INTRODUCTION

The head and neck is the most common site of the lymphangiomatous lesions. Most arise in the skin and subcutaneous tissues, but other sites include the larynx, parotid gland, mouth, and tongue. Benign tumors of the tonsils are rarely seen compared to malignancies. These lesions have been described by different name in the literature such as angiomatous, polypoid lymphangioma of the tonsil, hamartomatous tonsillar polyp, lymphoid polyp, or tonsillar lymphangiomatous polyp. It may be difficult to determine the true incidence of these lesions.

In the literature less than 30 cases with lymphangiomatous polyp of the tonsils have been reported. Patients presented generally with dysphagia, sore throat or sensation of mass in the throat. The physical examination by indirect laringoscopy, unilateral tonsillar mass can be detected and these lesions are frequently misdiagnosed as malignancy. The curative treatment is wide excision.

CASE REPORT

A 36-year-old woman who was referred to the Otolaryngology Department of Yunus Emre General Hospital, in May 2009 with difficulty of swallowing. The request was made by her General Practitioner. Her medical history revealed that she had history of allergies. Physical examination in the tonsil cavity, nasopharynx and larynx were normal. There were no lymphoid tissue (100x).

The specimen was measured macroscopically 1.5 x 0.7 cm in diameter. The mass was firm and smooth, with a small pedunculated base. Histologically, its surface was covered with parakeratic squamous epithelium and, its stroma was composed of loose fibrous tissue included numerous dilated lymphatic space and aggregates lymphoid tissue (Figure 1). In the light of these pathological findings the diagnosis of lymphangiomatous polyp was confirmed. After surgical excision, the patient remained recurrence free for 12 months of follow-up period.

DISCUSSION

The head and neck is the most common site of the lymphangiomatous lesions. Most arise in the skin and subcutaneous tissues, but other sites include the larynx, parotid gland, mouth, and tongue. Benign tumors of the tonsils are less common than malignant ones. Moreover, the tonsils are less common site for the development of pedunculated lymphangiomatous lesions. Lymphangiomatous polyp has been reported with different names in the literature including angiomatous, polypoid lymphangioma of the tonsil, hamartomatous tonsillar polyp, lymphoid polyp, or tonsillar lymphangiomatous polyp. It may be difficult to determine the true incidence of these lesions.

Kardon et al reviewed the 26 cases of lymphangiomatous polyp of tonsils and he believed that lymphangiomatous tonsillar lesions have higher incidence than the reported cases in the literature. The differential diagnoses should consider the lympho-vascular proliferation. Lymphangiomatous polyp should be considered in the differential diagnosis of mass lesion in the tonsil. The differential diagnoses should include papilloma, fibroepithelial polyp, and lymphangioma.

Lymphangiomatous polyps of the tonsil are unusual benign hamartomatous lesions, and they are treated with curative intent by simple surgical excision. There have been no reported cases of disease recurrence or malignant transformation after excision.

FINAL REMARKS

We think that lymphangiomatous polyps are more common than reported in the literature. However, the true incidence is not known because of different names are present in the literature. We believe that, our case is noteworthy to help the estimate of the true incidence in the future.

REFERENCES


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