

MALIGNANCY OF THE TONSIL IN YOUNG ADULTS — REPORT OF TWO CASES

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SYNOPSIS

Malignant neoplasms of the tonsils are rarely seen in young adults. Two such cases are discussed in detail in regard to their presentation and management.

INTRODUCTION

Lumba et al (1) reported that malignancy of the tonsil comprise 1.7% to 3% of all cancers but among the neoplasms of the upper respiratory tract they are second in frequency only to those of the laryngopharynx. Teloh (2) stated that malignancy of the tonsil constitute 22.2% of all pharyngeal cancers. Johnston et al (3) came to the conclusion that malignant tumours arising from the tonsil are moderately common among higher age group but are rarely encountered in people under forty years of age. The reports on the subject are limited to case records only. The largest series of 11 cases of squamous cell carcinoma in young adults observed since 1944 to 1977 has been published from the M.D. Anderson Hospital, Houston Texas. An attempt has been made, in this series to compare the events among younger and elderly persons.

The present paper deals with two rare cases of carcinoma of the tonsil in young adults with encouraging results.

DISCUSSION

The occurrence of carcinoma of the tonsil among young adults is rare. Ten year old records of SRN Hospital Allahabad, India also revealed only two such cases among teenagers. Malignancy tonsil have more frequently been seen in higher age groups. The two cases reported above were 17 years and 20 years old males. This is in confirmity with the opinion of Scalon et al (4) as they have claimed carcinoma of the tonsil, irrespective of the age groups, is predominantly a disease of males.

Johnston et al (3) have found that case histories of their cases when reviewed retrospectively indicated lack of suspicion of tonsillar cancer on the part of the patient and physician. It did hold true for patients but definitely not for medical personnel as both of our cases were diagnosed clinically as malignant on their first visit to the hospital. The only explanation for such a difference could be that both of our cases were first seen and diagnosed by ENT specialist who are familiar with such lesions whereas it might have not been so in their series.

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Case Records

	Case No. 1	Case No. 2
Name	B.K.	M.P.
Age	17 years	20 years
Sex	Male	Male
Date of 1st examination	21.7.1976	2.9.1976

Duration of symptoms varied from 2 to 8 months in our cases. This much delay on the part of patient is acceptable specially in our part of the world where people are illiterate in larger rural population who are in habit of avoiding medical check ups particularly for mild symptoms of recent origin. Johnston et al (3) have also quoted delay in diagnosis. They observed eleven months lapse as an average.

Usually clinical presentation is quite clear cut. However, rarely the cases of malignancy tonsil may present abnormally as also claimed by Rajapaksa (5). The case pre-

sented as parapharyngeal abscess and was later on diagnosed as carcinoma of the tonsil in young Malay men. Presentation of our cases was specific and pertaining to the site of lesion and thus were easily diagnosed.

Usually cases of carcinoma of the tonsil in young adults belong to higher clinical staging than elderly patients (3).

In their series 91% of cases of younger age had nodal metastasis on their first visit to the hospital with 35% neck glands in stage two. This is truly applicable in one of our case only who presented with fixed neck glands on the side of lesion. Lumba et al (1) have also reported most of their cases fell in stage III or IV.

Histology of these lesions is usually squamous cell carcinoma. However, out of two only one was squamous cell carcinoma whereas remaining one was anaplastic carcinoma. Such variations are usually acceptable.

Johnston et al (3) have quoted that the response rates to radiotherapy alone were excellent among cases of carcinoma of tonsil in young adults with early clinical staging as compared to the late stages who ultimately died. Lumba et al (1) had said that extensions of tonsillar lesions to the adjacent tissues has been labelled as a sign of bad omen

Case Records

	Case No. 1	Case No. 2
Complaints with duration	Difficulty in swallowing.) 8 months	Lump oral cavity.)
	Change in voice.) 2 months	Dysphagia.) 2 months
	Pain in the throat.)	Swelling neck.)
Local Examination:		
Presentation	Cauliflower growths 1½" x 1".	Excavating ulcer 2" x 1½".
Site	Right tonsil (T2).	Right tonsil (T4).
Extent	Limited to tonsillar fossa.	Involving the tonsil, soft palate and lateral pharyngeal wall.
Other features	Firm, indurated with bleeding tendency. (Fig. No. 1)	Firm, indurated. Covered with slough (Fig. No. 3)
Neck glands	Not palpable. (No)	Big secondaries. Right side fixed. (N2)
Histopathology	Squamous cell carcinoma.	Anaplastic carcinoma (Fig. No. 4).
Treatment	DXT (5000r) Good response to radiotherapy but developed skin reaction (Fig. No. 2).	Co60 (5000r) Primary site + secondary site.
Follow-up.	No recurrence even after 4 years of follow-up	No recurrence in the tonsillar area up to 1 year of follow-up. Secondaries neck although reduced in size are persisting. Died after 2 years.



Fig 1 — Photograph showing the growth in the right tonsillar region coming out of the pillars and extending up to the midline.

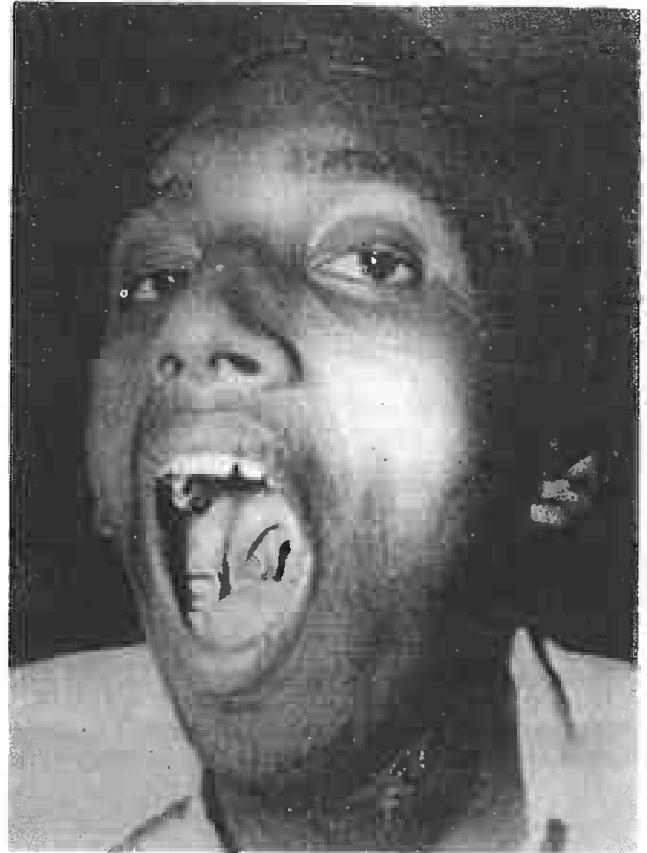


Fig 2 — Photograph showing the post-radiation severe skin reaction in the neck and complete disappearance of growth with only a small tonsillar tissue well within the pillars.

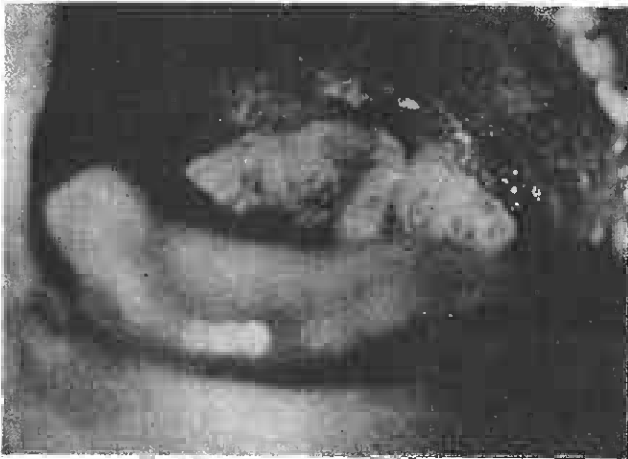


Fig 3 — Photograph showing irregular growth arising from right tonsil and occupying the oropharyngeal isthmus.

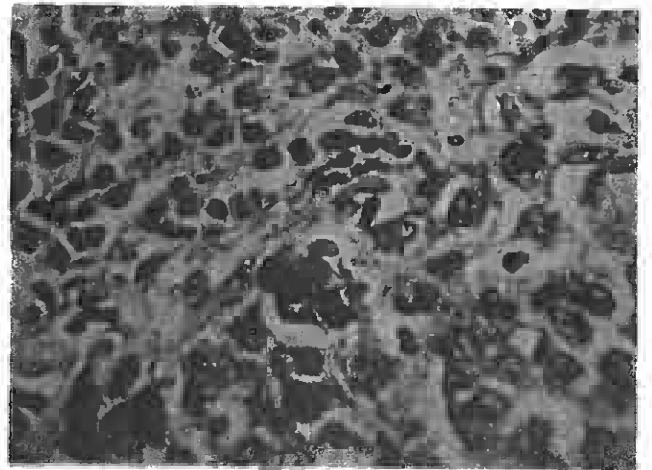


Fig 4 — Microphotograph of anaplastic carcinoma tonsil showing marked atypia of the nuclear chromatin and prominent mitotic activity.

with poor prognosis.

Surgery has also been given a fair trial but with no success. Both of our cases were treated with radiotherapy alone with satisfactory response up to one year of follow-up period. Later on the case No. 2 died whereas case No. 1 was progressing well up to 4 years follow-up. Johnston et al (3) have also advocated planned combined treatment in young adults with long lasting results. We have no material to support or comment on this mode of therapy.

REFERENCES

1. Lumba SP, Mirola A, Verma SK: Carcinoma of the tonsils—study of 43 cases. *I.J.L.O.* 1973; Vol. XXV: 108-11
2. Teloh HA: Cancer of the tonsil. *Archives Surgery* 1952; 65: 693-701.
3. Johnston WD, Beyers RM: Squamous cell carcinoma of tonsils in young adults. *Cancer (Philad)* 1977; 39: 632-6.
4. Scalon PW, Gee, VR, Erich JB, Williams HL: Carcinoma of the palatine tonsil. *Amer J Roentgen* 1958; 80: 781-6.
5. Rajapaksa ACP: Carcinoma of the tonsil presenting as parapharyngeal abscess. *Journal of Laryngology and Otology* 1977; 11: 993-5.