

SMALL CELL CARCINOMA OF EXTERNAL AUDITORY CANAL: A CASE REPORT

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Extrapulmonary small cell carcinoma arising from head and neck is extremely rare. We report a 51-year-old woman with small cell carcinoma of right external auditory canal. A wide excision surgery was performed. Right side neck lymph node metastasis was found after operation. She underwent chemotherapy with 6 courses of cisplatin and etoposide. The posttreatment CT scan of head and neck disclosed complete remission of lymphadenopathy and no local recurrence of primary tumor. Then she received local radiotherapy using IMRT technique with 60 Gy in 30 fractions to tumor bed and 54 Gy in 30 fractions to regional lymphatics. The treatment course of radiation was completed smoothly. However, the patient developed liver metastases during the radiotherapy course and then died 12 months after the initial diagnosis. We believe that although radiotherapy have benefit for local control, chemotherapy is of the most importance for extrapulmonary small cell carcinoma.

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Key words: Small cell carcinoma, Extrapulmonary, External auditory canal, Radiotherapy

INTRODUCTION

Small cell carcinoma (SCC) is a distinct clinicopathologic entity that usually arises in the lung but can also originate in a wide range of extrapulmonary sites. However, extrapulmonary SCCs are very uncommon. The first description by Duguid and Kennedy in 1930 was of the disease occurring in the mediastinum [2], and since then various sites of extrapulmonary SCC has been reported [4, 10]. These tumors have been described most frequently in the urinary bladder, prostate,

esophagus, stomach, colon and rectum, gallbladder, larynx, salivary glands, cervix, and skin. In addition, SCC will occasionally present with metastatic disease, and a primary site cannot be identified (small cell carcinoma of unknown primary). We report an extremely rare case of SCC which arising from the external auditory canal.

CASE REPORT

A 51-year-old woman presented with otalgia of right ear and bloody otorrhea for