

INCIDENCE OF LYMPHOMAS IN HEAD AND NECK REGION

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ABSTRACT : *In the present study 100 cases of neck swellings were subjected to F.N.A.C. examination. 8 cases were found to be positive for lymphomas with 62.5% cases presenting as cervical lymphadenopathy. Median age of presentation was 48 years with preponderance of female patients. 57.2% of the patients presented in stage 1 of the disease.*

Key Words : HL, NHL

INTRODUCTION

Lymphomas are a heterogeneous group of disorders resulting due to malignant neoplastic changes in the lymphoid tissues. Lymphomas arise from stem cells B, T or histiocytic cells (Paul 1988). Broadly the lymphomas are divided into:

- (1) Hodgkin Lymphoma (HL)
- (2) Non-Hodgkin Lymphoma (NHL)

They are the second most common tumors in the head and neck region (Hermani 1994). Both HL and NHL present as lymphnode enlargement. The pathological hallmark of Hodgkin's Lymphoma is Reed-Sternberg cell. NHL is five times more frequent than HL in head and neck region (Kraut 1998). The incidence of lymphomas varies in different regions of the world. HL is commonest type in Jamaica followed by British and American countries whereas reticulum cell sarcoma exceeded all others types by a great majority in Japan (Anderson et al 1970).

MATERIAL AND METHODS

The study was carried out in 100 patients presenting with swelling in the neck or mass in the oropharynx. Thorough ENT examination and routine investigations (Hb, BT, CT, TLC, DLC and Urine complete examination) were done. Fine needle aspiration cytology of the accessible nodes was done. Those patients found to be positive for lymphomas were further subjected to histopathological examination of biopsy obtained from nodes.

OBSERVATIONS

Following observations were made (Table-I) :
Incidence of lymphomas among head and neck swellings was found to be 8 percent. 7 cases were of NHL and 1 case was of Hodgkin's disease.

- Incidence of lymphomas in different age groups. The median age of presentation was 48 years. 37.5% of the cases belonged to age group of 61-80 years. 2 each in the age group of 21-40 years and 41-60 years. One case belonged to age group of 0-20 years.

The study showed preponderance of female patients (62.5%).

Socio-economic status: 75% of the patients came from rural areas while 25% were urbanites. 75% of the cases belonged to middle socio-economic group. Symptomatology: As shown in Table I maximum number of cases presented with swelling neck (87.5%).

Site of Lesion: As shown in Table II, cervical lymph nodes were involved in 5 cases (62.5%).

Number of Nodes involved: one case (12.5%) showed involvement of Waldeyer's ring (Tonsils). 3 cases showed involvement of two nodes. Multiple nodes (more than 4) were involved in one case only.

Stage of presentation of disease: 4 cases presented in stage II, 2 cases in stage I and 1 case in stage III of the disease.

Table I : Inferences Drawn from the study

Lymphomas	8.00
Tuberculosis	35.00
Reactive hyperplasia	34.00
Squamous cell carcinoma deposits	9.00
Benign lesions of thyroid	5.00
Others like cysts, leukaemoid reaction	9.00

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Table II : Signs and Symptoms in patients of lymphoma

Symptoms	Number of patients	Percentage
Swelling neck	7	87.5
Abnormal growth in oral cavity	1	12.5
Pain in throat	2	25.0
Abnormal growth involving eyes	1	12.5
Difficulty in swallowing	2	25.0
Nasal obstruction	1	12.5
Weight Loss	2	25.0
Fever	2	22.0
Sweating	2	25.0

Table - III : Site of Lesion

Site	Number of Patients	Percentage
Cervical lymph nodes	5	62.5
Waldeyer's ring (Tonsils)	1	12.5
Orbit	1	12.5
Nasal cavity/sinuses	1	12.5

Various inferences drawn from the study are: Lymphomas 8%, Tuberculosis 35%, Reactive hyperplasia 34%, Squamous cell carcinoma deposits 9%, Benign lesions of thyroid 5%, others like leukaemoid deposits, cysts, lipoma were 9%.

DISCUSSION

The incidence of lymphomas was found to be 8 percent which is consistent with others studies like Gupta et al (1988) 10.1% Brauneis et al (1990) 13.0% and Maksymiuk et al (1994) 11.3%.

The median age of presentation was 48 years, which is consistent with Boussen et al (2001) and Rohrberg et al (1986).

Malignant lymphomas occur in both sexes but predominantly in men. But in the present study we found preponderance of female patients.

Predominance of female patients is also found in various studies by Freedman (1971) and Arican et al (1999).

In the present study patients were selected who presented

with mass in the neck for more than 2 months duration. Cervical glands were involved in 62.5% and Waldeyer's ring (12.5%), orbit (12.5%), nasal cavity and sinuses (12.5%), McNeils and Pai Vittal (1969) and Artese et al (1995) also reported incidence to be more in cervical glands.

The present study showed unilateral nodes involved in 28.5% of the patients which is in consistent with Urquhart et al (2001) reporting unilateral nodes involvement to be 24% in HD and 33% in patients of NHL.

The present study showed stage I involvement in 57.2%, stage II in 28.6% and stage III in 11.2% of patients which is consistent with study conducted by Barnes et al (1998) having reported 80% of patients in stage I and II at the time of presentation.

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LARYNGEAL MELANOSIS

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ABSTRACT : *We describe a case laryngeal melanosis in a 62 year old male. The pigmentation was visible on gross examination during laryngoscopy and histologically a single foci showing changes of carcinoma in situ was identified. The biopsy tissue, however did not reveal any frank changes of malignancy.*

Pigmentation of the larynx is not very common. It has been seen to occur in benign as well as malignant lesions and it can affect any part of the larynx. The pigment containing dendritic cells are present in the basal layer of squamous epithelium lining the laryngeal lumen. The presence of these pigment containing dendritic cells in the laryngeal mucosa and more generally, in non ectodermal sites, raises the problem of their histogenesis. The present paper deals with a case of diffuse melanin pigmentation of the laryngeal mucosa, observed in association with a focus of carcinoma in situ.

CASE REPORT

A 60 year old man developed hoarseness of voice since 6 months and pain on swallowing about a month prior to reporting to the Army Hospital. He had no systemic manifestations like fever, weight loss or loss of appetite. The past/present history did not reveal any significant information and family H/O tuberculosis was absent. General and Physical examination at the time of admission was non-contributory. The patient underwent laryngoscopic examination which revealed an intraluminal dark coloured growth in the left false vocal cord and medial aspect of aryepiglottic fold. The Vocal cords were normal. Biopsies were taken at random from the growth

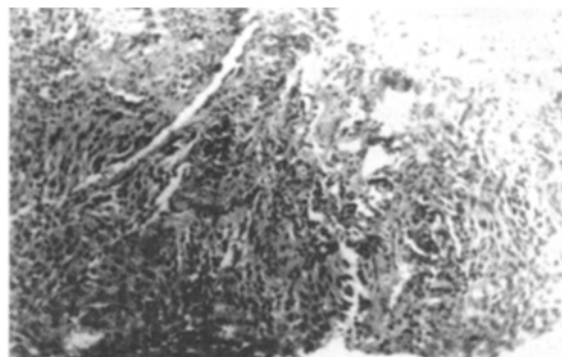


Fig. 1 : Carcinoma in situ changes in the epithelium along with basal layer pigmentation (H&E, X 100).

and sent for histological evaluation.

Histopathology

Microscopic examination of the H & E (Hematoxylin & Eosin) stained tissue sections revealed a lining of hyperplastic squamous epithelium with uniform pigmentation in the basal layer. Single focus, within the connective tissue stroma showed singly scattered, numerous pigment containing cells associated with changes of carcinoma in situ in the epithelium in that region (Fig I). The intracellular pigment stained positively with

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