NEUROFIBROMA OF PHARYNX

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ONLY recently on going over some of my records of the more interesting cases that came under my care during the late war, the case notes and section were unearthed which now form the basis of this communication.

During the earlier part of 1945 when in the B.L.A. and in charge of a large Ear, Nose and Throat Department in a British General Hospital in Brussels, a case was referred to me on account of an unusual swelling in the pharynx. The patient, a private of 20 years, reported to his Unit M.O. with the complaint of feeling a lump in his throat and he was sent to hospital for a second opinion. On admission he gave the history that one year ago, prior to being called up for Army service, he noticed a swelling on the outer aspect of the left ankle for which he received treatment at the Harefield Emergency Hospital. A biopsy of this swelling was carried out, but unfortunately owing to the exigencies of the time and the loss of the records no information can be obtained as to the result of this biopsy. However it had been diagnosed from the clinical point of view as a diffuse lipoma of the lower left leg. Examination in Brussels revealed a tonsillar-like growth, the size of a cherry, on the right side of the pharynx behind the posterior pillar of the fauces and a few enlarged glands were also present on the right side of the neck. Further examination showed a painless, soft, diffuse subcutaneous swelling with the marks of a scar on it above the left lateral malleolus, roughly 3 in. by 2 in. in extent, with the characteristics of a lympho-angioma. Enlarged glands, further to those in the neck, were present in both axillae and a palpable swelling was noted in the right inguinal area. The liver was slightly enlarged while the spleen was not. An X-ray examination of the skull, chest and left leg did not reveal any abnormality. Examination of the blood gave the W.B.C. as 4,900 (polymorphs, 62 per cent., lymphocytes 33 per cent., eosinophils 2 per cent.) and no abnormal cells were seen. The Khan blood reaction was negative. A biopsy of the tumour in the pharynx was now undertaken and the report suggested that "a papilloma was present with evidence of malignancy". The pathologist was not very happy about the accuracy of his report as the section had not been cut in the proper plane. Allowance must also be made to the fact that this latter examination was made under active service conditions. Shortly afterwards the tumour was dissected out under general anæsthesia from the right lateral pharyngeal wall. Very little bleeding was encountered at the operation. When the tumour was examined after removal it looked rather like a lipoma. The throat healed up well and the patient was evacuated to the U.K. as a sitting case by air ambulance. From a follow-up of this patient made recently, it was learned through the kindness of the Medical Superintendent of St. Mary's Hospital, London, that he had been examined by a Medical Board of the Ministry of Pensions in 1945 who diagnosed his condition as one of neurofibromatosis of the tonsil, neck and left

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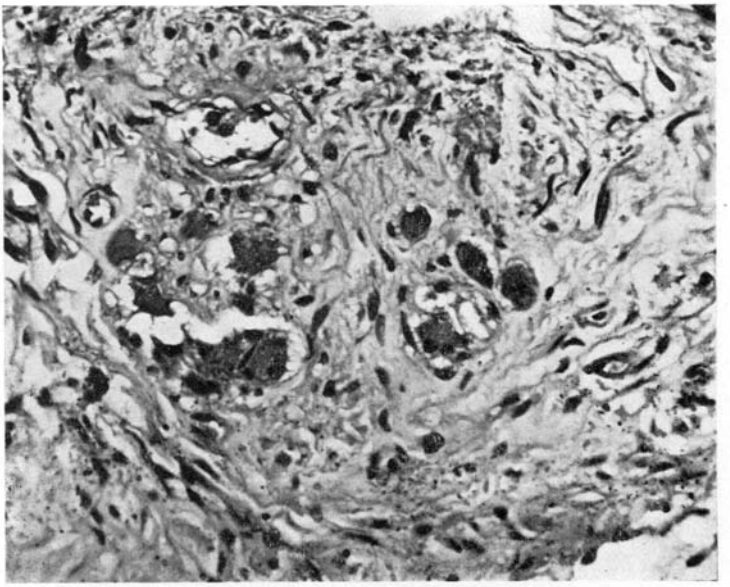


FIG. 1.
Shows a representative area of ganglion cells (x 350).

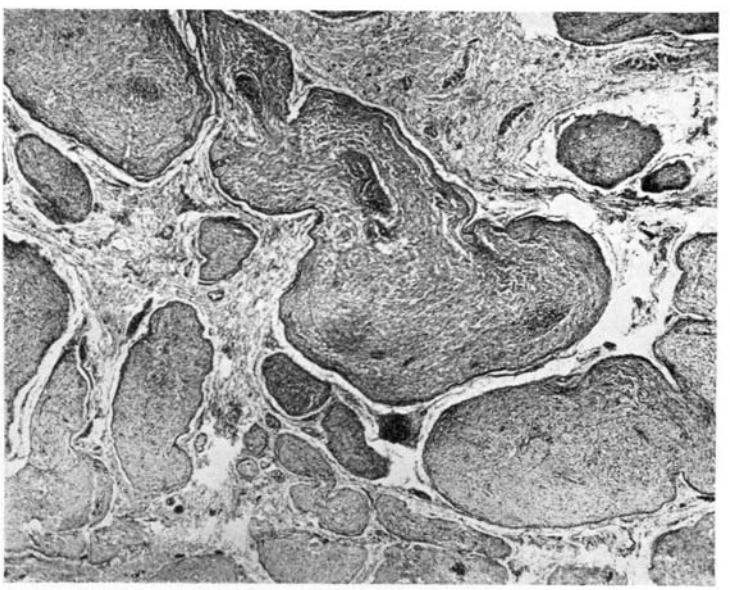


FIG. 2.
Shows nerve bundles of various sizes with proliferation of endoneurium (x 25).

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leg and they were of the opinion that further surgical treatment was unnecessary. The patient had not attended this hospital since then. A little time ago the section of the pharyngeal tumour removed in 1945 was handed to L. Grant Leitch, Pathologist to the Royal Infirmary, Edinburgh for his opinion and his very interesting and full report is as follows:

The lesion consists of a collection of roughly circular or oval, and sometimes irregularly shaped, islands of cells, situated in the corium and between the muscle bundles of the pharyngeal wall.

The cells are spindle-shaped and are associated with fine, concentric deposition of cells and fibres, and in favourable fields the central areas of individual islands contain structures resembling small nerve bundles showing proliferation of endoneurium. The nerve bundles are presumably non-medullated although the section is not stained specifically to prove this.

In other few places groups of ganglion cells, Fig. 1, resembling those of autonomic ganglia are sparsely distributed amongst the spindle-cells, but these ganglia are an inconspicuous feature of the tissue.

The lesion has the features of a neurofibroma, in fact neurofibromatosis would be a more accurate designation since there are multiple small tumours in the part, Fig. 2, which has originated in the autonomic innervation of the part. It is benign and may be accompanied by similar lesions elsewhere in the body. Ganglion cells are much too few to justify a diagnosis of ganglioneuroma; the predominant cell type is the Schwann-cell.

From the few recorded cases in the literature it would appear that the occurrence of a single neurofibroma in the pharynx is extremely rare and it was therefore felt that a further case which was recorded would make a useful contribution to the science of our speciality.

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