkin’s lymphoma [Large cell, B cell phenotype, CD 20 and CD 45 positive]. Flexible bronchoscopy which was done before decannulation of tracheostomy showed large cystic lesion in the left aryepiglottic fold with vocal cord oedema (Figure 2). Patient received prephase chemotherapy with Cyclophosphamide, Vincristine and prednisolone [COP regimen] in the post operative period. This was followed by 6 cycles of R-CEOP [Rituximab, Cyclophosphamide, Etoposide, Vincristine and Prednisolone]. Anthracycline was avoided as patient had ischaemic heart disease with LVEF of about 35%. Recheck bronchoscopy showed resolution of cystic lesion and normal vocal cords (Figure 3).

Learning Points

1. Extranodal lymphoma involving larynx is extremely rare and account for less than 1% of all laryngeal neoplasms.
2. Most lymphomas involving the larynx involve other sites like salivary glands, thyroid, nasopharynx and tonsils.
3. Historically radiotherapy has been the primary modality of therapy for these tumours but we believe that the chemotherapy also has a role in the treatment.

References