INTRODUCTION

Follicular dendritic cell sarcomas (FDCS) of the head and neck (HN) are rare malignant tumors with a potential for distant hematogenous spread. 1,2,3 More commonly seen within lymph nodes of the neck, axilla, and mediastinum, these sarcomas arise from follicular dendritic cells which normally function in antigen presentation to T cells.1 Traditional treatment for FDCS includes wide local excision with adjuvant radiation based on the estimated potential for recurrence and metastasis.

A rare entity with less than 40 reported cases, HN FDCS generally grow slowly and asymptptomatically, remaining well circumscribed while varying in size and behavior. Unfortunately, open surgical approaches for oropharyngeal and nasopharyngeal lesions can lead to suboptimal outcomes secondary to the morbidity in achieving negative margins. Although transoral robotic surgery (TORS) has been previously described in the treatment of head and neck FDCS, TORS has provided high-definition, 3D views of the pharynx.4 TORS is a minimally invasive approach which can yield negative margins while leaving patients with excellent functional outcomes. Additionally, compared with traditional approaches, TORS reduces the need for gastrostomy and tracheostomy tubes, potentially shortening the hospital stay.5

CASE PRESENTATION

A 76-year-old man was diagnosed 8 years previously with right tonsillar FDCS and underwent a standard bilateral tonsillectomy. At presentation to our institution, he had a right neck mass and a large right oropharyngeal/nasopharyngeal tumor. Following tissue confirmation of the FDCS recurrence, the patient underwent an ipsilateral neck dissection and TORS right lateral pharyngectomy. Intraoperatively, a large submucosal tonsillar tumor with significant extension into the soft palate and nasopharynx was visualized. The pharyngectomy resulted in negative oncologic margins. The patient was recommended to undergo radiotherapy given positive neck disease, but he declined. Four months following his surgery, he shows no evidence of recurrence and has been functioning well without an obturator.

DISCUSSION

FDACS are known to behave like low to intermediate grade sarcomas, and clinical outcomes are variable. Treatment recommendations stress the importance of obtaining negative surgical margins. This is a case of a previous right tonsillar FDCS excised by standard tonsillectomy with questionable surgical margins. Recurrence was successfully treated by a robotic approach; it highlights the potential for TORS to optimally achieve negative margins while resulting in excellent functional outcomes.

CONCLUSIONS

FDACS are rare, malignant tumors of the head and neck which behave more aggressively than low grade soft tissue sarcomas. Wide local excision with consideration for adjuvant therapy is the current treatment strategy; however, many times wide local excision is either not feasible or results in excessive morbidity. We present a patient with locally aggressive pharyngeal FDACS extending superiorly to the nasopharynx and laterally into the parapharyngeal space. Following TORS pharyngectomy with partial nasopharyngectomy, the sarcoma was resected with negative oncologic margins. TORS allows for complete, 3D views of the surgical field and wide resections while preserving the function of the upper aerodigestive tract.

REFERENCES