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Solitary Muscular Recurrence of Nasopharyngeal Carcinoma

El-Amin Marnouche¹, Halima Abahssain² and Nouredine Benjaafar¹¹Department of Radiation Oncology and Radiotherapy, National Institute of Oncology, Rabat, Morocco²Department of Medical Oncology, National Institute of Oncology, Rabat, Morocco**Corresponding author:** El-Amin Marnouche, Resident of Radiation Oncology and Radiotherapy, National Institute of Oncology, Rabat, Morocco, Tel: +212665096287; E-mail: elaminmarnouche@gmail.com**Received:** 06 January 2017; **Accepted:** 10 January 2017; **Published:** 16 January 2017**Citation:** Marnouche EA, Abahssain H, Benjaafar N. Solitary Muscular Recurrence of Nasopharyngeal Carcinoma. Arch Can Res. 2017, 5: 1.

Case Presentation

A 55-year-old Moroccan man was treated, two years ago, for nasopharyngeal carcinoma (UCNT: undifferentiated carcinoma of nasopharyngeal type) staged as T2 N2c M0 according to the seventh edition of the American Joint Committee on Cancer.

The patient received an initial dose of 50 Gy (2 Gy per fraction) and a boost dose of 20 Gy to the primary site by three-dimensional conformal radiation therapy. After prophylactic irradiation to neck lymph nodes (level II to V), electron therapy was used to deliver a boost dose of 18 Gy (3

Gy per fraction) to the cervical lymphadenopathies. Concomitant chemotherapy based on cisplatin was administrated to the patient.

The patient presented with 6-month history of painless swelling of the left lateral thoracic wall. Physical examination revealed a firm 5 cm mass, fixed to the deep plane. Computed tomography (CT) of chest showed a soft tissue mass, with necrosis, involving the left serratus anterior muscle (87 mm × 55 mm × 36.7 mm). This process involved partially the body of the 6th rib and the contiguous pleura with respect to lung parenchyma (**Figure 1**).

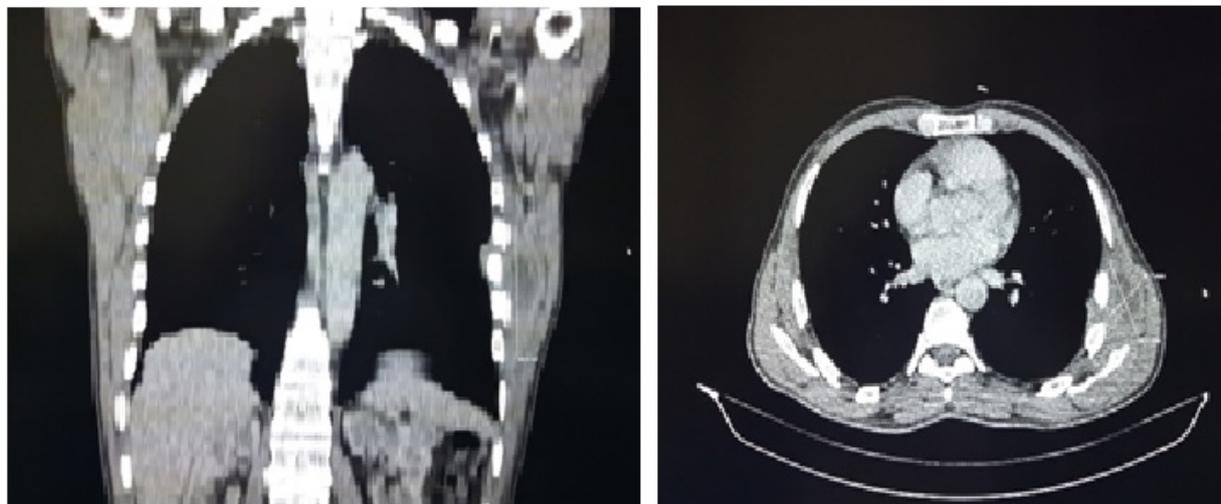


Figure 1 Coronal and axial thoracic CT showing a soft tissue mass involving the left serratus anterior muscle.

Biopsy of the mass was performed and the diagnosis of undifferentiated carcinoma of nasopharyngeal type was confirmed by Immunohistochemistry study [Anti-CK (cytokeratin) 7: negative/ Anti-CK 20: negative/ Anti LMP1 (latent membrane protein): negative/ Anti-P63: positive].

No other recurrences were revealed by bone scan, MRI of head and neck and hepatic ultrasonography. Therefore, patient received palliative chemotherapy with local therapy if shrinkage mass.