Carcinosarcoma of the Oropharynx

Carcinosarcomas are neoplasms which contain both carcinomatous and sarcomatous histological elements (Talbert Cantrell 1963). They were first described by Virchow in 1864. A review of literature available with the author has failed to reveal a mention of occurrence of carcinosarcoma in ENT region. The rarity of the case has prompted the report of the case.

**Case Report**

Z. 9-year-old Hindu female was admitted on 6.12.68. in the E.N.T. Ward of All India Institute of Medical Sciences Hospital, New Delhi. The chief complaint of the patient was gradually progressive difficulty in breathing for the past 10 days. She had been having difficulty in swallowing for solids and liquids for the last 1½ months and a sensation of a foreign body in the throat for 3 months. Past and family history did not reveal anything significant.

**Examination**

General Physical Examination
- Pulse 110/minutes regular, good in volume and tension.
- Respiratory Rate 35/ minutes.
- Temperature 99°F
- Blood pressure 90/60 mms. of Mercury.

The examination revealed an average built, poorly nourished, ill-looking child having inspiratory stridor.

Local Examination
- The examination of ears and nose did not show any abnormality.
- Throat - The mouth was kept open, lips were dry, tongue was coated and orodental hygiene was poor. There was a large, lobulated, granular, spherical mass of about 5 cms X 3 cms size; covered with dirty white slough, having a broad based attachment to the lateral pharyngeal wall on the right side and occupying most of the hypopha-
rynx and hanging down and pushing the epiglottis posteriorly. It was firm and non tender.

Systemic Examination
Nil significant.

Management
Emergency tracheostomy to maintain the airway, direct laryngoscopy and biopsy from the mass was done on 6.12.68 at 4 P.M.

At 8 P.M. on the same day patient coughed out a large pedunculated tumour about 4 cms X 2 cms (Fig.1). The biopsy piece and the coughed out tumour mass are submitted for histopathology.

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Treatment:- A dosage of 2000 rontgen units was given as palliative radiotherapy.

Progress:- At the time of discharge on 27.12.68, the tumour had completely regressed but the lateral and posterior pharyngeal wall was showing radiation reaction.

A follow up of the patient after 5 months did not reveal any mass in the pharynx. However there was a white colored area of fibrosis at the original site of the tumor.

The patient has not been decannulated so far because of the fear of recurrence of the tumor.

Comments
Carcinosarcomas are most frequently seen in uterus and breast but examples of such lesions are also noted in other sites, including lungs, oesophagus, and nasal cavity (Newman & Vellios, 1964).

The tumors demonstrate a striking tendency to present as polypoidal, non ulcerated lesions which are only superficially invasive and metastasise late in the course of disease as is seen in the present case. Clinical picture is variable depending upon the site. There are no specific symptoms or signs.

The nature and origin of these tumors is obscure and some confusion has arisen concerning their characteristics (Stout, Humphrys & Rottenburg, 1949). They present a perplexing and controversial problem because of the apparent similar presence of both the carcinomatous and the sarcomatous elements (Talbert & Cantrell, 1963).

Theories of origin of carcinosarcomas may be summarized as follows:

i) Collision tumors composed of two independently developing tumors that invade one another.

Fig. 1 Tumor coughed out.