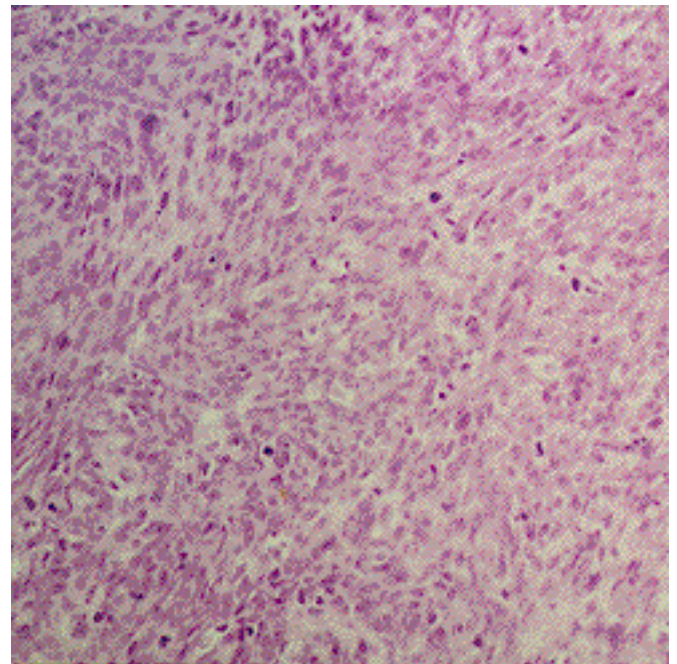


BASALOID SQUAMOUS CARCINOMA

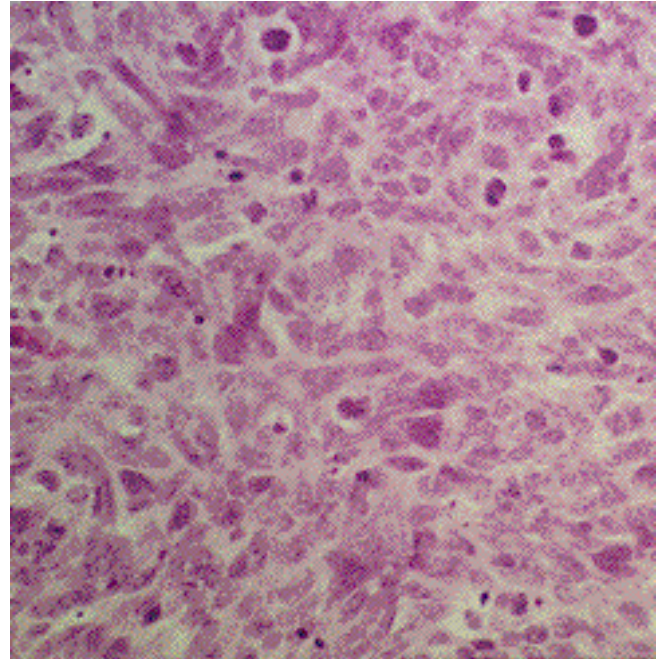
Basaloid squamous carcinoma is an aggressive, high grade variant of squamous carcinoma consisting of basaloid cells associated with invasive squamous cell carcinoma, carcinoma-in-situ, or dysplastic squamous epithelium. It is seen chiefly in older males and most commonly in the tongue, larynx, and hypopharynx.

Microscopically, squamous carcinoma is found closely associated with a basaloid cell type of cell showing hyperchromatic nuclei, minimal cytoplasm, pleomorphism, and mitoses. There are a wide variety of architectural patterns—cords, nests, solid trabeculae, cystic, sometimes all occurring within the same tumor.

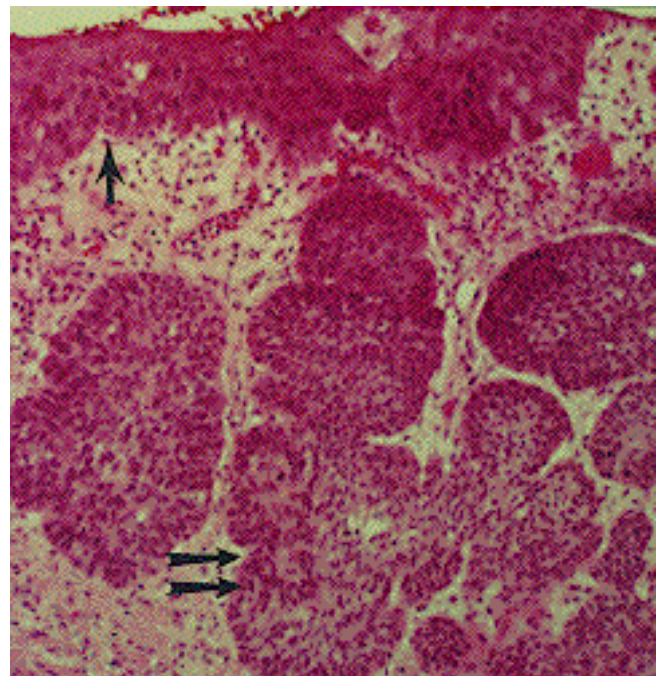
Basaloid squamous carcinoma. Only the basaloid component is seen here. Very little cytoplasm surrounds the basophilic oval nuclei.

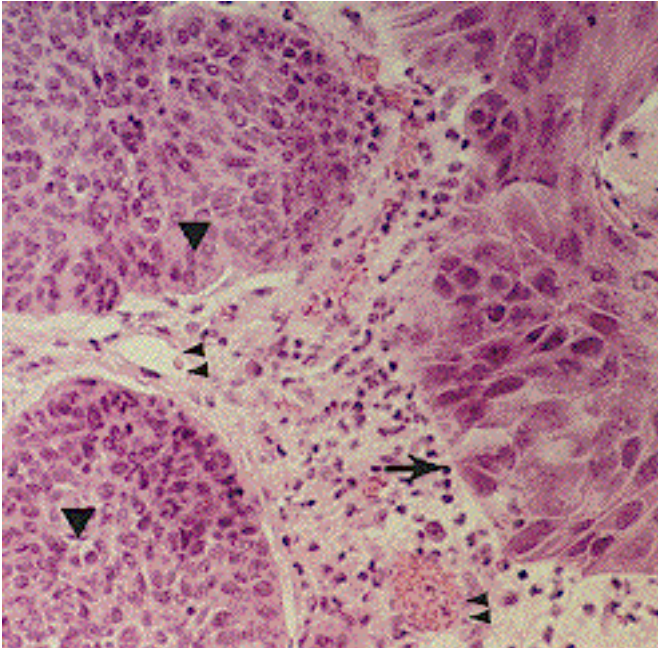


Basaloid squamous carcinoma, higher power of photo. Large cells, dark nuclei and pleomorphism are seen. Cytoplasm is scanty and there are mitoses.



Basaloid squamous carcinoma, larynx; dysplastic changes in squamous epithelium (single arrow) overlie basaloid formations (double arrows).





Basaloid squamous carcinoma, high power of left center. There is invasive squamous carcinoma (arrow) with marked pleomorphism and hyperchromatism. Septum between the two tumor types contains numerous blood vessels (small triangles) emphasizing the likelihood of hematogenous as well as lymphatic spread that is associated with the basaloid component (large triangles).

CLINICAL ASPECTS:

Metastases of either component of the tumor to lymph nodes, lung, brain and bone are common. The clinical course is usually rapidly downhill irrespective of surgery or irradiation therapy.