

## ABSTRACT

### **FP 25: Intratracheal Mass: Adenoid Cystic Carcinoma**

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**Heading:** Tracheal neoplasms are rare, accounting for only 1% of all malignancies, but the impact on the individual is generally severe. It is occurring in less than 2 out of 1,000,000 persons per year representing less than 0.1% of cancer death and only 10% of these cases are Adenoid Cystic Carcinoma (ACC) or previously called as cylindroma.

**Background:** A 39-year old, male, who came in for consult on December 2016 with a chief complaint of productive cough for 3 weeks duration with yellowish sputum, shortness of breath, and undocumented fever. Patient was initially managed medically but CT scan showed well-defined polypoid mass arising from the right lateral wall of the upper trachea at the level of the cricoid cartilage, with both intraluminal and extraluminal components. Bronchoscopy with biopsy which revealed Atypical glandular proliferation, possible benign mixed tumor of minor salivary gland origin, and advised for surgery.

**Method:** Patient underwent Elective tracheostomy, Isthmusectomy, Tracheal Resection with Intratracheal Mass and Closure with Sternothyroid Flap.

**Results:** Patient tolerated the procedure well and was able to decannulate 2 weeks after the procedure. But in this case, patient was advised for observation and no chemotherapy nor radiation therapy is required.

**Conclusion:** With this case, the desire of patient to be relieved from symptoms were achieved and just currently being monitored for recurrence.

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