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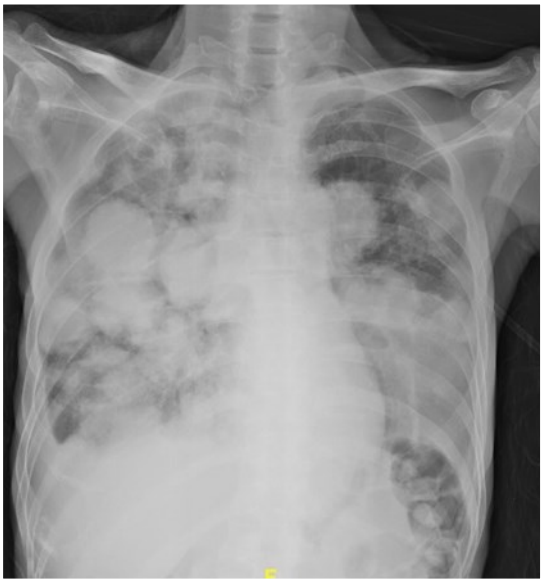

A 49-year-old Chinese man was diagnosed with high grade mucoepidermoid carcinoma (MEC) of floor of mouth. He underwent tumour excision and followed by radiotherapy and chemotherapy. Four after treatment, he presented with worsening shortness of breath which was gradual in nature over the same period. He denied any dysphagia or hoarseness. There was no bone pain or toothache. He also denied any traumatic injury. On bimanual palpation, there was fullness over the floor of mouth, no cervical lymphadenopathy, and cranial nerves examination was unremarkable. An arterial blood gas showed type II respiratory failure. Chest radiograph was performed (**Panel**).

What is diagnosis?

Answer*: refer to page 211*

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(*Refer to page 197*)

Answer: Cannonball metastases from recurrent mucoepidermoid carcinoma

The chest radiograph revealed multiple cannon ball lesions occupied all lung fields, only spared the left upper zone. There is no bony lesion seen. No displacement of the mediastinum. Airway is still patent. The final diagnosis is lung metastasis secondary to mucoepidermoid carcinoma (MEC) of floor of mouth (stage IV). The differential diagnoses for lung metastasis are head and neck such as oral, pharyngeal and laryngeal carcinoma, renal cell carcinoma, prostate carcinoma, colorectal carcinoma, thyroid carcinoma and soft tissue sarcoma.

MEC is a type of malignant neoplasm which can be found in salivary glands and it contains two type of cells: mucous and epidermoid cells. It can be classified into low, intermediate and high grade. The grading depends on the ratio of these cells. High grade tumour has more aggressive behaviours with distant metastasis. Low grade tumour is more benign in nature. [1, 2] The common sites for distant metastasis are bone, lung and brain. [1] Clinical presentation of shortness of breath indicates the underlying tumour has metastasised to the lung. Skin involvement indicates the severity of locoregional infiltration of the primary tumour and in general the prognosis is poor. [3]

Treatment modalities of MEC depend on TNM staging. Surgical intervention in this patient is not indicated due to the advanced stage of the disease. The medical treatment for MEC with distant metastasis is chemotherapy. Radiotherapy is generally palliative therapy for advanced stage but due to the aggressiveness of the tumour cells, the prognosis is still poor. [1]

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3: Locati LD, Quattrone P, Pizzi N, et al. Primary high-grade mucoepidermoid carcinoma of the minor salivary glands with cutaneous metastases at diagnosis. Oral Oncol 2002; 38:401-4.