

## Adenoid cystic carcinoma of the trachea

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### Abstract

**Background:** Primary malignant neoplasms of the trachea are very rare and there is limited information available on this subject. Adenoid cystic carcinoma is a slow-growing malignant tracheal tumor and the best method of treatment is surgical resection. This study was conducted to evaluate patients with adenoid cystic carcinoma of the trachea who underwent surgical treatment. **Materials and Methods:** In this descriptive study, 9 patients treated for adenoid cystic carcinoma from 1990 to 2007 at the Mashhad Ghaem Hospital and Tehran Imam Khomeini Hospital were assessed. **Results:** There were 9 patients (7 males and 2 females) with a mean age of 56.3 years. Dyspnea and stridor were the most common presenting symptoms (88.8%). All patients underwent rigid bronchoscopy and biopsy. The most common site of involvement was the lower third of trachea (55.5%); 77.7% of patients underwent surgical resection. Death occurred in one patient after tracheal resection due to aspiration pneumonia (11.1%). Postoperative radiotherapy was performed in 22.2% of patients because of positive surgical margin and in 22.2% due to inappropriate location of the tumor after bronchoscopic ablation. During a three-year follow up, one patient (11.1%) had tumor recurrence. Resection with post-operative radiotherapy was performed for him. The three-year survival was 88.8%. **Conclusion:** Because of the nature of adenoid cystic carcinoma of the trachea, surgical resection is the best method of treatment. But if surgical margins are positive post-operative radiotherapy will be necessary. In patients who are not candidates for resection, radiotherapy can be an effective alternative treatment. © 2008 NRITLD, National Research Institute of Tuberculosis and Lung Disease, Iran.

### Reaxys Database Information

### Author keywords

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### Indexed Keywords

**EMTREE medical terms:** adenoid cystic carcinoma; adult; aged; article; aspiration pneumonia; bronchoscopy; cancer localization; cancer radiotherapy; cancer surgery; cancer survival; clinical article; dyspnea; female; human; human tissue; male; outcome assessment; postoperative complication; recurrent cancer; stridor; surgical mortality; survival time; trachea carcinoma; trachea resection; tracheal biopsy; treatment response

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