A Case of Malignant Fibrous Histiocytoma of the Larynx

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Malignant fibrous histiocytoma is one of the rarest types of larynx tumor. The most common sites of the tumor are the larynx, neck, and retroperitoneal space, but tumor localization within the head and neck are very rare. It is built of histiocytes, fibroblasts and multinucleate giant cells. A diagnosis of the tumor includes microscopic and immunohistologic examination with identification of specific tissue markers and intermediate filaments of proteins. This disease has been treated by several methods combining radical surgery, radiation, and chemotherapy, but the prognosis is poor. We present 74-year-old Asian man with dysphonia for 2 years. The tumor of the larynx was examined on laryngoscopy. The radical surgery rendered the final pathological diagnosis, confirmed histologically and immunohistochemically as malignant fibrous histiocytoma. This tumor was treated with laser cordectomy followed by radiotherapy. 3.5 year’s observation of the patient didn’t either show any signs of recurrence or dysphonia.

KEY WORDS: Histiocytoma · Malignant fibrous · Larynx · Laser therapy.
후두에 발생한 악성 성유성 조직구종

에 양성으로(Fig. 3) 악성 성유성 조직구종으로 진단하였다. 수술 후, 출혈 및 호흡곤란 등의 합병증 없이 회복하였으며, 수술 후, 4주째부터 총 6,000 cGy의 방사선치료 시행하였으며, 현재 수술 후, 3년 6개월째로 육성 분석 검사상(Fig. 4, Table 1) 발생 장애 소견 없고 후두 내시경 검사(Fig. 5) 및 경부 컴퓨터 단층 활영 검사와 양전자 방출 단층 활영 검사상 재발 소견 없이 추적 관찰 중이다.

고찰

악성 성유성 조직구종은 O’Brien과 Stout66에 의하여 1964년 처음 보고된 악성 종양으로 성인에서 발생하는 연부조직 육종 중 그 발생빈도가 가장 많은 질병이다.59 사지와 후두강

Fig. 1. Preoperative laryngoscopic view revealed hyperkeratotic lesion containing irregular surface of right vocal cord (arrow).

Fig. 2. Positron emission tomography revealed FDG uptakes of both vocal folds (arrows).

Fig. 3. Diffuse immunohistochemical stain for vimentin in spindle tumoral cells (100×).

Fig. 4. MDVP graph of CSL showed improvement in voice quality after the surgery (A : Preoperative MDVP graph, B : Postoperative MDVP graph).
Table 1. MDVP parameters of CSL showed improvement in voice quality after the surgery

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Preoperative</th>
<th>Postoperative</th>
<th>Normal range (±STD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jitter percent (Jitt, %)</td>
<td>8.706</td>
<td>2.452</td>
<td>0.589 (± 0.535)</td>
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<tr>
<td>Shimmer percent (Shim, %)</td>
<td>21.126</td>
<td>5.977</td>
<td>2.523 (± 0.997)</td>
</tr>
<tr>
<td>Average fundamental frequency (F0, Hz)</td>
<td>178.610</td>
<td>135.306</td>
<td>145.223 (± 23.406)</td>
</tr>
<tr>
<td>F0-tremor intensity (FIRI, %)</td>
<td>19.591</td>
<td>0.871</td>
<td>0.311 (± 0.139)</td>
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</tbody>
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Fig. 5. Postoperative laryngoscopic view revealed that right vocal cord was well healed without recurrence (arrow).

REFERENCES

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