Mini Review
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Epidemiology of adenoid cystic carcinoma presenting in lymph nodes in a developing community

Abstract

Lymph node carcinoma of unknown origin is of worldwide interest. Therefore, this report concerns the adenoid cystic variety alone. Five cases were identified. A major finding was that almost all were males as in a paper published from the UK.

Keywords: Lymph node, adenoid cystic carcinoma, unknown origin, developing community

Special Issue - 2018

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Received: July 17, 2018 | **Published:** November 16, 2018

Introduction

There has long been worldwide interest in lymph node metastases without the origin being known. Now, a massive monogram reviewed it but did not touch on it[1] Therefore, this paper takes up the issue with reference to lymph nodes invaded by adenoid cystic carcinoma with reference to the Nigerian Ibo or Igbo ethnic group.[2] This has been facilitated by the Birmingham (UK) group which held that the establishment of a histopathology data pool is useful in the field of epidemiological analysis.[3] In practice, this paper became possible because the then Government of the Eastern Region of Nigeria had established such a data pool and the author was privileged to be the pioneer pathologist from 1970.

Investigation

Biopsy specimens were received from physicians provided that they supplied epidemiological data. As the author kept a personal copy of all the reports over the years, manual retrieval was easy. Thus, the data on the adenoid cystic carcinoma, which were found in the lymph nodes, were assessable separately in tabular form.

Result

Epidemiological data on adenoid cystic carcinoma shows in Table 1.

Table 1 Epidemiological data on adenoid cystic carcinoma

No	Initials	Age	Sex	Site	Town
1	OB	60	M	Neck	Enugu
2	IJ	70	M	Neck	Uturu
3	OE	60	M	Axilla	Owerri
4	EH	55	M	Neck	Owerri
5	EP	30	F	Submandibular	Enugu

Discussion

At a glance, mostly males were involved. So were the neck nodes. The age range was 30 to 70 year (mean 55 years). Enugu was not the only catchment point, two other towns being involved. There was a debate in the UK as to whether a distant hospital can benefit from a central laboratory.[4] In our local experience, there is much to gain in the traffic of specimens.[5] Indeed, this center has systematically published on epidemiological issues. Perhaps, it suffices to single out the observations on the lymph nodes in respect of tuberculosis,[6] cervical biopsy,[7] their being harvested right from within the breast parenchyma,[8] and their position in the popliteal fossa as a naturally situated human model for lung cancer metastasis.[9] The uniqueness of adenoid cystic carcinoma in particular dates back to 1881.[10] Another point of interest was on its parameters in the breast.[11] On the global plane, contributors from England were struck by its occurrence being "Almost exclusively in men."[12] It is inexplicable in the present series.

It is remarkable that global search also revealed that the neck is often involved in the UK,[13] USA,[14,15] and South Korea.[16] The last authors looked forward to explanatory research which is "needed to identify molecular biomarkers that predict the clinical outcome." In this context, an Igbo physician, who was operated on for colonic tumor with this form of lymph node metastasis, has continued to do well in his 80s.[17] Incidentally, adenoid cystic carcinoma "of the head and neck is a well-recognized pathological entity that rarely occurs in the larynx".[4] Moreover, another oddity is that "the five-year rate of 'node-free' survival was 62 percent for men and 95 percent for women".[12] Accordingly, as South Koreans said of patients,[10] "more research is needed to identify molecular biomarkers that predict the clinical outcome and to develop effective treatment."

Acknowledgement

None.

Conflict of interest

The author declares there is no conflict of interest.

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Citation: Onuigbo WIB. Epidemiology of adenoid cystic carcinoma presenting in lymph nodes in a developing community. *MOJ Immunol.* 2018;6(5):202–203. DOI: 10.15406/moji.2018.06.00226