



Case Report

Carcinoma hypopharynx: A case report

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Abstract

Background: Hypopharyngeal cancer is a relatively uncommon but aggressive malignancy of the upper aerodigestive tract. It often presents late due to vague early symptoms. We report a case of a 52-year-old female with a long history of tobacco chewing who presented with dysphagia and throat discomfort. Detailed clinical evaluation and imaging revealed carcinoma of the hypopharynx involving the post-cricoid region. The patient was planned for radical concurrent chemoradiotherapy. This case highlights the importance of early diagnosis and multidisciplinary management in hypopharyngeal carcinoma.

Key words: Hypopharyngeal cancer; Squamous cell carcinoma; Hypopharynx

1. Introduction

Hypopharyngeal carcinoma is a subtype of head and neck squamous cell carcinoma that arises from the hypopharynx. It is commonly associated with risk factors such as tobacco use and alcohol consumption. The disease frequently presents at an advanced stage because early symptoms are minimal or nonspecific. Management usually involves a combination of radiotherapy, chemotherapy, and surgery depending on the stage of the disease.

2. Case presentation

Patient profile: A 52-year-old female presented with complaints of difficulty in swallowing and throat discomfort. The patient had a history of tobacco chewing for the past 20 years.

2.1. Chief complaints

The patient presented the following symptoms:

- Difficulty in swallowing for the past 2 months
- Persistent sore throat
- Hoarseness of voice
- Weight loss

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2.2. History of present illness

The patient was apparently well until a few months prior to presentation when she started experiencing difficulty in swallowing. Initially, dysphagia was present for solid food but gradually progressed to liquids. The dysphagia was associated with throat pain.

There were no history of breathing difficulty and no symptoms suggestive of distant metastasis.

2.3. Past history

- No history of Diabetes Mellitus.
- No history of Hypertension.
- No other significant comorbidities.
- No previous surgical history.

2.4. Clinical examination

General examination

- Performance Status: ECOG – 1.
- No pallor.
- No icterus.
- No clubbing.
- No cyanosis.
- No edema.
- No palpable lymphadenopathy.

Systemic examination: Systemic examination was within normal limits.

Local examination

- Oral cavity examination: No evidence of disease.
- Neck examination: No palpable lymph nodes.

3. Investigations

Blood Investigations

3.1. Complete Blood Count (CBC):

- Within normal limits.
- WBC – 10,800 /mm³.

- Eosinophils – 7%.
- Absolute Neutrophil Count – 7400.

3.2. Serology

- HIV – non-reactive.
- HBsAg – non-reactive.
- Anti-HCV – Non-reactive.
- OGD Scopy.

3.3. Endoscopic examination revealed: Ulcerated lesion at the cricopharynx.

3.4. Biopsy Findings

Initial biopsy showed: Hyperplastic squamous epithelium with reactive changes.

Repeat biopsy revealed: Moderately differentiated squamous cell carcinoma.

4. Imaging Findings

4.1. CT scan

CT imaging revealed:

- Thickened enhancing post-cricoid lesion measuring 18 × 10 mm.
- Enlarged left level IV lymph node (8 mm).

Additional findings:

- Intraluminal extension.
- Lateral abutment of thyroid lobes.
- Posterior abutment of cervical vertebrae.
- Left vocal cord adducted.
- Left pyriform sinus widened.

4.2. PET-CT Findings

- No FDG-avid lesions in lungs, mediastinum, liver, abdomen, or bones.
- No evidence of visceral or skeletal metastasis.

5. Diagnosis

- Carcinoma Hypopharynx.

Staging: cT2 N1 M0.

Tumor location: Post-cricoid region.

6. Treatment plan

- The patient was planned for Radical Concurrent Chemoradiotherapy.

7. Radiotherapy

- Total dose: 66 Gy.
- Fractions: 33 fractions.
- Technique: VMAT (Volumetric Modulated Arc Therapy).
- Chemotherapy.
- Concurrent chemotherapy planned along with radiotherapy.

8. Discussion

Hypopharyngeal carcinoma is commonly associated with chronic tobacco exposure. The post-cricoid region is one of the common subsites affected. Dysphagia and throat pain are among the most frequent presenting symptoms.

Early diagnosis is often difficult due to nonspecific symptoms. Endoscopy, biopsy, and advanced imaging techniques such as CT and PET-CT are essential for accurate diagnosis and staging.

Concurrent chemoradiotherapy is considered the standard treatment for many patients with locally advanced hypopharyngeal cancer, offering good locoregional control while preserving organ function.

9. Conclusion

This case demonstrates a typical presentation of hypopharyngeal carcinoma in a patient with long-term tobacco exposure. Early evaluation of persistent dysphagia and throat symptoms is essential for timely diagnosis. Multidisciplinary treatment with chemoradiotherapy plays a crucial role in improving outcomes.

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