

neutropenia, hepatic toxicity, renal dysfunction, and tumor lysis syndrome. Radiotherapy caused skin reactions, post-radiation pneumonitis, oropharyngeal mucositis, acute skin responses, and central nervous system toxicity. Surgical interventions were correlated with liquid, non-liquid, or mixed-type complications, such as fistulas, abscesses, hemorrhages, vascular complications, and regional nerve injuries especially in the context of multimodal therapies.

Conclusion(s). The management of oncological complications remains a complex and challenging field, requiring constant updates of clinical protocols. The implementation of standardized guidelines and the personalization of treatment have proven essential for reducing risks and improving therapeutic outcomes.

Keywords: oncological complications, cancer, chemotherapy, toxicity

DETECTION OF NASOPHARYNGIAN CANCER DURING ADOLESCENCE. CLINICAL CASE

Natalia Plămădeală, Lilia Bacalîm

Oncology Department, Faculty of Medicine no.1, USMF “Nicolae Testemițanu”, Republica Moldova

Background. Nasopharyngeal cancer is a serious condition that affects part of the upper respiratory tract. Although it is less common in children, it has an aggressive progression with loco-regional extension of the disease. The diagnosis of the pathology may be delayed due to the deep location and non-specific symptoms.

Objective(s). Presentation of a clinical case of a child nasopharyngeal carcinoma, with complex tumor extension, emphasizing the importance of early diagnosis and the multidisciplinary approach to pathology.

Materials and methods. The 16-year-old patient was initially consulted in the IO CCD, then by the multidisciplinary team of ENT doctors, ENT surgeons and imaging specialists. He was investigated clinically, paraclinically and imaging, including brain CT and MRI of cervical soft tissues, 2 VELS biopsies under local anesthesia and one under general anesthesia.

Results. The patient presented with right jaw pain, fatigue and grade II trismus. Imaging investigations (CT and MRI) revealed a voluminous tumor formation with dimensions (66x59x55 mm) with extension in the nasopharynx and oropharynx, sphenoidal sinus, posterior ethmoidal cells, right masticatory space, right maxillary sinus. Result of the histopathological examination: poorly differentiated non-keratinized squamous carcinoma G3. Immunohistochemically, the tumor cells are positive for pancytokeratin and p63, negative for CD45. The final diagnosis was established based on the data obtained, allowing the initiation of oncological treatment.

Conclusion(s). Nasopharyngeal cancer is a severe pathology. The presented case highlights the importance of early diagnosis of this type of cancer. Patient evaluation by a multidisciplinary team and early oncological intervention are essential to obtain a favorable prognosis for the patient.

Keywords: nasopharyngeal cancer, biopsy, early diagnosis, treatment