



**UNIVERSITY OF SANTO TOMAS HOSPITAL
DEPARTMENT OF OTORHINOLARYNGOLOGY
HEAD AND NECK SURGERY**

**A CASE OF HYBRID CARCINOMA OF THE
NOSE**

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Objectives

- To present a unique case of hybrid carcinoma in a 62 year old male presenting with nasal obstruction
- To define hybrid neoplasm and discuss the criteria for diagnosing such
- To determine the incidence of hybrid carcinoma in existing literature
- To present a rational approach on the diagnosis and management of hybrid carcinoma

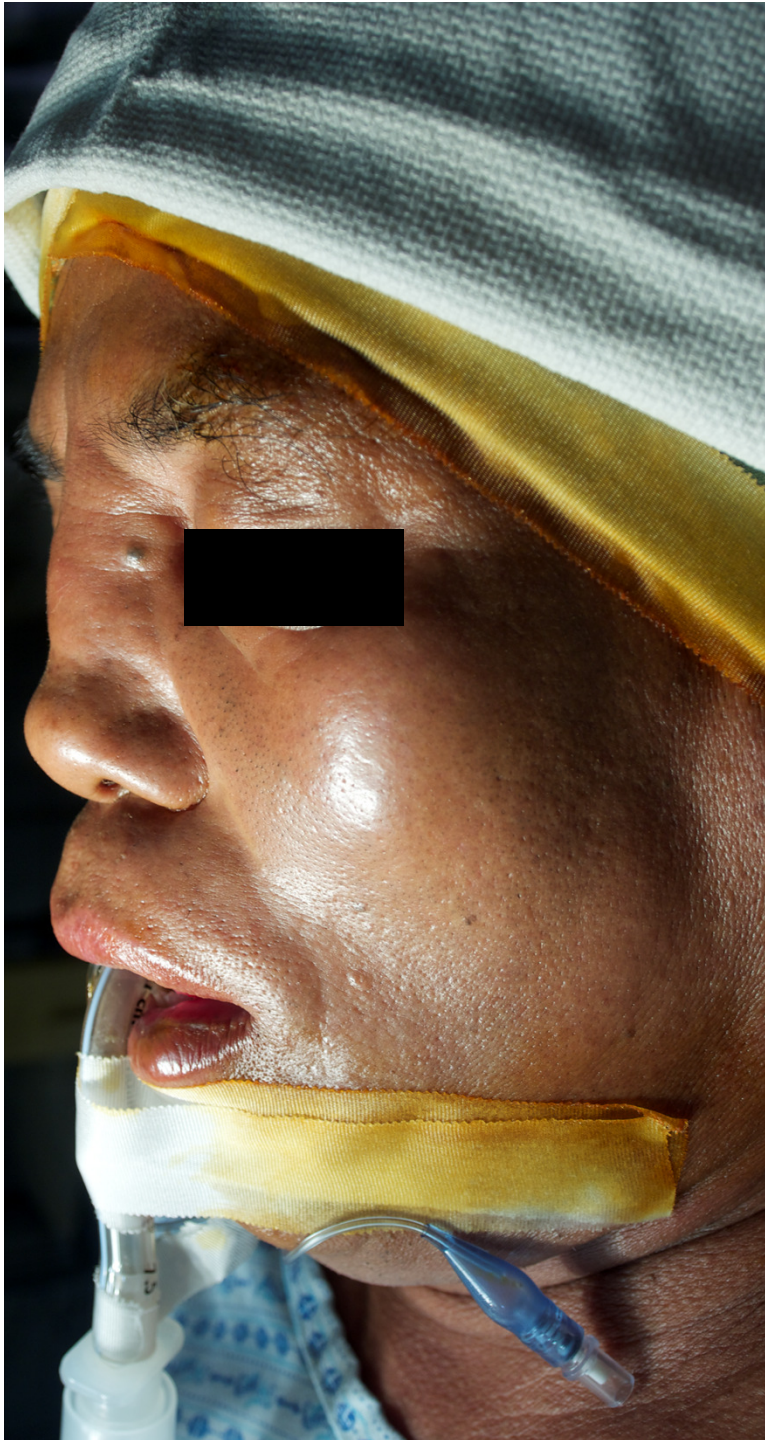
PO

62/M

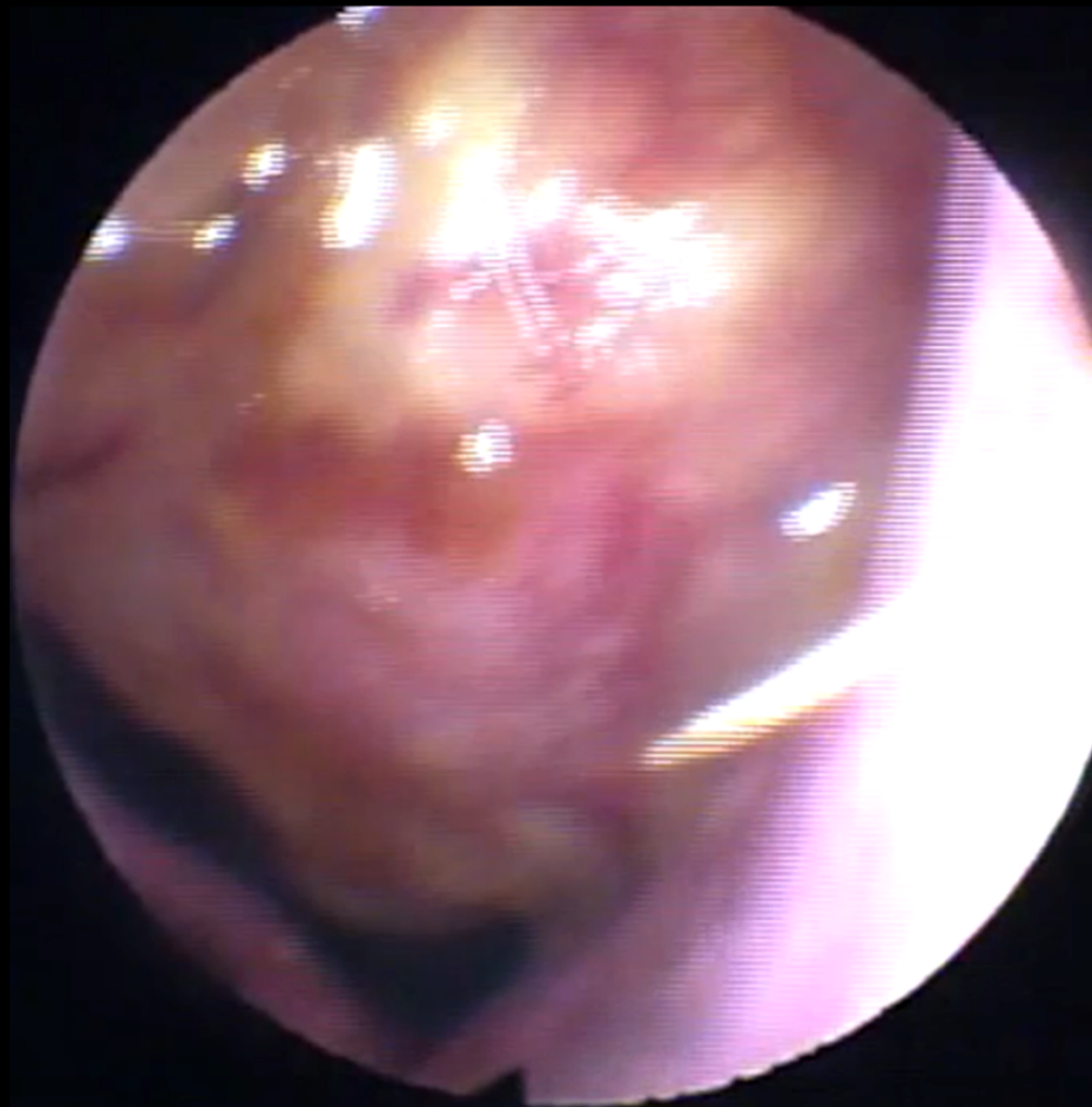
Chief Complaint

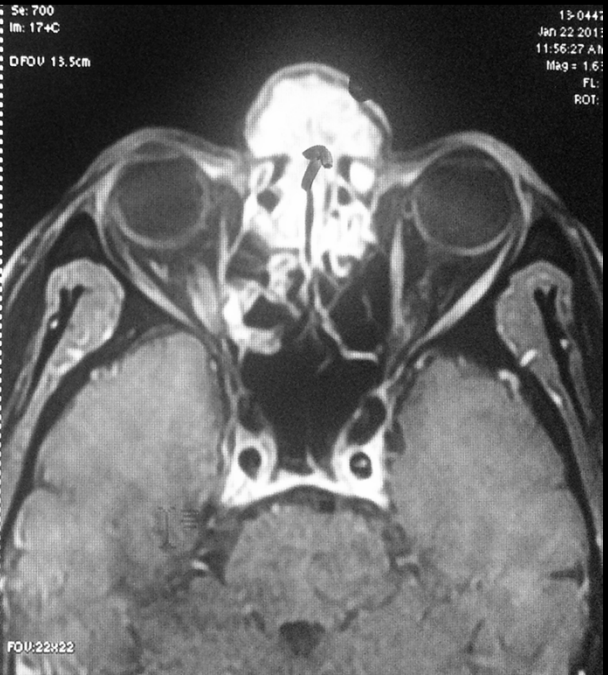
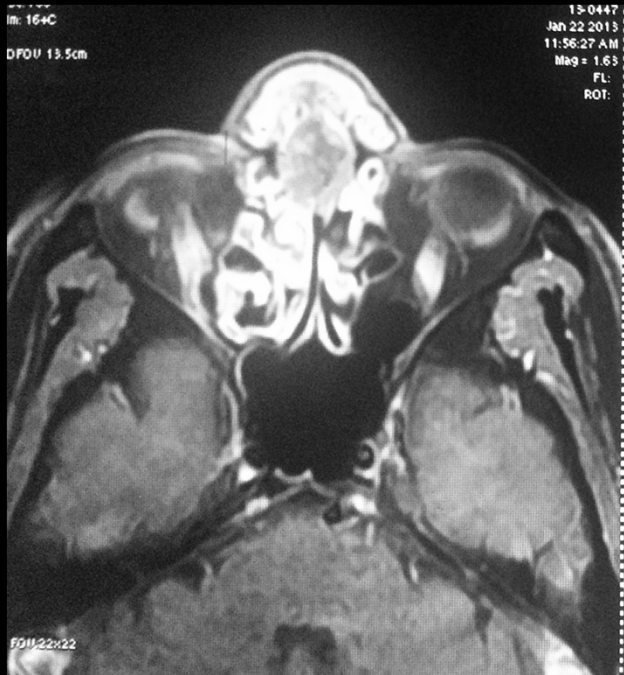
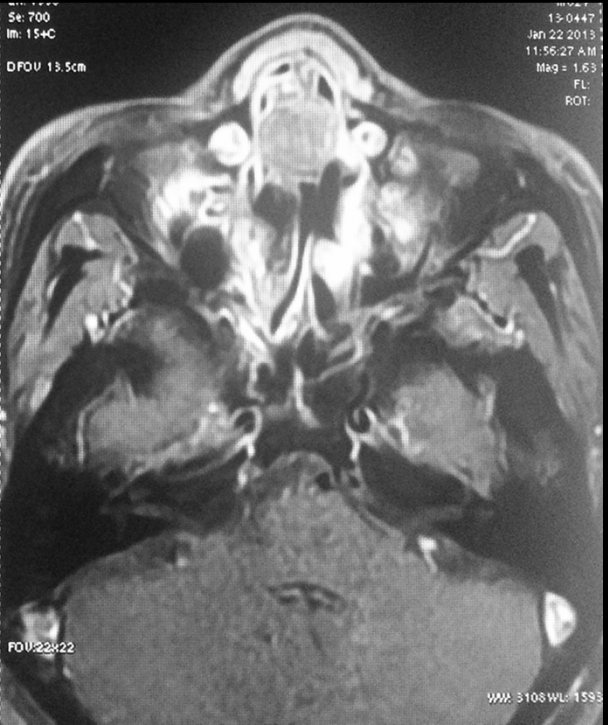
Nasal obstruction

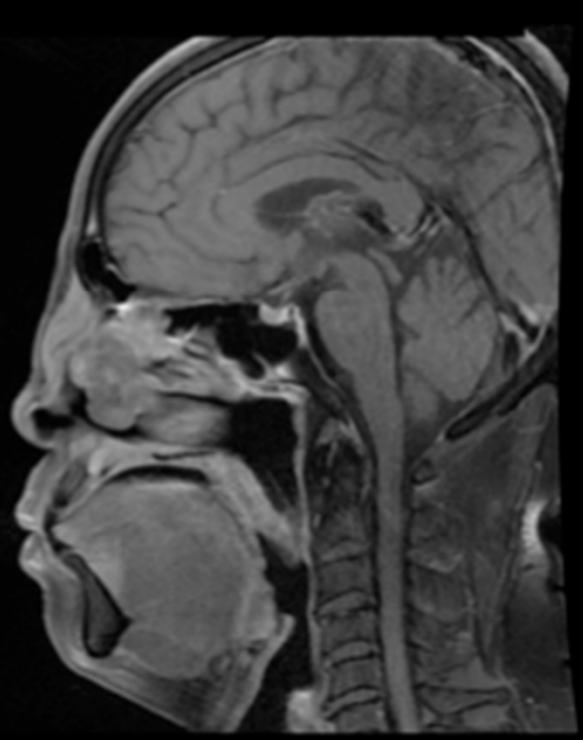
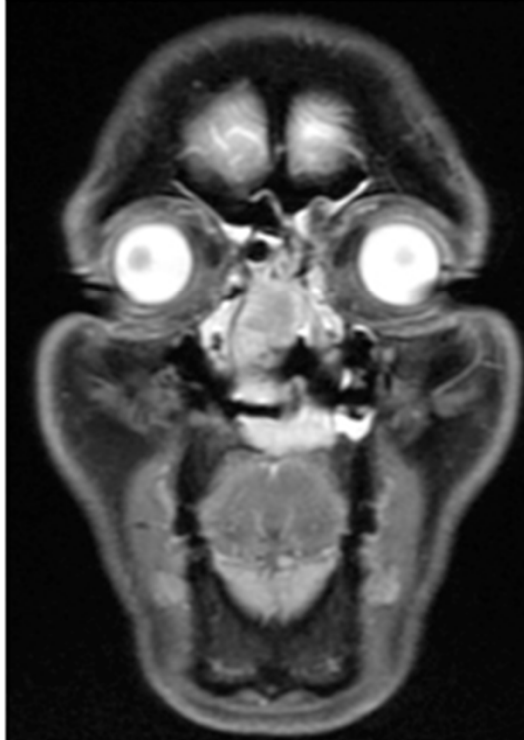
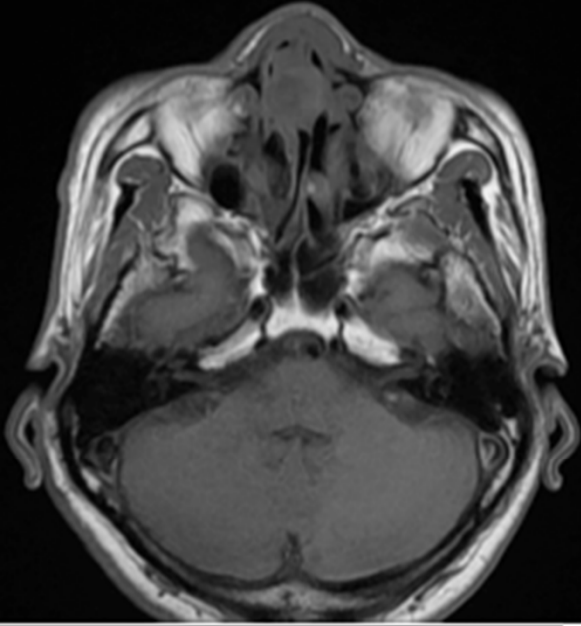
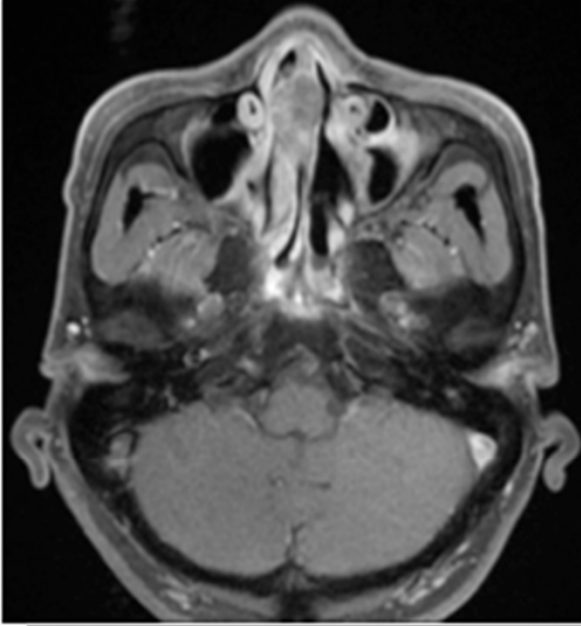




Nasal Endoscopy

















Hybrid Neoplasm

- Two different tumor entities
- Each conforming with an exactly defined tumor category
- Arising from an identical origin within the same topographical area
- Producing a single mass clinically and macroscopically
- “transitional zone”

Hybrid Tumor

- Each component should occupy more than 30% of the tumor mass
- Separable from the other component

Hybrid Tumor

- vs. Collision Tumor
 - meeting of two malignant neoplasms arising at independent topographic sites
- vs. Biphasecally Differentiated Tumors
 - repetitive mixtures of two cellular patterns with a corresponding term in the tumor classification

Epidemiology

- Rare neoplasm
- <30 cases have been described to date
- 0.1-0.4% of all registered tumors

Clinical Features

- Adenoid cystic carcinoma – predominant histologic type
 - Parotid gland
 - Submandibular gland
 - Palate
 - Minor salivary gland
 - Maxillary sinus
 - Larynx
 - Lacrimal gland

Treatment and Prognosis

- Consider the tumor with the higher histologic grade
- Proportion of each constituent neoplasm does not play a role
- More aggressive type, comprising only 20% of the total lesion, have been documented to produce metastatic lesions

Conclusion

- Rare – 0.1-0.4% of all registered tumors
 - Challenge
- Aggressiveness, metastatic potential, and prognosis depends on the tumor with the higher histologic grade

THANK YOU