**Introduction**

Basaloid squamous cell carcinoma (BSCC) was first described in the head and neck by Wain et al in 1986[1]. It was originally described as a high grade variant of traditional squamous cell carcinoma (SCC) and differentiated by its characteristic histopathologic findings of a biphasic pattern including both basaloid and squamous features. It contains sheets and lobules that produce a "jigsaw puzzle" growth pattern with cystic spaces containing PAS- positive myxoid material[3]. More recent views recognize the dual behavior of BSCC with both an aggressive behavior noted in laryngeal locations and a more classical (or even better) prognosis noted in other age and subtype matched groups[3]. Here we present a case of bilateral basaloid squamous cell carcinoma of the parotid gland, to our knowledge, the first of such cases reported in the literature.

**Case Report**

A 70 year old white male with no previous history of cutaneous SCC presents to clinic with a 2 cm enlarging mass in the tail of the right parotid. MRI and CT were performed showing enlarged adenopathy throughout with a pathologic appearing lymph node in the right level 2b. FNA of the mass and lymph node revealed a high grade malignancy with squamous features. The patient received a right total parotidectomy with facial nerve preservation as well as a modified radical neck dissection on the right. Final pathology revealed a basaloid squamous cell carcinoma. 8 of 46 total lymph nodes were positive for metastatic disease. Four years after initial resection patient presents with an enlarging left parotid mass. FNA revealed identical pathology of high grade malignancy. MRI and CT were performed again showing enlarged lymph nodes on the left. Patient received a total parotidectomy with facial nerve preservation and a modified radical neck dissection on the left. 11 of 25 nodes were positive for metastatic disease. Postoperative radiation therapy was performed after each surgical intervention.

**Results & Discussion**

To date, our patient remains disease free after bilateral total parotidectomies and bilateral radical neck dissections. He also received postoperative radiation after each procedure. He remains on a surveillance protocol.

The World Health Organization defines basaloid squamous cell carcinoma as an aggressive and rapidly growing variant of SCC with propensity for local and distant metastasis[3]. Fritsch and Lensch challenge this definition via their recent Surveillance, Epidemiology, and End Results database review in 2014. When matching for age and subsite, they demonstrated an improved disease specific survival (DSS) when BSCC is limited to the oropharynx, worse DSS when BSCC involves the larynx and similar DSS in BSCC of the sinonasal, oral, and hypopharyngeal subsites[1]. BSCC also carries similar risk factors of alcohol and tobacco use that SCC does. Human papilloma virus (HPV) status has also been investigated in BSCC. Chernock et al found that 75% of oropharyngeal BSCC are HPV related while none (0%) of 16 laryngeal and hypopharyngeal tumors were positive[3]. Begum and Westra had similar findings demonstrating HPV in 76% of oropharyngeal BSCC and in 6% of tumors in non-oropharyngeal sites[4]. Like SCC, HPV positive BSCC confers an improved prognosis.

**Conclusions**

This is a unique case of bilateral basaloid squamous cell carcinoma of the parotid. Squamous cell carcinoma with basaloid features is a rare variant of squamous cell carcinoma with dual behavior depending on location. Typical risk factors including alcohol consumption and tobacco smoking remain pertinent in this variant of SCC. HPV positivity in basaloid squamous cell carcinoma confers an improved prognosis.

To date, our patient remains disease free status post surgery and postoperative radiation therapy. To our knowledge this is the first case report of bilateral parotid basaloid squamous cell carcinoma.

**References**


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