



TRAUMATIC EOSINOPHILIC GLOSSITIS PRESENTING WITH PRIMARY AS SARCOMATOID CARCINOMA

Nitin Nangare., Vipin Tewani and Ajay Agarwal

306, kusum Square, Malkapur, karad , Satara

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ABSTRACT

Introduction: Traumatic Eosinophilic glossitis also called as Riga-Fede Disease is a condition characterized by an ulcer with an indurated and elevated border. It is often associated with trauma.

Presentation: A 60 years old female residing at Dhaisar, came to Krishna hospital, Karad with chief complains of ulceroproliferative growth on left side of tongue since 2 months. Growth was insidious in onset, progressive in nature and not associated with pain. Patient was operated in Krishna hospital, Karad on 13/08/2018. Surgery – Wide local excision with Left sided neck dissection done.

Discussion: Sarcomatoid (Spindle cell) carcinoma is an unusual variant of squamous cell carcinoma. It also called pseudosarcoma, collision tumor and pseudosarcomatous carcinoma. It is a biphasic tumour composed of both elements sarcomatous and carcinomatous. The mean age at presentation was 58 years with a range of 14-87 years. Male more commonly involved than female.

Conclusion: The spindle cell component may resemble many lesions, ranging from benign reactive ones like radiation-induced granulation tissue to malignant lesions like fibrosarcoma. Therefore, to establish a correct diagnosis, any clue of epithelial component should be carefully sought in suspected lesions.

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INTRODUCTION

Traumatic Eosinophilic glossitis also called as Riga-Fede Disease is a condition characterized by an ulcer with an indurated and elevated border. The lesion might be tender, fast growing and patient often not be aware of any trauma in the area. It occurs commonly on ventral tongue. It is often associated with trauma. However, other causes as drugs, inherent predisposition, immune reaction, or lymphoproliferative disorder.

Case Report

A60 years old female residing at Dhaisar, came to Krishna hospital, Karad with chief complains of ulceroproliferative growth on left side of tongue since 2 months. Growth was insidious in onset, progressive in nature and not associated with pain. Patient is a known case of hypertension and bronchial asthma and on treatment. On Clinical Examination, a single lesion measuring 4x2cms in size, irregular shape, located left lateral border of tongue – 4cms from tip of tongue with irregular margins and induration extending to 1cm around the lesion. No cervical Lymph nodes palpable on examination.

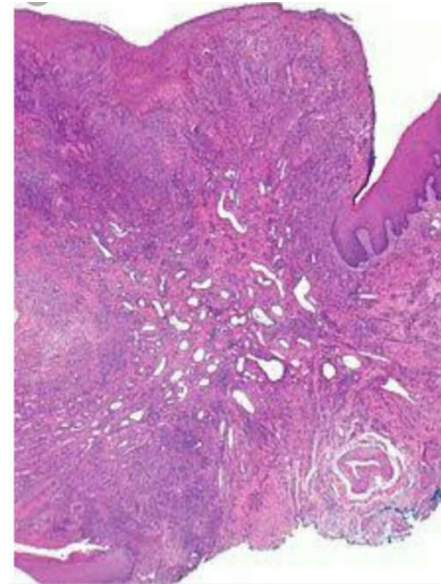
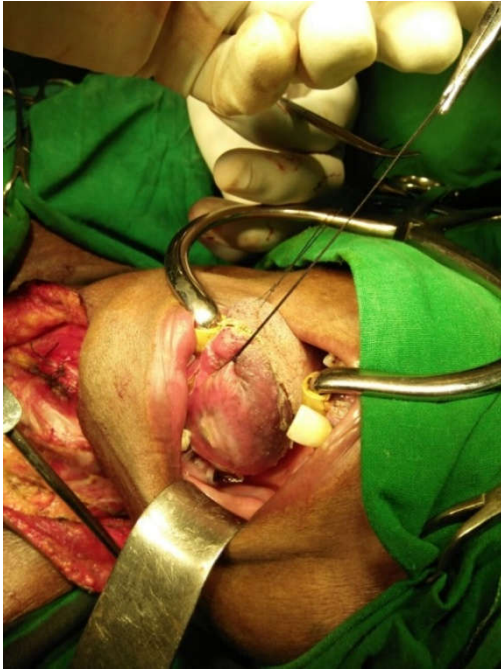
Patient came with biopsy report (031155/CR) of TATA MEMORIAL, Hospital Mumbai dated 09/07/2018 favour Sarcomatoid Carcinoma. Patient also had MRI neck report dated 19/06/2018 suggestive malignant lesion of 5x2x3 cm on left lateral border of tongue with left level Iib lymph nodes involved.

Patient was operated in Krishna hospital, Karad on 13/08/2018. Surgery – Wide local excision with Left sided neck dissection done. Specimen sent for Histopathology to Pathology department, Krishna hospital, karad. HPR (B/6863/18) reported on 27/08/2018 suggestive of features of traumatic eosinophilic glossitis with ulceration and pseudoepitheliomatous hyperplasia, margins free from tumour, lymph nodes (nos. 32) not involved.

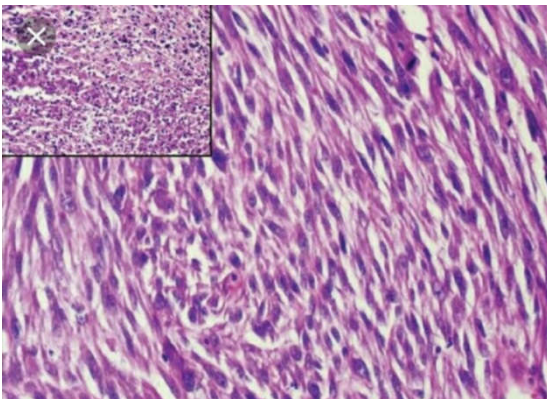
*Corresponding author: **Nitin Nangare**

306, kusum Square, Malkapur, karad , Satara

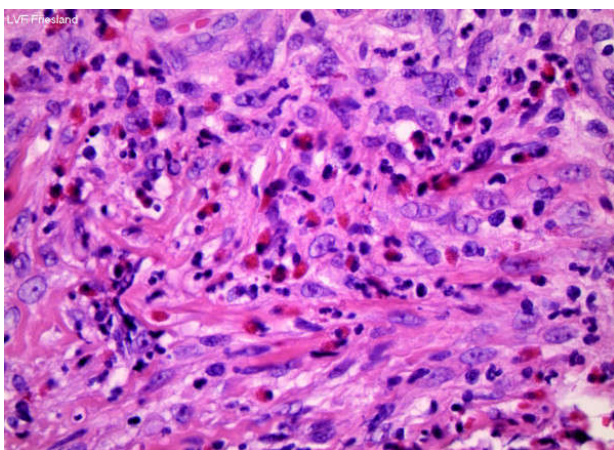
Intraoperative Photograph



Microscopic pictures



A Sarcomatoid carcinoma



B Traumatic eosinophilic glossitis

DISCUSSION

Sarcomatoid (Spindle cell) carcinoma is an unusual variant of squamous cell carcinoma. It also called pseudosarcoma, collision tumor and pseudosarcomatous carcinoma. It is a biphasic tumour composed of both elements sarcomatous and carcinomatous. The mean age at presentation was 58 years with a range of 14-87 years. Male more commonly involved than female. This is more common in the larynx than in the oral cavity and oropharynx. It is rarely arise from tongue. Predisposing factors are smoking, alcohol consumption and previously irradiation of head neck region. Sarcomatoid carcinoma is a poorly differentiated variant of squamous cell carcinoma. It is have an aggressive behavior. Despite several immunohistochemical, electron microscopic, and genetic studies, precise histogenesis of it is quite controversial.

The spindle cell component may resemble many lesions, ranging from benign reactive ones like radiation-induced granulation tissue to malignant lesions like fibrosarcoma. Therefore, to establish a correct diagnosis, any clue of epithelial component should be carefully sought in suspected lesions. There are different theories have been proposed to explain histogenetic nature of spindle cells. According to these theories is that spindle cells and epithelial cells are arising simultaneously from separate stem cells, the nature of the spindle cell component as an atypical reactive proliferation of the stroma and cells of both spindle and epithelial components have the same monoclonal origin, and "dedifferentiation" or "transformation" to spindle cells has been occurred. Histochemical and ultrastructural studies showed that spindle cells presented same characteristics with epithelial cells.

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