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## ADENOSQUAMOUS CARCINOMA OF THE NASOPHARYNX CONTAINING EB VIRUS, APROPOS OF A CASE

Zhang Feng 张锋 Zhang Changqing 张昌卿 Zhang Jinxia<sup>•</sup> 张锦霞 Zong Yongsheng<sup>•</sup> 宗永生 Tumor Hospital, <sup>•</sup>Department of Pathology, Sun Yat-sen University of Medical Sciences, Guangzhou, 510089

According to the standards of WHO clasification, nasopharyngeal carcinoma (NPC) is originated from the lining epithelium of the nasopharyngeal mucosa and those carcinomas of the nasopharynx, including adenocarcinoma, adenosquamous carcinoma and others are not termed NPCs. NPCs are consistently associated with EB virus. Besides NPCs is there also an association of EB virus with adenosquamous carcinoma? This is unknown. The authors report a case of adenosquamous carcinoma of thenasopharynx herein which contained EB virus.

A 57-year old woman visited the out-patient department of our hospital because of haveing a stuffy nose, epistaxis and tinnitus of the left ear for two months on April end, 1995. Endoscopic examination revealed a cauliflower mass filling the nasopharyngeal cavity. Computed tomography showed that the left parapharyngeal space and carotid sheath had been invaded by tumor tissues, and the left sphenoid major wing, the internal plate and the basal part of the alar process as well as the basal part of the sphenoid bone were eroded. The left enlarged superior deep cervical lymph node, being 2 cm in diameter and movable, could be palpated. The titres of IgA against EB viral-capsid antigen (IgA/VCA) and early antigen (IgA/EA) were 1/160 and 1/80, respectively. Biopsies were taken both from the nasopharynx and the enlarged lymph node.

Microscopic observation of the nasopharyngeal biopsy showed that the carcinoma cells wee fusiform, cylindrical or irregular in shape and had obvious cell borders and distinct intercellular bridges in between. The carcinoma cells were arranged in glandular structures and trabeculae. Mucin which was confirmed by Alcian blue stain presented within A quite number of dendritic cells (S-100 the lumens. positive) and monocytes/macrophages (lysozyme positive) as well as a few T-cells (CD45RO positive) could be demonstrated with immunohistochemistry. EB virus DNA was detected using polymerase chain reaction (PCR) and southern blot analysis. EB virus early small RNAs (EBERs) were found in most of the carcinoma cells expressed EB virus LMP-1. ENNA-2 and ZEBRA positive cells could not be found.

The histopathological features of the metastatic lymph node were similar to what had been found in the primary growth. The metastatic deposit contain EB virus DNA, and the vast majority of carcinoma cells were EBERs positive too. A considerable number of squamous cells with intercellular bridges and some carcinoma cells containing mucin could also be found except to typical glands presented.

According to the above findings, a diagnosis of "adenosquamous carcinoma containing EB virus of the nasopharynx and metastatic lymph node" can be made.

(Accepted Febrary 5, 1996)