

FP 7 Adenoid Cystic Carcinoma of the Nasal Ala

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Abstract

Background:

This is a case of Adenoid Cystic Carcinoma of the Nasal Ala and this report aims to discuss its clinical presentation, diagnosis, and management

Methods:

Design: Case Report

Setting: Tertiary Government Hospital

Patient: One

Results:

A 60 year-old male consulted with a one-year history of slowly enlarging mass on the left nasal ala. Physical examination findings revealed a 2cm x 1.5cm x 1cm solitary firm brownish-black nontender left nasal alar mass with regular borders topped with scales and crusts with friable areas. Incision biopsy was done at our institution which revealed findings consistent with that of a cutaneous adenoid cystic carcinoma. Adenoid cystic carcinoma (ACC) is commonly found as a minor salivary gland tumor; however there are only 70 reported cases of cutaneous origin. Due to this unexpected histologic finding, literature search and review of presentation, diagnostics, and management was done. The patient underwent excision of ACC with reconstruction using nasolabial flap.

Conclusion:

ACC is an uncommon malignancy comprising of 10-15% of all head and neck tumors and is most commonly located in the minor salivary glands. It occurs so rarely in the skin that there have only been 70 reported cases in the English literature. Current recommended management for cutaneous ACC is wide excision with tumor free margins. However, some case reports suggest that Moh's micrographic surgery might have better treatment outcomes. The role of radiotherapy has been well established in ACC of minor salivary glands, but its role in the treatment of cutaneous ACC is still uncertain.