NASOPHARYNGEAL CARCINOMA IN PREGNANCY: A CASE REPORT

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BACKGROUND
Nasopharyngeal carcinoma in pregnancy presents a dilemma in managing the patient with much consideration to both the mother and the unborn child.

AIM
To present the challenges and successful outcome of nasopharyngeal carcinoma in pregnancy.

METHOD
Case report

CASE PROFILE
This is a case of a 33-year-old female who presented with a two-year history of gradually enlarging bilateral neck masses during her second trimester of pregnancy.

She has no known co-morbidities with no family history of malignancy. She is a G3P2(2002) mother, who single-handedly raised her two daughters for seven years. She was diagnosed with nasopharyngeal carcinoma at 23 weeks age of gestation. She is non-smoker, and non-alcoholic beverage drinker.

DIAGNOSTICS
Neck CT Scan showed a nasopharyngeal mass which was more prominent at the right measuring 3.3 x 5.3 x 3.0 cm. There were inhomogenously enhancing lobulated densities in the lateral cervical areas with the largest measuring 11.6 x 5.8 x 7.0 cm. Inhomogenously enhancing densities were seen in the supraclavicular, posterior and anterior cervical and submandibular areas with the largest seen at the right supraclavicular area measuring 1.8 x 2.5 x 2.1 cm.

Punch biopsy of the nasopharyngeal mass revealed it to be morphologically consistent with nasopharyngeal carcinoma, non keratinizing, differentiated type (T3N3MX).

SIGNIFICANT TIMELINE

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<thead>
<tr>
<th>Date</th>
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<tr>
<td>OCTOBER 2021</td>
<td>Bilateral neck masses seen during the initial consult.</td>
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<td>NOVEMBER 2021</td>
<td>Chemotherapy using Gemcitabine and Cisplatin started.</td>
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<td>JANUARY 2022</td>
<td>Progression of neck mass after 3 cycles Gemcitabine and Cisplatin chemotherapy</td>
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<td>FEBRUARY 2022</td>
<td>Marked regression of all neck masses</td>
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<td>MAY 2022</td>
<td>Completed 6 cycles of chemotherapy and 70 GY in 35 fractions of intensity modulated radiation therapy</td>
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<tr>
<td>JUNE 2022</td>
<td>Successful delivery at 26 weeks AOG</td>
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CONCLUSION
Multidisciplinary approach is key to the successful outcome in managing a nasopharyngeal carcinoma in pregnancy. Induction chemotherapy can be initiated during the second trimester of pregnancy as a delaying measure in reaching a safer age of gestation to deliver the unborn child. Because of the deleterious effects of radiation to the fetus, radiation therapy can commence a week after the delivery. Shared decision making between the patient, spouse, and family members is highly encouraged from the time of diagnosis to guide the direction of management.

Conflict of interest: None

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