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SURGERY AS DEFINITIVE TREATMENT OF OROPHARYNGEAL LYMPHOMA

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Introduction: Oropharyngeal lymphoma (LO) is a rare presentation of extranodal non-Hodgkin lymphoma (NHL). More than half of extranodal lymphomas of the head and neck originate in Waldeyer's ring, the palatine tonsils being the most commonly affected organ, its origin being less common in the posterior pharyngeal wall. Presenting symptoms depend on location, the most common being dysphagia and odyno-dysphagia, followed by dysphonia, foreign body sensation, cough, or earache. The histological subtype of each lymphoma is decisive in the evaluation, treatment and prognosis of the patient.

Clinical case: An 88-year-old man with a history of ischemic heart disease, sigmoid neoplasia in complete remission and liver cirrhosis who presented for pharyngeal discomfort and on some occasions hemoptysis of months of evolution. Physical examination revealed a purplish-looking tumor in the left oropharynx that did not cross the midline and did not collapse the airway. A CT scan is requested showing an expansive exophytic lesion from the mucosa of the posterior, medial and left lateral wall of the oropharynx. No lymphadenopathy or visceromegaly were observed. A biopsy of the lesion was performed, leading to a possible hematological lesion. A Body-CT scan was requested, which ruled out multisystem involvement. The case was presented in the oncology committee and a complete surgical excision of the lesion was decided (to complete the histological study and with curative intent) with the possibility of associating radiotherapy in the surgical bed in case of tumor persistence. Complete excision of a large pedunculated tumor in the left lateropharyngeal wall was performed without incident. The new histological study was compatible with peripheral T cell lymphoma, NOS, Ki67 70%, focal positive for CD10 and CD4, positive for CD99 and negative for the rest of the markers studied. Postoperative PET / CT was performed without presenting hypermetabolic lesions. Given the age and comorbidities of the patient, it was decided to carry out a close follow-up.

Discussion: The differential diagnosis of a lesion in the posterior pharyngeal wall includes squamous cell carcinoma (being the most frequent histology), being able to observe all the other histological forms of tumors of the aerodigestive tract such as tumors of the minor salivary glands, sarcomas, lymphomas, among others. The diagnosis of extranodal non-Hodgkin lymphoma is based on the histological study of the tumor by biopsy. In several studies it has been concluded that Ki-67 is correlated with a clinical course and prognosis. Treatment of head and neck NHL usually consists of radiotherapy and chemotherapy, and surgery may be associated if the tumor is limited to an anatomical area. NHLs are highly chemosensitive tumors; however, in elderly and multi-pathological patients such as the one presented in this case, a complete excision of the tumor associated with close controls is associated with a complete remission of the disease, with fewer side effects and maintaining an adequate quality of life for the patient.