A Rare Case of Carcinoma Cuniculatum Involving the Parotid
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INTRODUCTION

Carcinoma cuniculatum is a well differentiated, low grade variant of oral squamous cell carcinoma. Other anatomic sites where this variant has been described include the genitals and feet.1 While the true incidence is unknown, it is widely accepted to be rare. Carcinoma cuniculatum affects women more often than men and the peak incidence is in the 5th or 6th decade of life. There are no known specific risk factors for this variant, however, local trauma, inflammation, or radiation has been suggested as contributory, but not substantiated. There is questionable involvement of other more classic risk factors as well (HPV, tobacco, alcohol).2

HISTOLOGY

On histology, carcinoma cuniculatum is well-differentiated lesion, lacking cytological malignancy. There is a tendency toward a deep or exophytically penetrating growth pattern with deeply located crypts and lumen formation-filled keratin debris.3 The onion-like formations of keratin pearls surrounded by a well-differentiated squamous epithelium, which resembled rabbit burrows, from which the Latin term cuniculatum is derived.

Patient

45 year-old female presenting with a 3 month history of an enlarging right parotid mass who was initially treated with antibiotics and steroids without improvement. She ultimately underwent an ultrasound-guided biopsy showing atypical squamous cells. She was taken to the OR for deep lobe parotidectomy revealing the diagnosis of carcinoma cuniculatum involving skeletal muscle and extending to adjacent parotid.

DISCUSSION

Final pathology showed a positive margin at the ink resection margin. An MRI at 3 months showed no recurrence. A follow up CT PET at 4 months demonstrated no evidence of recurrent or persistent disease on this imaging.

Despite no other reports involving salivary glands and rare instances of head and neck documented cases, knowing carcinoma cuniculatum as an uncommon variant of well differentiated squamous carcinoma with a characteristic burrowing, inverted pattern of complex keratin-filled, sinus-like structures on pathology lead to management plan of surgical resection and close observation.

CONCLUSIONS

To our knowledge this is the first documented case of carcinoma cuniculatum found in the parotid. With an understanding of the clinico-pathological features and interdisciplinary communication between clinicians, radiologists and pathologists, an appropriate management plan was established for close observation without the increased morbidity of neck dissections or adjuvant therapies.

CITATIONS

4. 4. Christopher C. Griffith, Lindsay A. Goodstein, Madalina Tuluc, Anthony Prestipino, David Cognetti, Joseph Spiegel, Raja R. Serfaty, A Rare Case of Carcinoma Cuniculatum Involving the Larynx in Association with a Saccular Cyst, Head and Neck Pathology, 2015, 9, 3, 421