

NASOPHARYNGEAL CARCINOMA IN PREGNANCY: A CASE REPORT



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Nasopharyngeal carcinoma 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

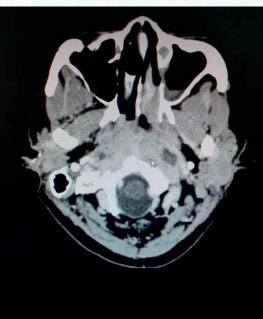
Case report

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 nonalcoholic 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 $2.5 \times 2.1 \text{ cm}$.

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

SIGNIFICANT TIMELINE

ONSET OF CHEMOTHERAPY



Bilateral neck masses seen during the initial consult.

OCTOBER 2021

Referred to an ENT Specialist for Nasopharyngeal mass punch biopsy and advised for metastatic work-up. INITIAL CONSULT

Chemotherapy using Gemcitabine and Cisplatin started.

NOVEMBER 2021

DIAGNOSED WITH NASOPHARYNGEAL CANCER IVA (T3N3MX). PREGNANCY AT 23 WEEKS AOG.



Delivered to: male infant weighing 970 grams APGAR scores of 8 and 8 at 1 and 5 minutes, respectively, via NSVD with complete breech extraction at

26 weeks gestation

JANUARY 2022

Progression of neck mass after 3 cycles Gemcitabine and Cisplatin chemotherapy

CHANGE OF TREATMENT REGIMEN

SUCCESFUL DELIVERY AT 26 WEEKS AOG



and Carboplatin. Tracheostomy tube and Gastrostomy tube insertions for supportive management.

Shifted to Paclitaxel

FEBRUARY 2022



Marked regression of all neck masses

MAY 2022



Completed 6 cycles of chemotherapy and 70 Gy in 35 fractions of intensity modulated radiation therapy

POST CHEMORADIOTHERAPY

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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