

## MULTIPLE PRIMARY CANCER OF THE HEAD AND NECK

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Multiple primary cancers of the orodigestive tract are rare. They arise denovo or as a consequence of malignant transformation of linking mucosa, a benign cyst or tumour. A 66-year old male patient with multiple primaries in the left and right side of the mandible and oesophagus is described. Patient refused surgery for primary lesions, therefore all the primaries were treated by radiotherapy. Patient is keeping well for the last 14 years and is still under follow up.

### INTRODUCTION

Primary intra-osseous carcinoma (PIOC) is rare and arises with the jaw bones. The following classification of PIOC of the jaw is currently in use.<sup>1</sup>

#### Types:

- 1: PIOC ex-odontogenic cyst.
- 2A: Malignant Ameloblastoma
- 2B: Ameloblastic carcinoma arising de novo exameloblastoma or exodontogenic cyst.
- 3: PIOC arising de novo
  - (a) Keratinizing type.
  - (b) Non-keratinizing type.
4. Intra osseous (central) muco epidermoid carcinoma to qualify as PIOC.

There must be no initial connection with oral mucosa, overlying skin, or antral or nasal mucosa. The possibility that the lesion represents a metastasis from a distant primary must be ruled out by physical and radiologic examination and the subsequent clinical course.<sup>2</sup> To date, only five cases have been reported in which malignant transformation in kerato-cyst has been seen.

This report describes primary intraosseous squamous cell carcinoma arising in the either side of the retro-mandibular area and also arising de novo from lower oesophagus.

### CASE REPORT

A 65-year male was presented in the outdoor clinic with pain and swelling of the right mandible of seven weeks duration. Examination revealed an expansile mass that involved the right mandible and extended from 2nd premolar to ascending ramus of the mandible. Examination of the head and neck failed to reveal any other abnormalities and no enlarged lymph nodes were palpable. The biopsy specimen was reported as squamous cell carcinoma. Patient refused surgery, therefore, radiotherapy was advised, 50 grays in divided dosage was given.

After eight years (1988), the patient presented again with pain and swelling of

the left side of the mandible. On examination there was a white lesion in the left retro-molar trigone region. Examination of the head and neck failed to reveal any other abnormalities and no enlarged lymph nodes were palpable; the biopsy was confirmed as squamous cell carcinoma. The patient again refused surgery and, therefore, radiotherapy was repeated. Patient felt relief.

Patient returned to outpatient clinic in October 1992, complaining of difficulty in swallowing for the last 2–3 weeks, associated with pain in the right mandible. On examination, there was a small white lesion on the right retro-molar trigone. No other abnormality of the head and neck or enlarged lymph nodes were found; biopsy from the right mandible showed recurrent squamous cell carcinoma. Fibre-optic oesophagoscopy was also performed. There was an enlarged fungating mass in the lower part of the oesophagus; the biopsy report showed squamous cell carcinoma. Single dose intracavity radiotherapy was given to this lesion. The patient is keeping well and is still under follow up.

## DISCUSSION

Squamous cell carcinoma of the head and neck is complicated by a second primary carcinoma of the oesophagus or lung in 10–40% of patients.<sup>3</sup> Routine panendoscopy will identify a simultaneous second primary in 9–14% of the patients.

Metachronous second cancers most often involve the oesophagus or lung where as synchronous second cancers are more common in the head and neck, as occult lesions for higher risk subgroups. Second primary cancers occur in 4% of the patients per year.

In the present case, three primaries, two in the mandible and the third in the oesophagus have been found. Literature review shows that only one similar case has

been reported, where the multiple primaries, in the head and neck, oesophagus and lung have been described<sup>3</sup> and this is the second case. In this case, multiple primaries in either side of the mandible and oesophagus have been found.

In cancer of the floor of the mouth, the mortality rate is 5–6% per year. Risk is dependent on the stage of the first primary, and the survival impact is the greatest in groups of patients treated in the early stage of the disease. Head and neck cancer usually results from heavy use of tobacco and alcohol for many years, and the same agents are directly responsible for the second and third cancer of the upper oesophageal tract.

All head and neck cancer patients should be advised to avoid these agents. The clinician must diagnose and treat second cancer to extend the survival of patients with a good prognosis for control of the initial head and neck cancer.

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