

CASE REPORT

A RARE CASE OF PEDUNCULATED TONSILLAR LYMPHANGIOMATOUS POLYP

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ABSTRACT: Lymphangioma polyp of palatine tonsil is a rare entity. It can cause significant distress to patient like dysphagia, foreign body sensation, feeling of lump in throat & can mimic malignancy. We are presenting a case of pedunculated lymphangioma polyp of right palatine tonsil in a 20years old female, who presented in ENT OPD with enlarged right palatine tonsil and recurrent episodes of tonsillitis. Right tonsillectomy under general anaesthesia was done and nodular tonsillar mass measuring (2.5x2x1cm) attached with a pedunculated polypoidal mass measuring (3.5x1x.5cm) was resected out and sent for histopathological examination. On histopathological examination, the polypoidal mass showed lining by stratified squamous epithelium with fibro-collagenous stroma consisting of lymphatic channels suggestive of lymphoid nature of polyp.

KEYWORDS: Palatine tonsil, Lymphangioma polyp, Tonsillectomy.

INTRODUCTION: Lymphangioma polyp of palatine tonsil is an extremely rare entity. Gastrointestinal tract including colon, stomach and small intestine is the commonest site of lymphangioma polyp. Palatine tonsil is the commonest site of polyp in head and neck. Till date about 30 cases of tonsillar polyps have been reported in literature.^(1,2,3,4) Various terminologies used for lymphangioma polyp of palatine tonsil are lymphangiectatic fibrous polyp,⁽⁵⁾ hamartomatous tonsillar polyp,^(6,7) pedunculated hamartomatous polyp of palatine tonsil.⁽⁸⁾ Presenting symptoms are acute tonsillitis, recurrent sore throat, dysphagia, odynophagia and feeling of lump in throat.⁽¹⁾

We are presenting a case of polypoidal pedunculated mass attached with right hypertrophied palatine tonsil, histopathological examination confirmed it to be lymphangioma polyp which is a benign lesion.

CASE REPORT: A 20 year old female from a rural area of Lucknow presented with mass in right tonsillar area along with complains of dysphagia for last 3 months. The mass was gradually progressive in size and was painless. Patient had history of recurrent episodes of tonsillitis. There is no history blood in sputum and of any addiction. For these complains patient consulted a local doctor and was kept on oral medication but was not relieved.

Clinical examination revealed a polypoidal mass arising from medial surface of hypertrophied right tonsil. On palpation, the polyp was soft in consistency & there were no pulsations in it. Left tonsillar region was normal. Significant cervical lymphadenopathy was absent.

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Systemic examination did not reveal any significant abnormality. Routine investigations including haemogram, random blood sugar, liver function test, kidney function test were within normal limits.

Patient underwent elective LASER assisted right tonsillectomy under general anaesthesia without any complication.

On gross examination of resected specimen, the tonsil was pale brown in color measuring (2.5x2x1cm). On its medial surface a pedunculated polyp was attached which was pinkish in color, measuring (3.5x1x.5cm) (Fig. 1). The cut surface of the polyp was yellowish white in color.

Histopathological examination of both tonsil & polyp showed abundant lymphoid tissue with some fibrous element. Mucosal lining of both tonsil & polyp was stratified squamous epithelium. All of these findings were consistent with a diagnosis of lymphangiomatic polyp of the palatine tonsil. There were no atypical features suggestive of malignancy (Fig. 2). Patient was followed for next 6 months post operatively and there were improvement in symptoms with no recurrence.

DISCUSSION: Palatine tonsils are a part of Waldeyer's ring. Neoplasm of palatine tonsil can cause significant distress to patient. Differential diagnosis includes both malignant lesions like squamous cell papilloma, lymphoma & benign lesions like epidermal inclusion cyst, fibroma, haemangioma, lipoma, lymphangiomatic polyp. Lymphangiomatic polypoid lesions of the head and neck are very rare and case reports of these tumors arising from the palatine tonsils in the literature are sparse. They tend to occur more commonly in the lower gastrointestinal tracts like colon and stomach.

Till date, only 30 cases of tonsillar lymphangiomatic polyps are reported in the literature.^(1,2,3,4) Out of these, 26 cases were included in a single retrospective case series from the Otorhinolaryngic-Head and Neck Tumor Registry of the Armed Forces Institute of Pathology.⁽¹⁾ This case series demonstrated the presence of lymphoid and fibrous element in histopathologic picture and no evidences of dysplasia, which was similar with our study.

Presenting symptoms in most cases of lymphangiomatic polyp of tonsil is chronic irritation, odynophagia, dysphagia, bouts of cough and other features of tonsillitis.

Both sessile & polypoidal lesion are described in literature. The majority of lesions in case reports are polypoidal.^(9,10,11) Predisposing factor includes chronic inflammation of palatine tonsil like chronic tonsillitis.

The pathogenesis of tonsillar lymphangiomatic polyps remains unclear. Chronic inflammation and associated obstruction of lymphatic channels were previously suggested as a possible mechanism but recently suggested mechanism is isolated hamartomatous proliferation leading to development of lymphangiomatic polyp.

Histopathological examination is confirmatory to establish the diagnosis. Lymphangiomatic polyp of palatine tonsil is a benign lesion comprising of abundant lymphoid tissue with some fibrous elements embedded in it.⁽¹²⁾

As far as management is concerned, the tonsillectomy is the treatment of choice and the patient should be followed for at least 6 months for any recurrence.

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CONCLUSION: Tonsillar lymphangiomatous polyp is an uncommon benign lesion that arises from medial surface of palatine tonsil. Both sessile and polypoidal lymphangiomatous lesion are described in literature, of which majority are polypoidal. Obstruction of lymphatic channels due to chronic infection of tonsil is suggested possible mechanism of pathogenesis. Management includes complete removal of palatine tonsil along with polypoidal mass. Recurrence has not been reported in literature.

REFERENCES:

1. Kardon D. E., Wenig B. M., Heffner D. K., and Thompson L. D. R., "Tonsillar lymphangiomatous polyps: a clinicopathologic series of 26 cases," *Modern Pathology*, 2000 : 13(10):1128–1133,.
2. Roth M. "Lymphangiomatous polyp of the palatine tonsil," *Otolaryngology—Head and Neck Surgery*, 1996:115(1); 172–173,.
3. Raha O, Singh V, Purkayastha P. "Lymphangioma tonsil—rare case study," *Indian Journal of Otolaryngology and Head and Neck Surgery*, 2005; 57(4): 332–334.
4. Al Samarrae S. M, Amr S. S, Hyams V. J. "Polypoid lymphangioma of the tonsil: report of two cases and review of the literature," *Journal of Laryngology and Otology*, 1985; 99(8):819–823.
5. Hiraide F, Inouye T, Tanaka E. Lymphangiectatic fibrous polyp of the palatine. *J Laryngol Otol* 1985; 99: 403-9.
6. Shara KA, Al-Muhana AA, Al-Shennawy M. Hamartomatous tonsillar polyp. *J Laryngol Otol* 1991; 105: 1089-90.
7. Lupovitch A, Salama D, Batmanghelichi O. Benign hamartomatous polyp of the palatine tonsil. *J Laryngol Otol* 1993; 107: 1073-5.
8. Ohtsuki Y, Kurita N, Iguchi M, Kurabayashi A, Matsumoto M, Takeuchi T, et al, A pedunculated hamartomatous polyp of the palatine tonsil, *Biomed Res* 2006; 17(3): 155-8.
9. Begin LR, Frenkiel S. Polypoid lipoma of the palatine tonsil. *J Laryngol Otol* 1993; 107: 556-8.
10. Prikas KG, Bingham BJ. Torsion of the palatine tonsil. *J Laryngol Otol* 1996; 110: 891-2.
11. Na HG, Bae CH, Kim YD, Song SY. A case of Hamartoma Originated from the Palatine Tonsil. *Korean J Otorhinolaryngol-Head Neck Surg* 2011; 54(10): 731-3.
12. Heffner D. Pathology of the Tonsils and Adenoids. *Otolaryngol Head & Neck Surg*. 1987, 20: 279-86.

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Fig.1 Excised Right tonsil with a pedunculated polyp attached on its medial surface

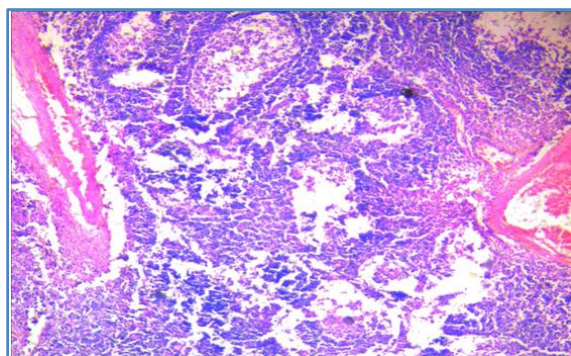


Fig. 2: Lymphatic channels in polyp covered by stratified squamous epithelium. [40X magnification]

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