Temporal bone carcinoma with intracranial extension

INTRODUCTION

Squamous Cell Carcinoma of the temporal bone is an uncommon entity accounting for fewer than 0.2% of all tumors of the head and neck and is associated with a poor outcome. Temporal bone carcinoma includes cancers arising from the pinna that spreads to the temporal bone, primary tumors of the external auditory canal (EAC), middle ear, mastoid, petrous apex and metastatic lesions to the temporal bone. Malignancies of the temporal bone arise most commonly from the pinna as it undergoes many years of sun exposure.

CASE REPORT

A 57 year old patient presented at the ENT OPD of Hamidia Hospital, Bhopal with complaints of discharge from right ear since 6 months, right preauricular and zygomatic region. Swelling since 15 days and right sided facial nerve palsy. On otologic examination there was a diffuse bony hard swelling of about 5x5cm involving the right preauricular and zygomatic region. Tuning fork tests revealed a moderate conductive hearing loss on right side.

High resolution CT scan of temporal bone and head revealed a large soft tissue mass showed post contrast enhancement involving middle ear cavity and external auditory canal (fig 1). Extensions were into right masticator space, right parotid with intracranial extension. MRI with gadolinium enhancement can be crucial for accurate preoperative staging. A fine-cut (1 mm) high-resolution CT scan of the temporal bone should be obtained. MRI with gadolinium enhancement can be helpful as it delineates soft tissue interfaces.

Patient underwent high dose induction chemotherapy with Methotrexate(400mg/kg) and Mitomycin(10mg/sq:m) followed by radiotherapy, dose of which was 7000 rads with brain exposure lessened by 1000 rads. Tumor shrunk and patient’s facial palsy recovered however complete remission could not be achieved and patient succumbed to his disease within 3 months of presentation.

REFERENCES


Keywords: carcinoma, intracranial, temporal.