

METASTATIC CLEAR CELL CARCINOMA OF THE NOSE — A CASE REPORT

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SYNOPSIS

A case of metastatic clear cell carcinoma of the nose is presented. The rarity of such a condition is noted. The difficulty of histological differentiation between primary and metastasis is emphasized. The awareness of the potential primary sites is reinforced.

INTRODUCTION

Among the many causes of epistaxis such as trauma, sinusitis, rhinitis, hypertension and haemorrhagic tendency, tumour of the nose be it primary or metastatic must be included.

This paper reports a case of metastatic clear cell carcinoma of the nose presenting with epistaxis as the sole symptom.

CASE REPORT

T.P.S., an 84 year old Chinese man, attended the ENT Clinic in Tan Tock Seng Hospital in November 1984 presenting with a first episode of profuse epistaxis from the right side of the nose.

He has diabetes and a past history of a right total nephrectomy with ureterectomy carried out in 1982 in T.P.H. for a tumour of the lower pole of the kidney. The histology was reported as clear cell carcinoma.

On examination of nose; a huge, smooth, red polyp was seen arising from the lateral wall of the right anterior nasal space. The left anterior nasal space, post-nasal space, oral cavity, larynx and hypopharynx were normal. X-ray of the sinuses revealed opacity in the right antrum and ethmoidal sinuses due to obliterative infection. No bony erosion was detectable. His chest X-ray was normal. Ultrasonic screening revealed a normal left kidney. I.V.P. was considered unnecessary by the radiologist. Other investigations consisting of blood urea, creatinine, PT, PTT, platelet count and urinalysis were normal.

A biopsy of the nasal polyp was carried out. The histology turned out to be clear cell carcinoma. As he has a past history of a similar carcinoma in the kidney, the nasal tumour is considered a metastasis, though there is a lap of two years between the two presentations.

He was referred for D.X.T. of the nose.

DISCUSSION

Primary malignant tumours of the nose are rare, accounting for about 0.12% of all body tumours. Metastatic tumours of the nose are even rarer. Friedmann (4) in a study of metastatic tumours in the ear, nose and throat found that 80% of metastatic tumours in the nose and sinuses arises from a primary in the kidney. The majority of them was clear cell carcinoma.

Clear cell carcinoma of the nose may either arise from the minor salivary glands in the nose or be im-

planted as metastasis arising from a primary in the kidney, thyroid gland, sweat glands or uterus.

Primary clear cell carcinoma of the minor salivary glands may develop in the nasal cavity, paranasal sinuses, oral cavity or larynx; sites where minor salivary glands are found. It is malignant and has a tendency to infiltrate locally and metastasize to regional lymph-nodes. Histologically, it consists of large uniform cells arranged in a distinctly acinous pattern with abundant clear cytoplasm and relatively small nuclei, (1, 2, 3).

Clear cell carcinoma of the kidney has variably been designated as renal cell carcinoma, renal cell adenocarcinoma, granular cell carcinoma, hypernephroma and Grawitz tumour. It arises from the renal parenchyma. It has a tendency to invade lymphatics and renal vein and metastasize to the lungs, liver and bone but very rarely to the nose.

Histologically, it is difficult to differentiate between primary clear cell carcinoma of the minor salivary glands of the nose and metastatic clear cell carcinoma arising from a primary in the kidney. The surest way is to clinically exclude a primary in the various potential sites.

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