中文摘要

患者罹患鼻咽癌發現遠處轉移的傾向相當高而且預後不佳。常見遠處轉移的位置有骨骼、肺臟、肝臟及遠端淋巴腺。患者一旦發生遠處轉移後，主要的治療方式轉變為緩和性的化學治療。我們經歷一例 53 歲男性，原先有腦溢血、高血壓、胃潰瘍的病史，不幸罹患鼻咽癌。患者鼻咽癌且局部侵犯到兩側頸部第二區至第五區淋巴腺及右側鎖骨上方區域。全身骨骼掃瞄發現左肩、胸椎及第 11 根肋骨有顯影增加現象，可能是多發性骨轉移。腹部檢查發現在胰臟附近有腫瘤壓迫到肝臟，在電腦斷層導引下執行長針抽吸，病理報告和鼻咽切片相同，屬於未分化細胞癌，癌症分期為 IVC 期(cT2bN3M1)。患者接受 4 個療程的化學治療，目前已經存活 6 個月。

關鍵字: 癌症、鼻咽、轉移、後腹腔

INTRODUCTION

Nasopharyngeal carcinoma (NPC) is a non-lymphomatous carcinoma originated from the epithelial lining of the nasopharynx. This cancer is frequently seen at the pharyngeal recess posteromedial to the medial crus of the Eustachian tube opening. The cancer is a rare disease in most countries, with incidence of less than one per 100,000 population. The disease occurs with much greater frequency in southern China, northern Africa and Alaska [1]. The incidence of nasopharyngeal carcinoma in Taiwan is 97.1 per million population in males and 36.3 in females with 1530 victims in 2005 [2]. The incidence remains high among Chinese people who have immigrated to other countries, but is lower among Chinese people born in these countries. This finding suggests that genetic, ethnic, and environmental factors could have a role in the cause of nasopharyngeal cancer. We present a case of NPC with distant metastases in distant lymphadenopathy.

CASE REPORT

A 53-year-old man who had history of old cerebral vascular attack, hypertension and gastric ulcer presented with right neck swelling for months. Bloody-tinged sputum was occasionally found without active oozing. Due to the progressively enlarged, painful neck mass, he visited one of our outpatient clinics of otolaryngology for help. Indirect nasopharyngoscopy showed a huge, easily oozing mass in the nasopharynx and normal anatomy in the hypopharynx and larynx. Biopsy was performed via rigid sinoscopy. Also, elevated Epstein-Barr virus (EBV) titer of viral capsid antigen (EBV-VCA IgA) to 80.20 was noted. The patient denied nasal obstruction, anosmia or body weight loss. Nasopharyngeal specimen was shown to be as undifferentiated carcinoma (Figures 1, 2).

A tumor survey is routinely performed in our hospital after pathology has been confirmed. These examinations include chest radiography, abdominal sonography, whole body bone scan and magnetic resonance imaging (MRI) in the head and neck areas. The chest films of this patient showed mild cardiomegaly due to hypertension. MRI revealed nasopharyngeal carcinoma compatible with prior biopsy, and bilateral multiple lymphadenopathy at level II to V and right supraclavicular nodes (Figure 3). Bone scan showed bony uptake of radioactivity at the left shoulder joint, thoracic vertebra (T6/T11) and left posterior 11th rib. Bone metastasis could not be ruled out, though 20-year duration of weight-bearing job was noted (Figure 4). The abdominal sonography and tomography revealed an intraabdominal mass around

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