

## CASE REPORT

# Baso-Squamous Carcinoma of Submandibular Gland and Its Management: A Rare Case Report

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## ABSTRACT

**Introduction:** Baso-squamous carcinoma is a very rare disorder. Seromucinous glands with infiltration of the underlying stroma by malignant carcinomatous cells is the basic histological picture.

**Case report :**Case report with complete review of other studies along with comparative findings and different management approaches during the study period was taken in account. The presentation and procedures to differentiate the carcinoma from other diseases was done. It was found that local resection of the tumour and post-operative radiotherapy was a better plan of management.

**Conclusion:** Local resection of the tumour and post-operative chemo-radiation is a better plan of management.

**Keywords:** Basosquamous Carcinoma, Submandibular Glands and Management

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## INTRODUCTION

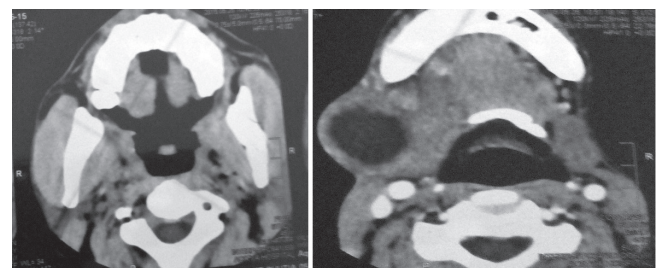
Basosquamous carcinoma is a very rare neoplasm with features being intermediate between squamous cell carcinoma and basal cell carcinoma. Seromucinous glands with infiltration of the underlying stroma by malignant carcinomatous cells is the basic histological picture that

is generally seen. It is a newer identity. Although BSC is usually distinguishable in routine H&E staining, immunohistochemistry is helpful in differential diagnosis of BSC. They are positive for pancytokeratin AE1/AE3 and high molecular weight cytokeratin 34 $\beta$ E12. Ber EP4 is positive for BSC. The treatment of choice should be wide local excision of the cancerous tissue and post-operative chemoradiation.

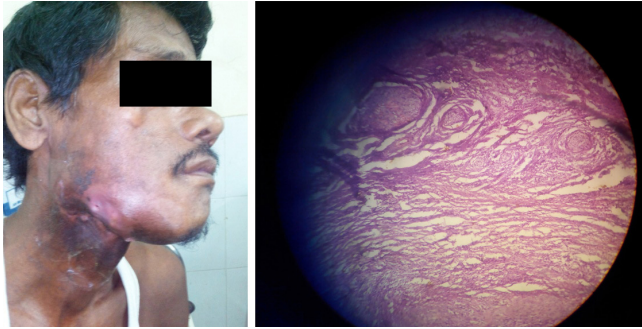
## CASE REPORT

A 45 year old male presented to the out patient department, Department of Otolaryngology and Head and Neck Surgery, Assam Medical College, Dibrugarh, Assam, India, with a chief complain of swelling over the right side of neck.

His blood pressure was 120/70 mm of Hg. Laboratory data were as follows: Hb 12.9 mg/dl, white blood counts 6,400 per mm<sup>3</sup>, ESR 10 mm AEFH, Differential count N<sub>76</sub>L<sub>24</sub> M<sub>00</sub>B<sub>00</sub>E<sub>00</sub>, random blood sugar 84 mg/dl, urea 24mg/dl, creatinine 0.84mg/dl, SGOT 32 IU, SGPT 16 IU and platelet count 2.25 lac/mm<sup>3</sup>. His FNAC report showed moderate groups of degenerated epithelial cells, few lymphocytes, polymorphs in a background of abundant mucinous material. In Fig.1-2 CECT SCAN OF THE NECK, we can see that a large lobulated central non-enhancing cystic lesion is noted in right submandibular space without the glandular substance. It shows mild irregular peripheral post contrast enhancement also. Few smooth enhancing septae are noted within the lesion. No enhancing solid area is noted. The mass lesion measures 76mm(CC) x 60mm(AP) x 74mm(TR). No cyst wall calcification



**Figure-1** CT Scan of the neck; **Figure-2:** CT scan of the neck



**Figure-3:** Post - irradiated area of the neck; **Figure-4:** HPE Showing basosquamous carcinoma.

is noted. No significant cervical lymphadenopathy is noted. In Fig.3 We can see that resection was done and chemoradiation given. Fig 4. The histopathological examination showed seromucinous glands with infiltration of the underlying stroma by malignant carcinomatous cells. The patient had post irradiation side effects with a fistula. The patient is under continuous follow up.

## DISCUSSION

Baso-squamous carcinoma is a very rare disorder. Seromucinous glands with infiltration of the underlying stroma by malignant carcinomatous cells is the basic histological picture. Clinically, most BSCs are located in the head and neck, mainly on the nose and in the auricular and periocular regions. BSC is usually a slow-growing tumor and the low rate of correct diagnosis of BSC is probably due to small biopsy specimens.<sup>6</sup> Moreover, BSC has a nonspecific clinical presentation and diagnosis is made only after biopsy.<sup>7</sup> Excision is probably the best treatment,<sup>7</sup> and surgical margins should be wider than those for low-risk BCC due to the infiltrative growth pattern of this tumor. Concerning the surgical treatment, it has been discovered that a significant proportion of excised BCC demonstrates histological positive-surgical margins. This high incidence of positive-surgical margins for excised BCC may be caused by the irregular infiltration of these tumours. As a result, the surgeon cannot clinically detect the subclinical spread. So, the inadequate excision of a BCC and of the MTC (BSC) that is clinically similar is possible. Furthermore, the more appropriate margin is still controversial for the BCC, as it is for the MTC. Studies report wide ranges of surgical margins, ranging from 2 to 10 mm or more, for BCC due to the clinical difficulties in judging the margins of basal cell carcinomas.<sup>8</sup> Different studies with a 3 to 5 mm margin for primary BCC excisions report incomplete excisions of

about 4% for either basal cell or squamous cell carcinoma, only in cases with clear clinical tumour margins as for the nodular basal cell carcinoma.<sup>8</sup> Nevertheless, high recurrence rates are reported despite wide local incision,<sup>6</sup> making complete excision essential. Post operative radiotherapy can be a promising approach.

## CONCLUSION

This rare tumour should always be differentiated from other tumours of same lineage and should be soon operated and post-operative radiotherapy be given.

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