

CASE REPORT

Cervical Carcinoma of Unknown Primary Site

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Abstract

Cervical carcinoma of unknown primary site is a condition characterized by the presence of a metastatic lymph node neck mass in the absence of the primary tumor, despite extensive diagnostic procedures. This condition affects more often male patients with a history of tobacco and alcohol abuse or human papilloma virus (HPV) or Epstein-Barr virus (EBV) chronic infection. The detection of the primary tumor and identification of the histopathological type have a key role in the management of patients with unknown primary tumors. Treatment is multimodal, including surgery, radiotherapy and chemotherapy.

Keywords: cervical carcinoma, head and neck cancer, unknown primary site, cervical metastasis.

Introduction

Carcinoma of unknown primary site (CUP) is a type of cancer where the primary tumor cannot be detected despite extensive diagnostic procedures and follow-up [1]. Head and neck cancer of unknown primary site (HNCCUP) represents approximately 5-10% of all the cases with carcinoma from occult primary site and 2-5% of all head and neck malignancies [2]. The most frequent histological type is squamous cell carcinoma (SCC) followed by adenocarcinoma, undifferentiated carcinoma and melanoma [2,3]. HNCCUP affects more often male patients with a history of addiction to tobacco and alcohol, although a proportion of the cases may include non-smokers with high-risk types of human papilloma virus (HPV) chronic infection of the oropharynx [4,5]. The diagnostic procedures should be aimed at establishing the histopathological

type of the cervical tumoral mass and detecting the primary site [1].

The pathogenesis of CUP is a multi-step process that involves molecular pathways like oncogene over-expression, angiogenesis activation, evasion of apoptosis and immune destruction, gene mutations, tissue invasion and widespread dissemination through circulation, which are not yet fully understood [5,6]. The most common genetic mutation involves the TP53 tumor suppressor gene [5]. The diagnostic approaches aim at establishing the histopathological type of the cervical tumoral mass and detecting the primary site [7]. The diagnostic protocol must include a pan endoscopy of the upper aerodigestive tract, with directed biopsies and bilateral tonsillectomy and PET-CT examination [7-10].

Information regarding the consumption of alcohol and tobacco, history of previous radiation, occupational hazards, facial or