

Gastrointestinal neuroendocrine carcinomystery of the neck

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Purpose of the report: To review the histopathology, and presentation of metastatic gastrointestinal neuroendocrine carcinoma to a submandibular lymph node.

Background: Gastrointestinal neuroendocrine tumors (GNET) are rare slow growing tumors that have the capacity to develop carcinoid syndrome. These carcinoid tumors most often arise from the gastrointestinal tract or lungs and commonly metastasize to regional lymph nodes, liver, lungs, and bone. Rarely do these tumors metastasize to the lymph nodes of the neck. We present a case of a 54 year old woman with metastatic GNET to the neck.

Design of study and analysis: Review of histopathology slides of a fine needle aspirate (FNA) performed on a submandibular neck mass, and comparison with previous histopathology slides obtained from a colectomy and hepatectomy performed 16 months prior.

Results/Case Presentation: A 54 year old woman with a history of a stage IV T3N1M1 large cell neuroendocrine carcinoma metastatic to the liver status post right hemicolectomy (16 months prior) and partial hepatectomy (6 months prior) presents to the head and neck surgery clinic with a 1 month history of a firm, enlarging left submandibular mass. FNA was performed and was revealed cells identical to those present in a metastatic liver nodule, and a colectomy specimen. Pathologic examination revealed a poorly differentiated carcinoma with numerous mitotic figures, amphophilic cytoplasm, round nuclei with salt and pepper chromatin, in a trabecular growth pattern.

Conclusion: Although GNET rarely metastasize to the neck, metastatic disease should be part of the differential for patients with a prior history of GNET.

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Attenuated induction and prolonged post-induction chemotherapy regimen is effective and safe in elderly patients with acute myeloid leukemia: Multicenter experiences

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The benefit through treatment with standard intensive induction chemotherapy in elderly patients truly remains debatable due to excessive initial toxicity, short duration of response, and low median OS. The purpose of the study was to evaluate the efficacy and safety of attenuated induction and prolonged post-induction chemotherapy regimen in elderly patients with acute myeloid leukemia. 297 eligible patients (age range: 60-82 years) were enrolled in the study. 156 of the patients received the attenuated induction and prolonged post-induction chemotherapy regimen. The remaining 141 patients received standard-dose induction and post-induction therapy. After the induction therapy, total 168 patients accomplished CR/CRi/ MLFS (56.6%), with no significant difference observed between the two treatment arms ($P=0.60$). Attenuated and prolonged chemotherapy arm displayed superior results in OS and PFS to the standard-dose therapy arm, and OS at 5 years was 20.5% versus 5.9% ($P<0.001$). 3-years PFS was 51.5% versus 34% ($P=0.003$). Further, attenuated and prolonged treatment arm with poor risk profile, overcame the negative impact, yielding OS and PFS estimations were similar to standard-dose chemotherapy arm with better to intermediate risk profile. OS at 5 years was 10.9% versus 7.3%, $P=0.89$. 3-year PFS was 20.1% versus 33.6%, $P=0.26$. Furthermore, there was a significant difference in the early mortality between two therapy arms (0.6% versus 7.5%, $P=0.003$). We confirmed that the attenuated induction and prolonged post-induction chemotherapy regimen provided significant benefits of PFS and OS, reduced the incidence of fatal complications and was tolerated well by elderly patients.

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