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Case Report

PEDUNCULATED LYMPHANGIOMATOUS POLYP OF THE PALATINE TONSIL: AN UNCOMMON HAMARTOMATOUS LESION

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ABSTRACT

Tonsillar lymphangiomas are polyps that generally arise from the tonsillar surface, and it has rarely been reported in the medical literature. Because of the uncommon clinical and pathological features of these polyps, pathologists and clinicians may experience difficulty in correctly classifying them. We report a case of pedunculated lymphangiomas polyp of palatine tonsil in a 21 year old male with a history of mass which moves with deglutition and foreign body sensation in the left tonsillar area. Gross examination revealed 1.3×0.5 cm sized polypoid mass was found to be attached to the tonsil with a slender stalk; it was firm and fibrotic [Fig. 1]. The cut surface was smooth, white to tan. Microscopic examination revealed a polyp lined by squamous epithelium, and its stroma composed of fibrous tissue along with numerous dilated lymphatic channels and aggregates of lymphoid tissue.

Keywords: Hamartoma, Lymphangiomas polyp, Palatine tonsil.

INTRODUCTION

Tonsillar lymphangiomas polyp is an uncommon hamartomatous lesion that generally arises from the tonsillar surface, and it has rarely been reported in the medical literature.

It has been described by different nomenclatures such as lymphangiectatic fibrous polyp, polypoid lymphangioma of the tonsil, hamartomatous tonsillar polyp and so on^{1-4,5,6}. It is lined by squamous epithelia and its stroma is composed of variably loose or more dense collagenous tissue and adipose tissue, and this usually contains dilated lymphatic channels and various components of lymphoid tissue¹. It is a rare polypoid mass that generally arises from a pedicle attached to the tonsil and projecting into the oropharynx². Although this is a rare clinical and pathologic entity for pathologists and clinicians, the diagnosis is not so difficult if one has a bit of experience about that.

CASE REPORT

We received a surgical specimen of a 21-year-old male with 3 years history of mass and foreign-body sensation in left tonsillar region, for histopathological examination. The requisition form mentioned that the patient was relatively asymptomatic 3 years back when he noticed a small painless mass in left tonsillar region which moves with deglutition. The mass slowly and gradually increased upto its present size. All the routine haematological and radiological investigations were normal. Gross examination revealed 1.3×0.5 cm sized polypoid mass found to be attached to the tonsil with a slender stalk; it was firm and fibrotic [Fig. 1]. The cut surface was smooth and white to tan. Microscopic examination revealed a polyp lined by stratified squamous epithelium, and its stroma composed of fibrous tissue along with numerous dilated lymphatic channels and aggregates of lymphoid tissue [Fig. 2].

DISCUSSION

The term hamartoma means a malformation that presents as a mass of disorganized tissue indigenous to the particular site. Although a hamartoma is not a tumour, malignant changes can develop. They may occur in any organ, but most often in the spleen, liver and lungs. Hamartomas are very rare in the head and neck region, especially in the pharynx⁶. The tonsil is a less common site for the development of lymphangiomatous tumors, and their classification in this location is confusing.



Figure 1: Gross photograph of left tonsillectomy specimen. A pedunculated polypoid mass with smooth glistening white surface extends from tonsil.

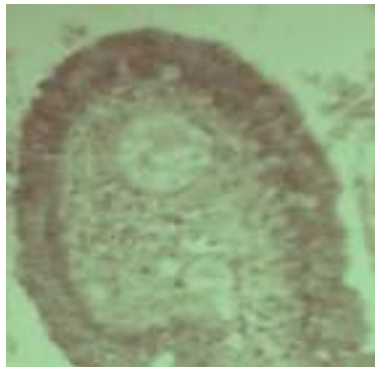


Figure 2: Photomicrograph revealing a polyp lined by stratified squamous epithelium with underlying fibrous stroma along with few dilated lymphatic channels and numerous lymphocytes (H&E 400X).

In the early part of the 20th century, histologically identical lesions of the tonsil were reported by a number of different names, including angiomas⁷, angiofibromas, or fibroangiomas⁸. Still others have had difficulty classifying their cases specifically, and have named them fibrolipomas after the stromal components, or have given them a more descriptive diagnosis, such as “polypoid tumor containing fibroadipose tissue”⁴. As noted in the literature, the lymphatic channels of lymphangiomatous polyps are frequently dilated, but generally are not as prominent as in the typical lymphangioma. In addition, the stromal components are frequently more abundant than the vessels². We agree with the assertion that these lesions are most likely hamartomatous because they consist of a haphazard proliferation of elements that are normally found in the tonsil^{2,6,9}. These tumors

occasionally become large and cause obstructive symptoms and in these circumstances, have generally been present for years—up to 30 years in one reported case⁶.

The differential diagnoses should include juvenile angiofibroma, squamous papilloma, and lymphangioma.

It is important to distinguish lymphangiomatous polyps from juvenile angiofibroma, since the latter lesion should usually be treated more aggressively to prevent possible recurrence. Clinically, angiofibromas typically occur in the nasopharynx of adolescent males, often as large tumors with extensive growth and even bone erosion and present with epistaxis due to the rich blood supply. Histologically, the stroma of angiofibromas is more cellular, composed of stellate and plump cells, and contains branching thin walled vascular channels. On the other hand, lymphangiomatous polyps usually have a relatively paucicellular fibrous background and more lymphocytes. Squamous papilloma is usually an exophytic surface epithelial proliferation that is arranged in multiple layers lacking lymphatic and lymphocytic components. When lymphangiomas are described, they usually contain widely dilated vascular channels with luminal proteinaceous fluid and lymphocytes.

CONCLUSION

Lymphangiomatous polyps of the tonsil are rare benign hamartomatous lesions that present as masses and can be easily be diagnosed on histopathology.

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