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Clinicopathologic characteristics of secondary squamous cell carcinoma of head and neck in survivors of allogeneic hematopoietic stem cell transplantation for hematologic malignancies

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A llogeneic hematopoietic stem cell transplantation (HSCT) is a curative therapy for hematologic malignancies. However, the risk of secondary malignancies is increased in long-term survivors. There is limited literature on the biological behavior and clinical characteristics of squamous cell carcinoma (SCC) of head and neck post-HSCT. We present clininopathological characteristics on 6 patients (median age 48) who were diagnosed with SCC while in remission following allogeneic HSCT at our center. Median follow up was 8 years. Five patients (83%) developed SCC of tongue and one developed esophageal SCC. All but one patient had chronic graft versus host disease (GVHD). The conventional risk factors of alcohol, tobacco and human papilloma virus were absent. The most common presenting finding was new onset focal soreness clinically indistinguishable from a GVHD flare lesion. The SCC lesions were often multifocal with involvement of resection margins and presence of perineural or lymphovascular invasion. Recurrence was common and use of stage-specific standard therapy was limited due to concurrent chronic GVHD. Due to the increased risk of oral SCC, heightened surveillance of the oral cavity and early biopsy to rule out SCC is indicated for any non-healing oral lesion in HSCT survivors.

Biography

Chakra P Chaulagain is an attending Hematologist at Cleveland Clinic. He completed Clinical and Research fellowship in Hematology and Oncology at Tufts University Medical Center in Boston. His clinical and research interests include hematologic malignancy with special interest and expertise in clonal plasma cell neoplasms including AL amyloidosis.

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