01. **The Silent Masquerade: Hypopharyngeal Squamous Cell Carcinoma Presenting as Recurrent Deep Neck Abscess in a Young Adult: A Case Report and Literature Review**

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BACKGROUND: Deep neck space infections are common otolaryngologic emergencies that usually have a bacterial origin. However, a rare subset of head and neck squamous cell carcinomas (HNSCC) can present as cystic, necrotic masses that clinically mimic abscesses. Moreover, this type of presentation is exceptionally rare in young adults (<40 years) which leads to significant diagnostic delays. **THE CASE:** We present here a case of a 33-year-old male who presented with a six-month history of progressive dysphagia and recurrent neck swelling. He was initially diagnosed with retropharyngeal abscess and underwent incision and drainage (I&D) at two separate facilities. Despite antibiotic therapy and surgical drainage, the swelling recurred. The patient later developed airway compromise requiring tracheostomy. Subsequent imaging and biopsy revealed Stage IV hypopharyngeal squamous cell carcinoma with extensive necrotic cervical lymphadenopathy. The patient was planned for palliative care and supportive oncologic management. This report analyzes the "diagnostic trap" created by the confluence of young age and inflammatory presentation. In this case report, we discuss the pathophysiology of "cystic" nodal metastasis, the anatomical basis for retropharyngeal involvement (Nodes of Rouviere), and the critical dangers of performing open incision and drainage on malignant nodes that include surgical displacement. **CONCLUSION:** It concludes that clinicians must maintain a high level of suspicion for malignancy in an adult that presents with atypical deep neck abscess. Because these inflammatory episodes often mask an underlying squamous cell carcinoma. Fine-needle aspiration (FNA) with cytology is the preferred initial diagnostic step because open drainage of unrecognized malignancy increases morbidity and complicates future cancer resection.

Parameter	Upper Esophageal Stricture Biopsy	Cervical Lymph Node Biopsy
Clinical	Patient is suffering from dysphagia	Retropharyngeal abscess with submucosal thickening in hypopharynx and multiple necrotic cervical lymph nodes on left side of neck
Specimen	UPPER ESOPHAGEAL STRICTURE	Cervical lymph node
Gross	Specimen container is labelled with patient name, case number and unmarked for site. Received in formalin consists of four mucosal fragments, smallest 0.1x0.1x0.1cm and largest 0.5x0.3x0.3cm. Specimen is submitted entirely in one block.	Received in formalin and labeled with the patient's name and surgical number is a fatty tissue measuring 1x1cm. The specimen is submitted entirely in one block.
Microscopy	Histological examination of section reveals squamous mucosa with surface ulceration and underlying malignant neoplasm that is composed of groups and sheets of cells with hyperchromatic pleomorphic nuclei and prominent nucleoli. Some of these cells have eosinophilic cytoplasm. Focal keratin production is also noted.	Histological examination shows a malignant infiltrating neoplasm arranged in sheets and groups of cells having hyperchromatic pleomorphic nuclei with eosinophilic cytoplasm. Groups of cells forming keratin pearls and intercellular bridges are also noted.
Immunostains	p-63: Positive Cytokeratin: Positive CMV: Negative	Not specified
Special Stain	PAS: Negative for fungal organisms	Not specified
Diagnosis	UPPER ESOPHAGEAL STRICTURE: Moderately Differentiated Squamous Cell Carcinoma	Cervical lymph node: Poorly differentiated Squamous cell carcinoma

Key Words: "Squamous Cell Carcinoma of Head and Neck"[Mesh], "Retropharyngeal Abscess"[Mesh], "Head and Neck Neoplasms"[Mesh], "Carcinoma, Squamous Cell"[Mesh]

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