

Volume 6, No. 1 (Supplement)

June 2011

ISSN 1823-2140

The
National University
with an
INTERNATIONAL REACH



UNIVERSITI
KEBANGSAAN
MALAYSIA
National University of Malaysia

MEDICINE & Health

The Official Journal of The Faculty of Medicine UKM

7th Malaysia Indonesia Brunei Medical Sciences Conference "TOWARDS A HOLISTIC AND INTEGRATIVE APPROACH IN HEALTHCARE"



22nd - 24th July 2011

Equatorial Hotel, Bangi, Selangor,
MALAYSIA

officiated by

Y.B Datuk Rosnah Haji Abdul Rashid Shirlin
Deputy Minister of Health Malaysia

Organised by



LYMPHOEPITHELIAL CARCINOMA OF THE PAROTID GLAND: A RARE TUMOUR

Fereshteh A, Nordashima AS, Noraidah M, Sri Ganesh K

Department of Pathology, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia.

Background:

Lymphoepithelial carcinoma (LEC) are rare tumours of the salivary glands with higher frequency of parotid and slight female predominance. This tumour is particularly common in Asians and native Alaskan Eskimos but can involve any geo-ethnic group. The patients range in age from teenagers to the elderly. Cervical lymph node involvement, which may be extensive, is seen in 10-40% of cases at presentation. As with its nasopharyngeal counterpart, nasopharyngeal carcinoma, which is much more common with similar morphology, this tumour is also strongly associated with EBV, as can often be demonstrated by in situ hybridization.

Case history:

A 26-year-old Malay male presented with multiple enlarged cervical lymph nodes for two months which was rapidly increasing in size. Initial clinical impression was tuberculosis and he underwent a Trucut-needle biopsy of the cervical lymph node.

Histopathological examination:

A strip of tissue infiltrated by malignant cells arranged in syncytial islands separated by a lymphoid stroma. The malignant cells possess indistinct cell borders, lightly eosinophilic cytoplasm, pleomorphic cells with vesicular nuclei and prominent eosinophilic nucleoli. Immunohistochemical studies revealed the malignant cells were positive for CK and CK5/6 but negative for LCA. In situ hybridization for Epstein-Barr virus (EBV) was interpreted as strongly positive. Thus a diagnosis of undifferentiated carcinoma most likely from nasopharyngeal carcinoma (NPC) was made and correlation with clinical, radiological and ENT examination was recommended. CT scan findings revealed an enlarged parotid mass with no evidence of a nasopharyngeal lesion and further biopsies from the nasopharynx showed no evidence of malignancy. Given the radiological features of a parotid lesion and the absence of a nasopharyngeal lesion, LEC was the new working diagnosis and the patient underwent radical neck dissection, which confirmed the primary parotid gland as the origin.

Conclusion:

Since LEC and NPC are morphologically indistinguishable and both are strongly associated with EBV, the diagnosis of LEC can be challenging and it is important to examine and biopsy the nasopharynx thoroughly before accepting the salivary gland tumour as primary LEC.

Keywords:

lymphoepithelial carcinoma, nasopharyngeal carcinoma, parotid gland