ADENOID CYSTIC CARCINOMA OF EXTERNAL AUDITORY CANAL: A RARE CASE

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INTRODUCTION

Primary malignancies of the external auditory canal (EAC) are extremely rare with more than 80% being squamous cell carcinomas and adenoid cystic carcinoma (ACC) accounting for approximately 5%. These tumours are associated with a high risk of recurrence and significant morbidities from surgical management and adjuvant radiotherapy.1,2

CASE PRESENTATION

We reported 40 year old female patient with complaints of hearing loss in the right ear. There is a lump in the right ear canal that has been felt for approximately 6 months. The results of the tuning fork confirmed by audiology showed that Auris Dextra conductive hearing loss were moderate. The result of gustatorik test is decreasing senses of salty and bitter senses, result for schimmer test is orbita dextra shorter 5mm than orbita sinistra and result for sensory test is decreasing for mandibula dextra nerve. CT Scan results show bilateral mastoiditis. MRI result mass residues in the auditory canal media dexstra which extend to the internal auditory canal extend to nasopharyng and mastoiditis dexstra. The patient performed tympanoplasty and mass resection. The results of Anatomical Pathology examination is adenoid cystic carcinoma.

DISCUSSION

Adenoid cystic carcinoma (ACC) incidence arisen from the external auditory canal (EAC) is very rare, around 5%, while the other 80% become squamous cell carcinoma. Therefore, adenoid cystic carcinoma originating from the external auditory canal is very rare.3,4 The average age for ACC was reported in the fifth decade, and was twice as common in women compared to men. The majority of patients present with unilateral ear pain. Patients also complain of hearing loss at a later stage because there was a mass in the EAC. These complaints are found in these patients.5 Wide/deep incisional biopsy should be performed in each external auric canal with lesions. Three ACC growth patterns have been described: cribiform, tubular, and solid. Differential diagnosis of ACC includes tumors that also show tubular and cribiform structures such as polymorphous low-grade adenocarcinoma and myoepithelial cells such as pleomorphic adenomas.5,6

CONCLUSION

Malignant tumours of the EAC are rare and most are squamous cell carcinomas. ACC arising in the EAC is exceedingly rare, ACC has 3 main histological patterns: tubular, cribiform and solid. Tubular ACC has the best prognosis, whereas solid ACC has the worst prognosis. Surgery treatment consisted of excision of the EAC and the resulted for local eradication of the lesion.

REFERENCES


Fig. 1) Right ear seen the mass covered the ear canal so that the tympanic membrane of the right ear could not be assessed.

Fig. 2) CT Scan result show bilateral mastoiditis.

Fig. 3) MRI result mass residues in the auditory canal media dexstra.

Fig. 4) The preparation shows connective tissue fragments with tubular, cribiform,and trabecular tumors, infiltrative to the surrounding connective tissue.