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ORIGINAL ARTICLE

Clinico-pathological Profile of Head and Neck Tumours with Intracranial Extension

Profil clinicopathologique des tumeurs de la tête et du cou avec extension intracrânienne

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ABSTRACT

BACKGROUND: Intracranial extensions of Head and Neck region tumours are a result of direct spread, into the brain and meninges, of tumours arising in the pharynx, paranasal sinuses, orbit, middle ear, scalp, skull and neck tissues. Presenting features may resemble those of an intracranial mass, or the contiguous structure of origin, or both. Delayed diagnosis is not uncommon when patients are not able to afford diagnostic imaging or when the possibility of an intracranial extension is not readily considered in the evaluation of patients with head and neck lesions.

AIM: To highlight the important histologic entities in the head and neck region presenting as intracranial mass lesions.

METHODS: This was a retrospective database study of tumours in the head and neck region with extension into the cranial cavity.

RESULTS: We present 13 patients with intracranial extension of tumours from contiguous structures. There were 7 males and 6 females. Age ranged from 16 to 80 years. Mean age of the patients was 48.92 ± 19.13 years. Specific histologic entities included: nasopharyngeal carcinoma, olfactory neuroblastoma, squamous cell carcinoma, rhabdomyosarcoma and adenoid cystic carcinoma, amongst others

CONCLUSION: Early and accurate diagnosis requires a raised awareness of tumours in the head and neck region; their likelihood to invade the cranial cavity; and a familiarity with the likely presentation. Multidisciplinary approach is needed when clinical and radiological features are suggestive of mass lesions breaching the skull and invading the brain from adjacent structures. Confirmation of clinical suspicion by histology is essential. WAJM 2021; 38(2): 131–136.

Keywords: Head and neck cancer, intracranial neoplasms, Neuropathology, surgical pathology.

RÉSUMÉ

CONTEXTE: Les extensions intracrâniennes des tumeurs de la tête et du cou sont le résultat de la propagation directe, dans le cerveau et les méninges, de tumeurs apparaissant dans le pharynx, les sinus paranasaux, l'orbite, l'oreille moyenne, le cuir chevelu, le crâne et les tissus du cou. Les caractéristiques actuelles peuvent ressembler à celles d'une masse intracrânienne ou à la structure contiguë d'origine, ou aux deux. Il n'est pas rare que le diagnostic soit retardé lorsque les patients n'ont pas les moyens de se payer l'imagerie diagnostique ou lorsque la possibilité d'une extension intracrânienne n'est pas facilement envisagée dans l'évaluation des patients présentant des lésions de la tête et du cou.

Objectif: Mettre en évidence les entités histologiques importantes dans la région de la tête et du cou se présentant comme des lésions de masse intracrâniennes.

MÉTHODES: Il s'agissait d'une étude rétrospective de base de données sur les tumeurs de la région de la tête et du cou avec extension dans la cavité crânienne.

RÉSULTATS: Nous présentons 13 patients présentant une extension intracrânienne de tumeurs provenant de structures contiguës. Il y avait 7 hommes et 6 femmes. L'âge variait entre 16 et 80 ans. L'âge moyen des patients était de $48,92 \pm 19,13$ ans. Les entités histologiques spécifiques comprenaient entre autres : le carcinome nasopharyngien, le neuroblastome olfactif, le carcinome épidermoïde, le rhabdomyosarcome et le carcinome kystique adénoïde.

CONCLUSION: Un diagnostic précoce et précis nécessite une meilleure connaissance des tumeurs dans la région de la tête et du cou, de leur probabilité d'envalir la cavité crânienne et de leur présentation probable. Une approche multidisciplinaire est nécessaire lorsque les caractéristiques cliniques et radiologiques suggèrent des lésions de masse qui percent le crâne et envahissent le cerveau à partir des structures adjacentes. La confirmation de la suspicion clinique par l'histologie est essentielle. WAJM 2021; 38(2): 131–136.

Mots-clés: Cancer de la tête et du cou, néoplasmes intracrâniens, neuropathologie, pathologie chirurgicale.

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Abbreviations: