Nasal Angiosarcoma Metastatic to the Larynx: Case Report and Systematic Review of the Literature

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ABSTRACT

OBJECTIVE: To describe the first case of angiosarcoma metastatic to the larynx and systematically review and summarize the literature on angiosarcoma of the head and neck.

DATA SOURCES: PubMed database, patient medical record and pathologic specimens

STUDY DESIGN: Systematic review of the literature

METHODS: A systematic review of the literature was performed to identify all cases and series of angiosarcoma of the larynx reported in the peer-reviewed English literature. Pre-defined variables were identified and data was extracted by two different reviewers. Discrepancies were resolved by discussion and consensus. Descriptive statistical analysis was performed.

RESULTS: Seventeen cases of primary laryngeal angiosarcoma were identified in the inclusion criteria (Table 1).2,20 These represent both radiation-associated and non-radiation-associated malignancies; there were no reported cases of angiosarcoma metastasizing to the larynx.20

Patients ranged in age from 24 to 83 years, with a mean age of 64.3 years. The male to female ratio was 1.81. Most had no radiation exposure. Reported tumor size ranged from 0.4 cm to 14 cm.

Mean duration of follow up for all patients was 33.4 months. Eight patients died with disseminated disease at a mean of 18.4 months after treatment and range of three to 45 months. Three additional patients died, two with no evidence of disease and one with unknown disease status; one patient was lost to follow up.

CONCLUSIONS: Angiosarcoma of the larynx is a rare entity, with limited therapeutic options and poor prognosis. We performed a systematic review of the literature and describe the first reported case of a laryngeal metastasis from a cutaneous angiosarcoma of the head and neck. Our findings may inform the surveillance and counseling of patients who present with cutaneous angiosarcoma of the head and neck.

REFERENCES


Figure 1. Axial CT with contrast. Arrow points to left endolaryngeal lesion.

Figure 2. Tumor specimen, stained for CD31.

Figure 3. Left supraglottic mass. L = left. Arrow points to lesion.

Figure 4. Left supraglottis, after resection.