

A real pain in the neck

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A 63-year-old gentleman noticed a pruritic mass on the back of his central/right neck, prompting a dermatologic biopsy revealing lymphoepithelioma-like carcinoma and subsequent wide local excision (8 × 4 cm) by otolaryngology with negative margins. Postoperative management involved quarterly follow-up, with no adjuvant therapies recommended.

Five months postoperatively the patient was lost to follow-up; 10 months later the patient no-

ticed a palpable non-tender left lower neck mass. Neck ultrasound revealed a 2.3 × 2.1 × 1.5 cm mass with microcalcifications and multiple adjacent small lymph nodes. Computed tomography (CT) chest and CT head/neck (Fig. 1) revealed the mass in level 5B of the left neck and no distant disease; otolaryngology subsequently performed selective left neck dissection of levels 4 and 5, revealing lymphoepithelioma-like carcinoma involving 1/11 lymph nodes with marked extracapsular extension into the surrounding soft tissue and occupying 3.7 cm. Patient was referred to radiation oncology consultation.



Figure 1. Preoperative axial neck computed tomography (CT) following tumor recurrence

Questions

1. Would you recommend adjuvant radiation therapy?
If yes — what volume:
 - a) Left level 5 neck (area of extracapsular extension into neck soft tissues?)
 - b) A + left neck levels 2-4
 - c) B + primary area (right posterior neck skin scar)
 - d) C + all lymphatic channels between primary area and left level 5 neck
 - e) D and right uninvolved neck levels 2-5
2. Would you recommend addition of concurrent chemotherapy (1)?

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Conflicts of interest

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