A Case of Large Lymphoid Tissue Tumor of the Epipharynx

Takahiro ITO

From the Department of Otolaryngology, Yamaguchi University School of Medicine.

(Received August 19, 1966)

Although lymphoid tissue tumor is not uncommon in the palatal tonsil, this tumor originated from the pharyngeal and lingual tonsils are very rare in occurence.

In this paper a case of lymphoid tissue tumor of the epipharynx is presented.

CASE :

The patient, 31-year-old sailor, was admitted to our clinic complaining of a mass on the mesopharynx on Novembe 8, 1965. Prior to admission, he was seen by some internist, who found out a mass on the epipharynx and recommended to consult with our clinic for removal of it. On admission he complaind of headache and slight nasal obstruction on both sides without nasal discharge, nasal bleeding and hearing loss for a few months. He had been performed on appendectomy three years ago and had often cought a cold since his childhood. Family history was noncontributory.

On general physical examination, he was well-developed and moderate nourished. Blood pressure was 122/68 mmHg. The chest was clear to percussion and auscultation. The abdomen was normal, except a linear scar, the skin about 6 cm. in diameter, on the right iliac region. There was no pathological reflex. On local examination, there was a thumb head sized tumor behind the uvula on the left side which was movable, dark red in color and granular on it's surface. On posterior rhinoscopia, the tumor was seen to hang from the left sided lateral wall of the epipharynx. Both nostrils were clear, except both inferior turbinates were swollen. The ears, hypopharynx and larynx were normal.

X-ray of the nose and paranasal sinuses showed no abnormal finding. Hearing test showed normal. ECG finding was within normal limits. The routine blood examination disclosed 88 % hemoglobin, 400×10^4 red blood cells and 5500 white blood cells. Bleeding time and coagulation time were within normal limits. Urine examination was normal.

The removal of the tumor on the epipharynx was performed on under general anesthesia on November 9, 1965. After raising the soft palate with a retractor, the pedunculated tumor was exposed in whole. The tumor seemed to be arise from the left sided lateral wall of the epipharynx near the salpingo-palatine fold. By means of the snare the tumor was removed from the pedicle. There was no

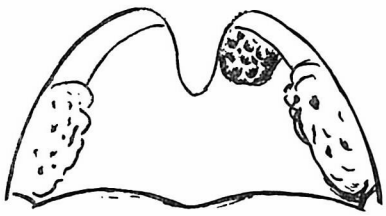

Fig. 1. A tumour on the mouth.

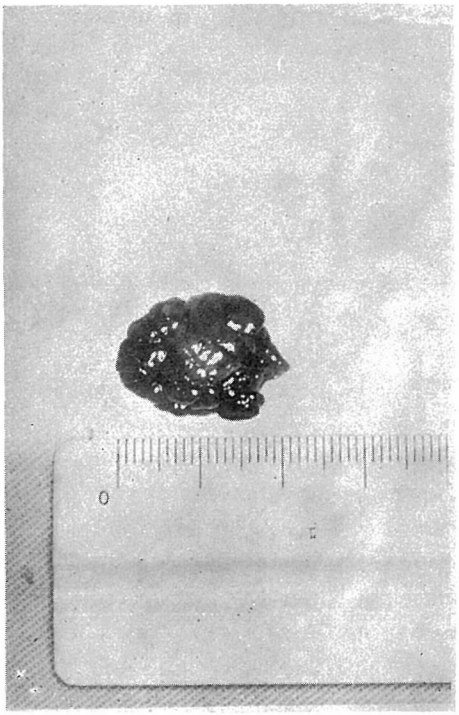

Fig. 2. A view of the tumour removed.

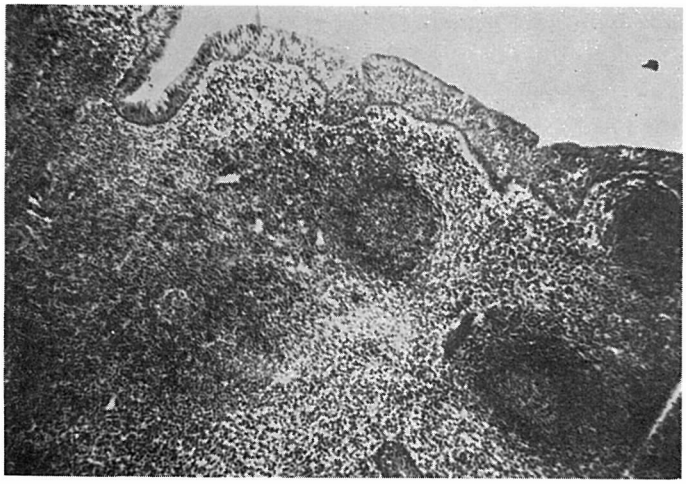

Fig. 3. Histological view of the tumour. 40x

proliferation of the pharyngeal tonsil around the pedicle of the tumor. Postoperative course was uneventful and he was discharged from our clinic on the eight postoperative day.

Macroscopically, the removed tumor was $1.6 \times 2.0 \times 0.7$ cm. in diameter and elastic soft (Fig. 2). It's surface was dark reddish. Microscopically, the tumor was covered with pseudostratified, ciliated columnar epithelium in which the infiltration of lymphocyte was partly seen and was composed of the lymphoid tissue (Fig. 3). There was remarkable infiltration of lymphocytes, leukocytes and plasma cells and proliferation of capillaries in a part of the submucosal tissue. In these porion, the lymph follicles were not circumscribed. The tumor was diagnosed as chronic inflammation of the pharyngeal tonsil by Dr. Uchino of Department of Pathology.

COMMENT

The pedunculated lymphoid tissue tumor of the pharyngeal tonsil was very rare in our country. According to the literature in Japan, only two cases were reported previously by Fujita[1] 1936 and Shirakawa[2] 1955. In Fujita's case, a man, aged 23, had had snoring and foreign body sensation in the pharynx for aout 7 years. The examination revealed the grape-like tumor extended from within the nasopharynx to the base of the tongue, which was movable and filled the major part of the nasopharyngeal area. Microscopically, the tumor was lymphoid tissue which was covered with pseudostratified, ciliated columnar epithelium. In Shirakawa's case, a 10-year old boy who was performed on adenotomy about one year ago had complained of nasal obstruction. Local examination revealed the polypoid tumor which developed from the wound after adenotomy.

The mechanism of development of the pedunculated lymphoid tissue tumor is not evident. Iwanoff[3] regarded the lymphoid tissue tumor as congenital anomaly. Jurasz and Finder[4] maintained that the lymphoid tissue tumor developed from the tonsil by causing of chronic inflammation. Fujita described that in his case pedunculated lymphoid tissue tumor developed with irritation of chronic inflammation from the adenoid vegetation which was present previously. In my case, on the basis of his past history which he had often suffered from common cold since his childhood and histologically, the inflammatory change being evident, I seem that the cause of development of the tumor is chronic inflammation.

SUMMARY

A case of the pedunculated lymphoid tissue of the pharyngeal tonsil which was found a 31-year-old man is reported. It attached from the left lateral wall of the pharynx near the salpingoplatine fold.

REFERENCES

1. Y. Fujita : Über eine traubenförmige Nasenrachengeschwulst. *Z. f. Otol.* (Tokyo), **42** : 6–8, 1936. (Japanese)
2. G. Shirakawa and Y. Imai : Observation adenoid tissue that required the second operation. *Otolaryngology* (Tokyo), **27** : 275–278, 1955. (Japanese)
3, 4 cited by M. Oda. et al (An usual tonsillar hypertrophy. *Otolaryngology* (Tokyo), **37** : 51–53, 1965.)