A Case of Mycosis Fungoides in the Larynx and Pharynx

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Mycosis fungoides (MF) is the most common type of cutaneous malignant T-cell lymphoma, but reports of MF in the head and neck region are rare. We report herein on a case we experienced in which MF invaded the larynx and pharynx.

An 80-year-old man, who was seeing his dermatologist, visited a local hospital complaining of dysphagia, where a lesion in the epiglottis on the right aryepiglottic folds was discovered, and the patient was referred to our hospital for further examination. A biopsy of the area of interest confirmed the presence of MF and the patient was immediately sent for radiation therapy. Three months thereafter, an elevated MF lesion appeared on the posterior part of the tongue, so the patient underwent additional radiation therapy of the entire pharynx. Since no recurrence was seen 12 months after the end of the treatment regimen in our department, radiotherapy for potentially malignant lesions of the larynx and pharynx is suggested as a valid approach.

Keywords: mycosis fungoides, larynx, pharynx, radiation therapy

References

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Pretreatment laryngoscopic findings
A swelling lesion is seen in the epiglottis (*) and the right aryepiglottic folds (▲).

Postirradiation laryngoscopic findings
No evidence exists of any disease in the epiglottis and posterior part of the tongue.

View of the mouth
An MF lesion appears on the posterior part of the tongue.

MF case reports of head and neck lesions.

<table>
<thead>
<tr>
<th>Cases</th>
<th>Age</th>
<th>Sex</th>
<th>Symptoms</th>
<th>Location</th>
<th>Time till HNL</th>
<th>Therapy</th>
<th>Survival after diagnosis of HNL</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>72</td>
<td>M</td>
<td>Dysphagia, hoarseness</td>
<td>larynx</td>
<td>6 y</td>
<td>CRT: IFN-α, 2-deoxy-coformycin</td>
<td>3 m</td>
<td>Kuhn et al. (1992)</td>
</tr>
<tr>
<td>2</td>
<td>81</td>
<td>M</td>
<td>dysphagia</td>
<td>larynx</td>
<td>4 y</td>
<td>RT:27 Gy</td>
<td>2 m</td>
<td>Gordon et al. (1992)</td>
</tr>
<tr>
<td>3</td>
<td>54</td>
<td>M</td>
<td>Dysphagia, hoarseness</td>
<td>larynx-CE</td>
<td>9 m</td>
<td>RT:26 Gy</td>
<td>NA</td>
<td>Redleaf et al. (1993)</td>
</tr>
<tr>
<td>4</td>
<td>75</td>
<td>F</td>
<td>dysphagia</td>
<td>larynx, MS</td>
<td>1 y</td>
<td>CRT: IFN-α, vincristin RT:40 Gy</td>
<td>3 m</td>
<td>Lippert et al. (2002)</td>
</tr>
<tr>
<td>5</td>
<td>48</td>
<td>M</td>
<td>hoarseness</td>
<td>larynx</td>
<td>18 y</td>
<td>CRT: IFN-α, methotrexate RT:NA</td>
<td>NA</td>
<td>Maleki et al. (2010)</td>
</tr>
<tr>
<td>6</td>
<td>80</td>
<td>M</td>
<td>dysphagia</td>
<td>MP-larynx</td>
<td>18 y</td>
<td>RT:40 Gy at larynx, 46 Gy at MP</td>
<td>13 m</td>
<td>Present case</td>
</tr>
</tbody>
</table>

HNL: head and neck lesion, CE: cervical esophagus, MS: maxillary sinus, MP: mesopharynx, NA: information not available