

# Chemotherapeutics in Head and Neck Oncology

## *Patient Presentation*

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# Patient Presentation

DW is an 87 y/o married woman.

CC: Left ear pain

HPI: Developed persistent ear pain in 06/07 with an accompanying left neck mass. She consulted her PCP and upon referral to an Otolaryngologist was noted to have a mass in the region of the anterior tonsillar pillar on the left side. She was subsequently referred to the GBMC HNCS for further management and was seen by Dr. Blanco in clinic on 10/03/07.

# Patient Presentation

SH: Previous smoker; 1 pk/day X 30 years; quit 15 years ago;  
No EtOH, illicit drugs

PMH: GERD, hypercholesterolemia, osteoarthritis, HTN, h/o  
TIAs

PSH: Hysterectomy, rsx of benign sm bowel lesion, T & A age  
12

FH: No family history of cancer. Otherwise noncontributory

All: NKDA

Meds: Nexium, ASA, HCTZ, Zocor

ROS: No dysphagia, odynophagia, sore throat, fever, or  
tongue paresthesia. No weight loss. Otherwise negative

# Patient Presentation

PE: AFVSS, moderately overweight, A+O X 3

- Immobile, ulcerating lesion of anterior tonsillar pillar on the left side measuring approx 2-3 cm with extension to base of tongue.
- Neck exam showed 2 X 2 cm hard, mobile level II mass on the left side. No other lymphadenopathy noted.
- No skin lesions, external ears without lesions, TM not visualized secondary to cerumen, nasal cavity without lesions, thyroid bed grossly normal on palpation, remaining exam unremarkable.
- Flexible exam: grossly normal nasal, oropharyngeal and glottic structures.

# Patient Presentation

Punch biopsy of left tonsil: Invasive mod diff squamous cell  
CA

## PET/CT

- Intense hypermetabolism in L tonsillar mass as well as L level II jugular node suspicious for nodal metastasis.
- Hypermetabolism along L posterolateral wall of nasopharynx suspicious for extension of lesion into this area.

# Patient Presentation

- The patient and her family were informed of the diagnosis in f/u 1 week later and given 4 options for treatment:
  - Surgery + Post-op RT
  - Chemo-RT with salvage surgery
  - RT alone
  - Hospice.
- At this time the patient wished to proceed with Chemo + Radiation
- Porta-cath and PEG placed 11/02/07