CLINICAL RECORD

POLYPOID FIBRO-LIPOMATOSIS PHARYNGIS

By REGINALD SMITH (Manchester)

THE following is of interest owing to its rare nature and unusual character :

August 8th, 1940. J.H., age 81, attended my Out-patients at Crumpsall Hospital, Manchester, complaining of dysphagia. The dysphagia had been worse for the last two weeks, hardly being able to swallow fluids. Altogether he had had trouble with swallowing for three years, at first only mild in degree with long intervals of freedom, but later as time advanced the condition became more urgent ; and it was interesting to learn that the dysphagia would suddenly disappear after a crisis of several days. This in fact happened two days after I examined him.

There had been no pain and only a mild degree of hoarseness existed at the height of his dysphagia. During the last two years he had lost 2½ stones in weight, most of it recently.

On examination his general condition was good, although it was obvious that he had lost weight. Nothing abnormal was found in the mouth or oro-pharynx and there was no fœtor. Indirect laryngoscopy revealed a large overhanging epiglottis almost hiding two large, separate smooth rounded yellow masses, occupying the region of the right aryepiglottic fold and pyriform sinus. The blood vessels could be seen coursing over the tumours and there was no ulceration. As the field of vision was greatly diminished by the overhanging epiglottis it was obvious the only satisfactory method of examination was by direct laryngoscopy. There did not seem to be any urgency so I delayed this procedure until the next operative session. X-ray showed a somewhat atonic œsophagus and food passed through into the stomach with no delay or obstruction.

On August 12th, 1940, *admitted*. Was completely free of symptoms, swallowing normally but gave a history of an acute crisis two days previously in which dyspnœa was severe and demanded the attention of his medical practitioner who secured immediate relief by plunging the fingers into the throat and " moving something ".

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Operation, August 13th, 1940, under general anæsthetic. Direct Laryngoscopy. To my surprise only one tumour could be seen. It was large, rounded and completely filled the right pyriform fossa and was attached by a broad, very short pedicle to the right aryepiglottic fold, its attachment being at right angles to the aditus laryngis. It was freely mobile and did not interfere with the laryngeal movement or airway. I decided then to employ the use of the ordinary Boyle Davis gag in order to get better accessibility. This procedure fortunately produced a strong degree of retching which was accompanied by the sudden appearance in the pharynx of two large fibro-fatty masses which had been expelled from their residence in the upper end of the œsophagus. Both tumours were attached by long narrow pedicles to the centre of the right lateral pharyngeal wall, one above the other, the upper limit of attachment being the lower pole of the right tonsil and the lower limit of attachment on a level with the right aryepiglottic fold. The upper tumour was vermiform in shape being about 4 inches in length and ½ inch in diameter and irregularly nodular with masses of fat. The lower tumour was distinctly pear-shaped, narrow at the attachment, about 3 inches in length and 1 inch in diameter at its greatest width. The tumours enjoyed the greatest mobility and hence could be easily removed through the mouth by clamp and ligature. The tumour attached to the right aryepiglottic fold was not removed as it was just out of reach of my instruments and it was causing no trouble.

Examination of the tumours showed them to be smooth, intact and very firm in consistency and measured the dimensions given above.

Pathological report by Dr. G. Stewart Smith was as follows :

" *Microscope examination.*" The specimen is completely covered with a thick layer of stratified squamous epithelium which everywhere has a well defined lower limit. In the centre of one of these sections is a space lined with smaller epithelium. Beneath the epithelium lining is a narrow zone of lymphocytes and plasma cells. The mass of the material is composed of fibro-lymphatic tissue, the fibrous tissue being very vascular and containing well formed and rather premature blood vessels. The appearance suggests that polypoid masses have arisen in the same manner as choanal polypi rather than as true neoplastic fibro-lipoma. There is no evidence of malignancy in the portions examined.

The patient made an uneventful recovery and was discharged from Hospital on *August 15th*, 1940.

He was last seen by me on *August 29th*, 1940, when he was in good health and putting on weight. He refused any further interference. The mass in the right pyriform fossa had not altered and was in no way interfering with normal function.

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The striking points about this case are:

(1) Its rare nature.
(2) The symptoms varied according to the relation of the tumours to the important food and air passages.
(3) That a surprising bulk can occupy the lumen of the œsophagus and yet cause no symptoms once within the œsophagus.
(4) Provided they do not interfere with the musculature of the pharynx, larynx or the lumen of the pinchcock or larynx, no symptoms evolved.

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