ABSTRACT

Solitary fibrous tumors are rare mesenchymal neoplasms that are increasingly being described in the head and neck. Clinical presentations may include compression by these tumors on vital surrounding structures. While malignant transformation is rare, treatment entails wide local excision. We present the case of a 74-year-old female with an increasingly enlarging symptomatic hypopharyngeal solitary fibrous tumor that was found on carotid duplex ultrasound. Transoral surgical excision resulted in relief of symptoms. Treatment options are discussed and a literature review of this uncommon disorder presented.

INTRODUCTION

Solitary fibrous tumor (SFT) is an uncommon, slow-growing, mesenchymal neoplasm that was initially described in 1931 arising from the pleura. Since this first case, SFTs have been described in the abdominal cavity, extremities, retroperitoneum, and head and neck region. The first reported case in the upper aerodigestive tract was in 1991, and there are less than 200 reported cases in the head and neck, with the most common sites being the oral cavity and paranasal sinuses. To our knowledge, we present the 3rd reported case of a SFT arising from the hypopharynx, with successful treatment using transoral surgery (Table 1).

CASE REPORT

A 74-year-old female with a one-year history of progressive dysphagia and dysphonia presented to our tertiary academic medical center with a hypopharyngeal mass. This mass was incidentally found on a carotid duplex ultrasound of the neck. An outside biopsy was inconclusive. An MRI was significant for a 4x2x2cm hypopharyngeal mass compressing the airway medially and abutting the carotid artery laterally (Figure 1).

She was then taken to the operating room and underwent microsuspension direct laryngoscopy and biopsy. Intraoperative frozen sections were nondiagnostic. Therefore, transoral CO2 laser debulking was undertaken. The tumor was densely adherent to the lateral hypopharyngeal wall. Final pathology revealed low grade spindle cell neoplasm consistent with SFT (Figures 2 and 3). Five-months postoperatively, she is asymptomatic with no mucosal irregularities on flexible laryngoscopy. She has elected conservative management with close clinical and radiologic follow-up.

DISCUSSION

Solitary fibrous tumors are slowly enlarging neoplasms that are incidentally found on imaging or present with local compression on nearby structures. Despite this neoplasm’s rarity in the head and neck region, cases have been reported in the soft tissues of the neck, salivary glands, oral cavity, pharynx, paranasal sinuses, and scalp. Rarely, malignant features can be seen, such as focal necrosis, hypercellularity and increased mitoses, which can increase the otherwise low risk of metastases. Treatment for all SFTs is surgery. Chemotherapy and radiation therapy have not been shown to have significant roles as adjuvant treatments, but radiation can be considered in cases of SFTs with malignant features, especially if negative margins were not obtained.

Although our case is the only 3rd reported hypopharyngeal SFT, it illustrates the importance of including SFT in the differential diagnosis for any patient with an enlarging neck mass or progressive, insidious symptoms in the upper aerodigestive tract. Moreover, since “negative margins” in the upper aerodigestive tract can often mean significant mucosal defects and negative functional outcomes, our case underscores the possibility that more modern, less invasive tools such as transoral could have a significant role to play in treating this unusual disorder. Our patient has done extremely well post-operatively and is asymptomatic. Close long-term follow-up with endoscopy and radiologic imaging to rule out local recurrence is critical.

REFERENCES


