



A Case of Glottic Cancer Masquerading as A Vocal Polyp – Case Report

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Introduction

Glottic cancer could present as leukoplakia, erythroplakia or a mass with ulceration or rough, irregular mucosa surface. Rarely did glottic cancer presenting as benign vocal polyp. Here we presented a case of glottic cancer masquerading as a vocal polyp.

Case report

A 58y/o man had hoarseness for 6 months. He was referred to our OPD after clinics visit. We found a wide base polyp-like lesion with smooth epithelial lining appearance at left vocal fold on laryngoscope exam. He had habits of smoking and drinking. The initial impression was benign vocal polyp. He accepted laryngeal microscopic surgery. Unexpectedly, pathology revealed squamous cell carcinoma. We've arranged series exam for staging purpose. He started radiotherapy since Aug. 2011.

Discussion

Besides risk factors such as smoking, the vocal lesion morphology was also a hint for malignancy suspicion. Vocal fold cancer is suspected if leukoplakia, erythroplakia or ulcerated mass was noted. In recent European published journal¹, the precancerous lesions were divided into two category – red laryngitis and white laryngitis. Both red laryngitis and white laryngitis were further subdivided into three forms. Despite the different presentations, to our best knowledge, this is the first case of benign looking glottic cancer reported in English literatures. There was one case report of a vocal cancer that was obscured by a prominent vocal fold polyp which was only noted during microlaryngoscopy exam². There was also another case report of an unusual giant, pediculated polyp which was later proved as a metastasis of the colic adenocarcinoma³. However, from the pictures in the journals, the malignant lesions all presenting as rough mucosa surface despite polypoid appearance. There was no case of benign vocal polyp-like malignancy reported. Though there are imaging techniques such as autofluorescence endoscopy, contact endoscopy and endoscopic high-frequency ultrasound for helping detect laryngeal cancer

or precursor lesions, they are not widely used.

Conclusion

This was the first case of a glottic cancer masquerading as a benign vocal polyp with smooth mucosa. This unusual presentation alerts us to the suspicion of malignancy if there are risk factors such as age>40 and smoking. It also emphasizes the importance of a microlaryngoscopy examination and biopsy.

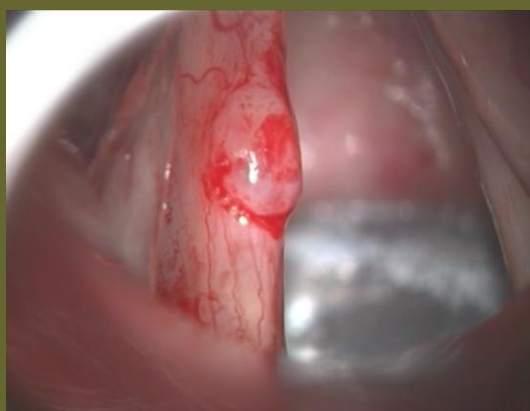


Fig. 1 Microlaryngoscopic view revealed left vocal wide base polyp-like lesion with smooth epithelial lining.

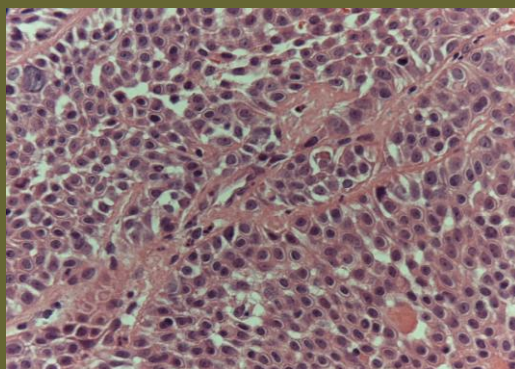


Fig. 2, Squamous cell carcinoma, left vocal cord. H&E, 400X

Reference

1. Schultz P. Vocal fold cancer. Eur Ann Otorhinolaryngol Head Neck Dis 2011
2. Soyly L, Aydogan B, Tunali N, Ozsahinoglu C. Report of a rare case of vocal fold carcinoma that was obscured by a prominent vocal fold polyp Ear Nose Throat J. 1999 Aug; 78(8):601-2
3. Matar N, Georges L, An unusual giant polyp of the vocal fold Otolaryngol Head Neck Surg. 2010 Jun;142(6):911-2.