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Unilateral Pedunculated Polyp of the Palatine Tonsil

ABSTRACT

Objectives: To report a benign tonsillar lesion presenting as a pedunculated polyp and discuss its diagnosis and management.

Methods:

Design: Case Report

Setting: Tertiary Government Hospital

Patient: One

Results: A 14-year-old lad presented with a seven-year history of an elongated right tonsillar mass without associated bleeding, pain, dysphagia or obstructive sleep apnea. Physical examination revealed a pedunculated mass about 2 x 1 x 0.5cm in size located in the superior pole. After unilateral tonsillectomy, histopathological examination revealed lymphangectatic lipomatous fibrotic polyp.

Conclusion: Lymphangiomas of the palatine tonsils is an unusual benign lesion of the head and neck. These are commonly present as unilateral, polypoidal mass that cannot be clinically differentiated from other benign tonsillar lesions. Tonsillectomy is the recommended surgical approach for both diagnostic and therapeutic purposes. Histopathological study must be done to confirm diagnosis.

Keywords: *Palatine Tonsil, Pedunculated polyp, Hamartoma, Lymphangioma, Tonsillectomy*

Tumors of the tonsils are relatively rare and benign tumors of the palatine tonsils are less common than malignancies. Squamous papillomas account for the majority of benign lesions, whereas vascular tumors are rarely reported.¹ Lymphangiomas of the head and neck are likewise rare and such tumors arising from the palatine tonsils are sparse.²

We present the case of an adolescent male with a lymphangioma of the palatine tonsil.

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Presented at Philippine Society of Otolaryngology – Head and Neck Surgery Free Paper Presentation, Sofitel Philippine Plaza Hotel, CCP Complex, Manila, December 4, 2012.

CASE REPORT

A 14-year-old healthy lad consulted at the outpatient department for an oropharyngeal foreign body sensation. On review, he had a seven-year history of an elongated right tonsillar mass without associated bleeding, pain, dysphagia or obstructive sleep apnea. Physical examination revealed a solitary, smooth, pedunculated, elongated, pinkish, non-tender, soft mass within the right tonsillar pillar. (Figure 1)

Unilateral tonsillectomy was performed under general anesthesia. The 2 x 1 x 0.5 cm mass was attached to the superior pole of the right

tonsil by a distinct stalk. It was pinkish to whitish in color with soft consistency. (Figure 2) On histopathologic evaluation, the specimen showed a non-keratinizing, stratified, squamous epithelial lining and a dense lymphoid tissue at the base. (Figure 3) The central portion of the specimen contained numerous dilated lymphatic channels with thin epithelial lining and some blood vessels. (Figure 4) There was no atypia or evidence of malignancy. The final histopathological report was lymphangectatic lipomatous fibrotic polyp (a term for lymphangiomatous polyp).



Figure 1. Oropharyngeal examination of the patient revealing a pedunculated tonsillar mass on the right.

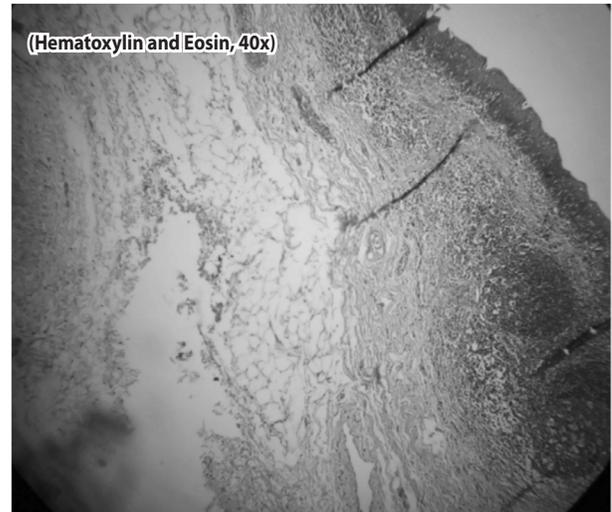


Figure 3. Histopathologic specimen showing non-keratinizing, stratified squamous epithelial lining with lymphoid tissue at the base (H&E, 40x)



Figure 2. Right tonsil and 2 x 1 x 0.5 cm pedunculated tonsillar mass with a distinct stalk after unilateral tonsillectomy.

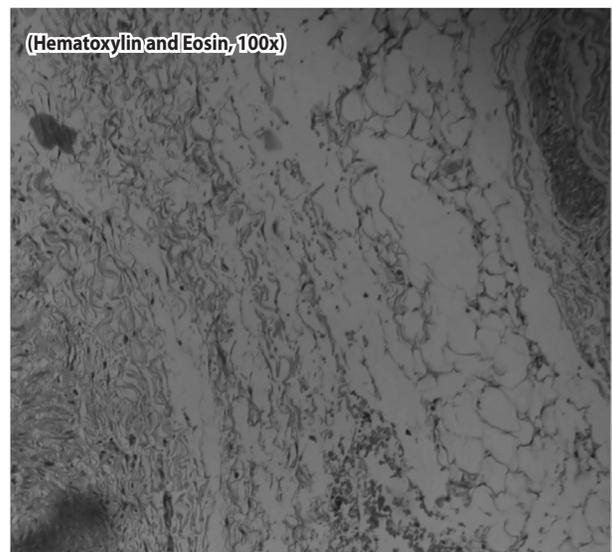
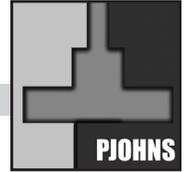


Figure 4. Histopathologic specimen showing dilated lymphatic channels in the central portion. (H&E, 100x)



DISCUSSION

Lymphangiomas are uncommon benign lesions. The head and neck regions are the most common sites of these lesions. The tonsil is a less common site for the development of lymphangiomas and their classification in this location is confusing.³ Different terms in the English literature have been used for classification such as lymphangectatic fibrous polyp, polypoid lymphangioma, angiofibroma, pedunculated squamous papilloma, hamartomatous tonsillar polyp, pedunculated tonsil, lipoma, lymphangectatic fibrolipomatous polyp, lymphangiomas and others.⁴

The true incidence of these lesions is difficult to accurately assess from the literature. This may be due to confusing histologic nomenclature used to describe benign lymphatic lesions. Lymphangiomas account for 1.9% of all tonsillar tumors seen. Another study done suggested a higher incidence for these tumors at 8% of all benign tonsillar tumors as compared to

hemangiomas and fibromas representing 2% and 3%, respectively.⁵ However, incidence may be higher and is only underreported and unrecognized due to its benign nature.

To our knowledge, less than 50 documented cases of tonsillar lymphangiomas have been reported to date.^{2,4,6-9} Of these, 26 cases were identified in a single retrospective case series from the Otolaryngologic-Head and Neck Tumor Registry of the Armed Forces Institute of Pathology.³

Most authors recommend that tonsillectomy is the curative procedure of choice.^{3-4,6} However, a case report recommended excision as adequate instead of tonsillectomy.² No recurrence was reported for both tonsillectomy and excision of mass.

Adequate excision should be performed for benign tonsillar lesions. Unilateral tonsillectomy was the surgical option for this case. One of the differential diagnoses considered was extra-pharyngeal juvenile angiofibroma which requires more aggressive resection to prevent recurrence.

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