

Case Report

Surgery

# Advanced Nasopharyngeal Carcinoma without Cervical Lymphnodes

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## Abstract

Nasopharyngeal carcinoma (NPC) is the most frequent malignancy arising in the nasopharynx. While cervical lymph node metastases are common at diagnosis, rare cases may occur without nodal involvement. We report the case of a 48-year-old man presenting with headache, epistaxis, and nocturnal snoring. Clinical examination revealed no palpable cervical lymphadenopathy. Imaging showed nasopharyngeal thickening with lysis of the sphenoidal floor and intracranial extension. Histological evaluation confirmed a high-grade undifferentiated infiltrating carcinoma of type UCNT. The patient responded well to chemotherapy.

**Keywords:** Carcinoma, nasopharynx, lymph nodes.

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## INTRODUCTION

Nasopharynx carcinoma is a malignancy of nasopharyngeal region. Although it is uncommon malignancy, the epidemiology, histology and clinical features has demonstrated different characteristics compared the other head neck cancers [1]. The incidence of nasopharynx cancer shows geographical variation, due to multifactorial etiologies like alcohol consumption, smoking and EpsteinBarr virus (EBV) [2,3]. The most common presenting symptom of nasopharyngeal carcinoma is mass in the neck due to cervical lymph node metastasis. However, presentation with lymphadenopathy (LAP) rather than a prominent nasopharyngeal mass is not common. At the time of diagnosis up to 90% of the cases had metastasis to neck lymph nodes. The location and extend of lymph nodes might predict the distant metastasis [4]. Nasopharyngeal carcinoma is commonly metastasis to bone (75%), liver, lung and distant lymph nodes [5]. Axillary lymph nodes are not among the primary lymphatic stations for nasopharyngeal carcinoma [6]. A high grade undifferentiated of UCNT without cervical lymph nodes is presented in this report.

## CASE REPORT

A 48-year-old male patient was admitted to Hospital des Spécialités, Rabat, with headache, recurrent

epistaxis, and nocturnal snoring. Clinical examination revealed no cervical lymphadenopathy. A nasal endoscopy was performed. A detailed otorhinolaryngological evaluation and contrast-enhanced computed tomography (CT) of the facial region were performed. A biopsy of the nasopharyngeal lesion was obtained under endoscopic guidance. Histopathological analysis was conducted to determine tumor type and grade. The patient was referred to oncology for chemotherapy management.

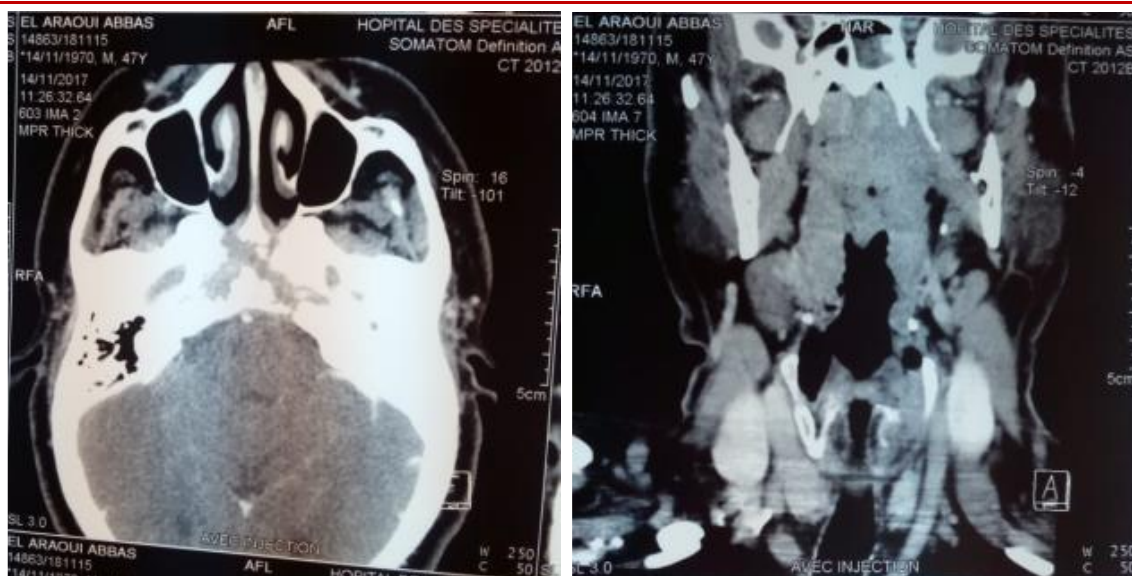
**Clinical Findings:** Headache, epistaxis, snoring; no palpable cervical lymph nodes.

**Nasal Endoscopy:** Thickening in the nasopharyngeal region with irregular and ulcerated mucosal texture.

**Radiological Findings:** Nasopharyngeal thickening with lysis of the sphenoidal floor; extension into the endosphenoidal and endocranial regions; no cervical lymph node involvement.

**Histology:** High-grade undifferentiated infiltrating carcinoma (UCNT).

**Treatment:** Initiation of chemotherapy with favorable early response.



**Figure 1 and 2: I facial CT shows a regular thickening of the wall postero-superior of the cavum**

## DISCUSSION

Pan *et al.*, demonstrated the lymphatic drainage of the nasal fossa and nasopharynx as the initial lymphatics in the nasal fossa and nasopharynx, the collector lymphatics in the parapharyngeal space and the lymph nodes in the lateral pharyngeal and retropharyngeal area [6]. Our patient presented a high UCNT without cervical lymph nodes. Right axillary lymphatic region is not defined among the primary lymphatic drainage regions of nasopharynx [6]. So, nasopharynx carcinoma is not a common cause of right axillary LAP. Relapsing with prominent axillary LAP despite mild cervical LAPs after a remission period in nasopharynx carcinoma sounds interesting. It is well-known that more common etiologies such as lymphoma should be ruled out while evaluating the patients with LAPs. However, accompanying signs and symptoms should be also taken into account for accurate diagnosis with headache, snoring and epistaxis.

## CONCLUSION

This case highlights the importance of considering nasopharyngeal carcinoma even in the absence of cervical lymphadenopathy, particularly in patients presenting with epistaxis, headache, and nasal obstruction. Biopsy and imaging remain essential for diagnosis and treatment planning.

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