

Case Report

Metastatic Extra-gonadal Germ Cell Tumor Appearing as a Neck Mass

Pei-Shih Chen¹, Yi-Shing Leu^{1,2,3*}, Chih-Ming Huang⁴, Johnson-Lin⁵, Yu-Jan Chan⁶

¹Department of Otolaryngology-Head & Neck Surgery, Mackay Memorial Hospital, Taipei, Taiwan

²Mackay Medicine, Nursing and Management College, Taipei, Taiwan

³National Defense Medical Center, Taipei, Taiwan

⁴Department of Otolaryngology-Head & Neck Surgery, Mackay Memorial Hospital, Taitung, Taiwan

⁵Department of Hematology/ Medical Oncology, Mackay Memorial Hospital, Taipei, Taiwan

⁶Department of Pathology, Mackay Memorial Hospital, Taipei, Taiwan

Abstract.

Extragenital choriocarcinoma usually presents in the midline of the body, such as the anterior mediastinum, pineal gland, sacrococcygeal region and retroperitoneum. Extragenital choriocarcinoma may metastasize to retroperitoneal lymph node, lungs, liver, bone and brain. Metastasis to neck mass is exceedingly rare. We report a rare case of a 25-year-old male who had neck and intra-abdominal masses as the initial manifestation of extragenital choriocarcinoma. The patient received five courses chemotherapy of regimen EMA/CO and four courses of BEP. The patient was found with no evidence of disease progression or development of new symptoms in during follow-up.

Keywords : cervical metastasis, choriocarcinoma, extragenital germ cell tumor

病例報告

以頸部腫塊表現的轉移性生殖細胞癌

陳佩詩¹ 呂宜興^{1,2,3*} 黃志銘⁴ 林炯森⁵ 陳瑜珍⁶

¹台北馬偕紀念醫院 耳鼻喉科

²馬偕醫護管理專科學校

³國防醫學中心

⁴台東馬偕紀念醫院 耳鼻喉科

⁵台北馬偕紀念醫院 血液腫瘤科

⁶台北馬偕紀念醫院 病理科

中文摘要

性腺外絨毛膜癌好發於年輕之男性，常見的分布位置為身體中線，依機率高低為縱膈腔、松果體區、骶尾骨區、後腹膜腔，而肺、肝、骨頭及腦部為其常見轉移部位，轉移至頭頸部並不常見。在所有轉移至頭頸部的原發惡性腫瘤中，最常見的還是頭頸部癌症及惡性淋巴瘤，絨毛膜癌轉移至頭頸部相當罕見，根據文獻報導只有零星幾例病例報告。本科於 2008 年 12 月，經歷一位 25 歲男性因近一個月來腹部疼痛至內科

求診無效，安排腹部超音波發現肝門附近多處淋巴結腫大，而後轉介至血液腫瘤科行進一步檢查，理學檢查發現左側頸部淋巴結腫大併頸部腫塊。經由本科進行頸部淋巴結切片術後， β -HCG 相當高(H 46508.0 mIU/mL, 參考值 males: < 0 -5 mIU/mL)，AFP(399.31 ng/mL, 參考值 < 6.00 ng/mL)及 LDH(H 1468IU/L, 參考值範圍 98-192 IU/L)確有高於血中正常濃度，確定病理報告為轉移性絨毛膜癌。陰囊超音波檢查並無發現腫塊跡象。病患於 2009 年一月至七月陸續接受九次化學治療(五次 EMA/CO 療程，四次 BEP 療程)，現仍持續追蹤中。因為病例罕見，特提出報告。

關鍵字: 頸部轉移、絨毛膜癌、性腺外生殖細胞瘤

INTRODUCTION

Extragenital germ cell tumors usually present along the midline of the body, such as the anterior mediastinum, pineal gland, sacrococcygeal region and retroperitoneum [1]. They characteristically, according to priority, metastasize to retroperitoneal lymph node, lungs, liver, bone and brain. Metastatic neck mass is exceedingly rare [2]. Here, we report a rare case of neck metastasis and intra-abdominal mass as the manifestation of extra-gonadal choriocarcinoma.

CASE REPORT

A 25-year-old male patient initially suffered from lower abdominal pain for one month. He was a non-smoker, and there was no history of trauma, fever, hoarseness, or dysphagia. He took medication prescribed by other physicians, but symptoms did not improve. Abdominal sonography revealed splenomegaly and abdominal lymphadenopathy (multiple echoic nodules noted in the hepatic hilar area, with the largest one about 2.4x2.4 cm). Esophagogastroscope showed two shallow ulcers, and there was a ridge lesion at the lesser curve site of the antrum, suspected to be a submucosal tumor or fold. The patient was referred to the hematologist for further survey. Otolaryngologic examination revealed no other pathologic

findings other than neck masses. Two masses in the neck were located on the left supraclavicular fossa (level VB), with sizes of 0.3x0.5 cm and 1x0.5 cm, respectively. The masses were firm, hard, and affixed to the surrounding structures. Neck mass excision was performed. Histologically, the tumor was composed of multiple groups of neoplastic cytotrophoblasts and syncytiotrophoblasts in lymph nodes (Figure 1A). The tumor cells were positive for the following stains: cytokeratin 7, cytokeratin 20, human chorionic gonadotropin, human placental lactogen, placental alkaline phosphatase, neuron-specific enolase, alpha inhibin, and alpha fetoprotein immunostainings (Figures 1B and C). The histological findings were consistent with metastatic choriocarcinoma. Serum AFP (399.31 ng/mL), HCG (46508.0 mIU/mL) and LDH (11468IU/L) levels were high. Testis and scrotum echo were performed and showed bilateral varicocele (left > right). Computed tomography scan of the abdomen revealed enlarged lymph nodes in the celiac axis, para-aortic region and bilateral iliac chains (Figure 2). Final diagnosis was extra-gonadal choriocarcinoma of the retroperitoneum. Standard cisplatinum-based chemotherapy plus additional secondary surgery for residual mass are the basis of the treatment strategy for extragenital germ cell tumor [1]. First, this patient received five courses of combination chemotherapy with regimen EMA/CO (Etoposide, Methotrexate, Dactinomycin, Leucovorin calcium, Cyclophosphamide, Vincristine) as treated with female gestational choriocarcinoma. However, the patient seemed not to respond well to the regimen, because the HCG level still

*Corresponding author: Yi-Shing Leu M.D.

*通訊作者：呂宜興醫師

Tel: +886-2-25433535 ext.2208

Fax: +886-2-25433642

E-mail: lys@ms2.mmh.org.tw