LETTER

Metastatic tumors to the head and neck region: a fifteen-year-long retrospective study

Dear Editor,

Metastatic tumors of the head and neck represent an exceptionally rare pathological entity which constitutes 1 % of the total number of malignant tumors in the region[1]. The most common primary tumors that metastasize in the head and neck region are the lungs cancer in men and breast cancer in women[2].

We retrospectively studied all patients treated in our department with head and neck cancer from 2000 until 2015. Out of the 2,834 patients with histopathologically confirmed malignant head and neck tumors, 18 patients (0.6 %) had metastatic mass from a distant primary tumor. In these patients (mean age 67.5 years, 6 women, 12 men), we recorded the site and histopathology of the primary tumor, as well as the biopsy confirmation of the histopathology of the metastatic tumor mass and absence of other primary malignancy in the head and neck region following thorough clinical and imaging examination. We excluded from the study patients with metastatic carcinoma of an unknown primary tumor, patients with known distant primary (confirmed pathohistology) whose general medical condition contraindicated a biopsy confirmation of the head and neck metastatic tumor, as well as patients with histopathologically diagnosed myeloma, lymphoma, and leukemia. Demographic data of the 18 patients, including the site of the primary tumor, site of metastasis, time of metastasis after initial diagnosis, status on the last follow-up, and treatment, are shown in Table 1.

In spite of their low incidence, metastatic tumors of the head and neck represent a particular clinical challenge for head and neck surgeons and pathologists. Most patients are diagnosed in an advanced stage of the disease, and therefore, the prognosis is very poor, with survival ranging from 4-38 months. A detailed anamnesis, along with comprehensive clinical examination, appropriate imaging, and tissue biopsy for confirmation of both primary and metastasis are crucial in setting the correct diagnosis, and provide appropriate treatment.

References

1. Zhu LJ, Wang SQ, Jiang S, Wang QP, Feng H, Ye YK, et al. Retrospective review of patients with metastatic tumours in oral and maxillofacial region. Int J Oral Maxillofac Surg. 2017; 46 Suppl 1: 140.
2. Hirshberg A, Berger R, Allon I, Kaplan I. Metastatic tumors to the jaws and mouth. Head Neck Pathol. 2014; 8: 463-474.

Conflict of interest

Authors declare no conflict of interest.

Keywords: Metastatic tumors, head and neck, differential diagnosis, surgical treatment

Krasic D[1], Trajkovic M[1], Zivkovic N[2]

[1]Department of Maxillofacial Surgery
[2]Department of Pathology
Faculty of Medicine, University of Niš, Niš, Serbia

Corresponding author: Asist.dr Nikola Zivkovic, MD, PhD, Institute of Pathology, Medical Faculty, University of Niš, Blvd. dr Zoran Djindjic 81, 18000 Niš, Serbia, tel: +381631045645, e-mail: nikolazivkovich@gmail.com

Table 1: Demographic and clinical data of the 18 patients with metastatic head and neck mass from a distant primary tumor.

No	Gender /Age	Primary tumor localization	Site of metastasis	Time of metastasis after initial diagnosis (months)	Status on follow-up (months from metastasis)	Therapy
1	M/65	Lung	Mandible	18	Dead, 8	CT
2	M/58	Lung	Parotid gland	8	Dead, 18	S, CRT
3	F/55	Breast	Mandible	28	Dead,13	S, RT
4	M/54	Lung	Cheek	First clinical manifestation	Dead, 20	S, CRT
5	F/76	Breast	Tongue	10	Dead, 10	CT
6	M/68	Kidney	Mandible	First clinical manifestation	Alive, 18	S, RT
7	F/59	Breast	Mandible	12	Alive, 13	S, RT
8	M/65	Lung	Submandibular gland	8	Dead, 5	CT
9	F/60	Femoral region	Parotid gland	12	Alive, 10	CT
10	M/82	Colon	Mandible	17	Dead, 18	S, CRT
11	M/73	Lung	Maxilla	First clinical manifestation	Dead, 21	S, RT
12	M/65	Prostate	Floor of the mouth anterior segment	10	Dead, 11	S, RT
13	F/30	Uterus	Neck lymph nodes	12	Alive, 8	S, CT
14	M/78	Lung	Mandible	10	Dead, 4	CT
15	M/58	Colon	Tongue	15	Dead, 15	S, CRT
16	M/80	Lung	Maxilla	10	Dead, 8	CT
17	M/58	Liver	Mandible	15	Dead, 18	S, CRT
18	F/70	Breast	Hard palate	10	Dead, 12	S, RT

M: Male, F: Female, H & N: head and neck, S: Surgical resection, CT: Chemotherapy, RT: Radiotherapy, CRT: Chemoradiotherapy.