A pedunculated tonsillar lymphangioma

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Benign vascular tumours of the tonsils occur infrequently. Lymphangioma is so rare that this benign tonsillar tumour has seldom been reported in Oto-laryngologic literature. The benign tumours most frequently reported include papillomas, angiomas, lymphoid tumours, fibromas, myxomas, lipomas, chondromas, inclusion cysts and teratogenous cysts. New and Childrey (1931) found sixty-three benign tumours of the tonsil and pharynx during a study of 357 cases treated at the Mayo Clinic. They recorded five vascular lesions of the pharynx, including two varices, two haemangiomas and one lymphangioma.

Case report

A 31 year-old white male presented to the Ear, Nose and Throat out-patients department with the chief complaints of difficulty in swallowing solids and occasional sore throats for 5–6 months. In addition, he had experienced impairment of hearing in his left ear for many years.

On depressing the tongue, a large, pale pinkish pedunculated mass was seen arising from the upper pole of the left tonsil (Fig. 1) and extending down



FIG. 1.
Showing the pedunculated tumour arising from upper part of left tonsil.

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to the vallecula. On palpation, the tumour was smooth and firm with intact mucosa. No significant lymphadenopathy was noted. A provisional diagnosis of fibroma arising from the tonsil was made.

Under general anaesthesia the tumour with the tonsil was removed completely (Fig. 2) by the routine tonsillectomy approach. The post-operative period was uneventful.

The pathologist described the specimen as a large, yellowish white, firm pedunculated tumour measuring 25 × 13 × 12 mm. The microscopic section showed a lymphangioma with large vascular spaces embedded in dense fibrous tissue (Fig. 3).

Comment

Benign vascular tumours of the tonsil are rare. The symptomatology depends upon the site and size of the tumour. However, they may be asymptomatic and discovered accidentally. If large, they may produce obstructive symptoms such as respiratory stridor and rhinolalia clausa. In addition, interference with speech and swallowing, non-productive cough and excessive salivation, may be present.

The management then, if they produce symptoms, would be removal of the tumours with the tonsils. This is all the more essential, if there exists any equivocal opinion as to the benign nature of the tumour.

The pathogenesis of tonsillar lymphangioma remains obscure. It is impossible to ascertain whether neoplastic metaplasia or a simple inflammatory hyperplasia is responsible. The causative factor in the present case may have been

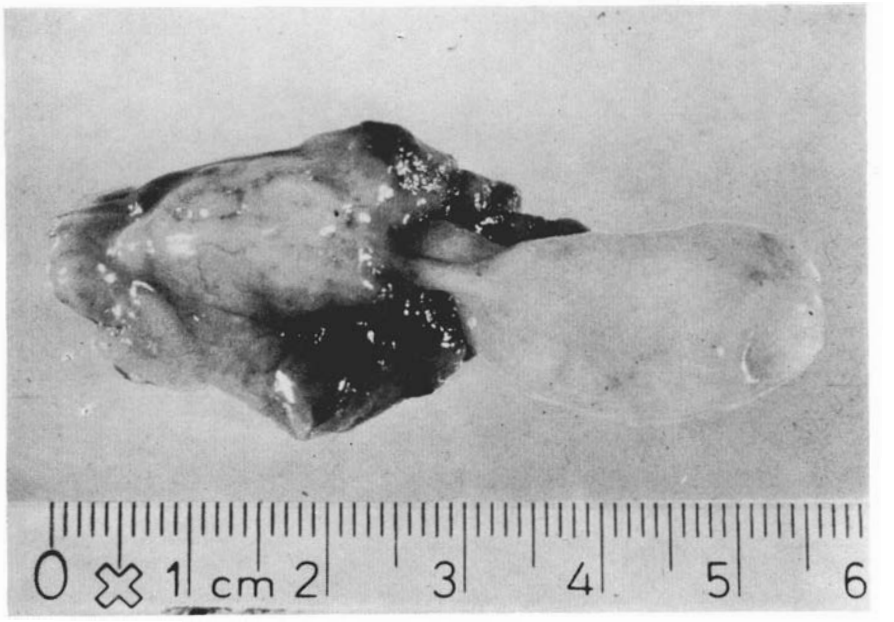


FIG. 2.
Operative specimen showing the tonsil and the tumour with its site of origin.

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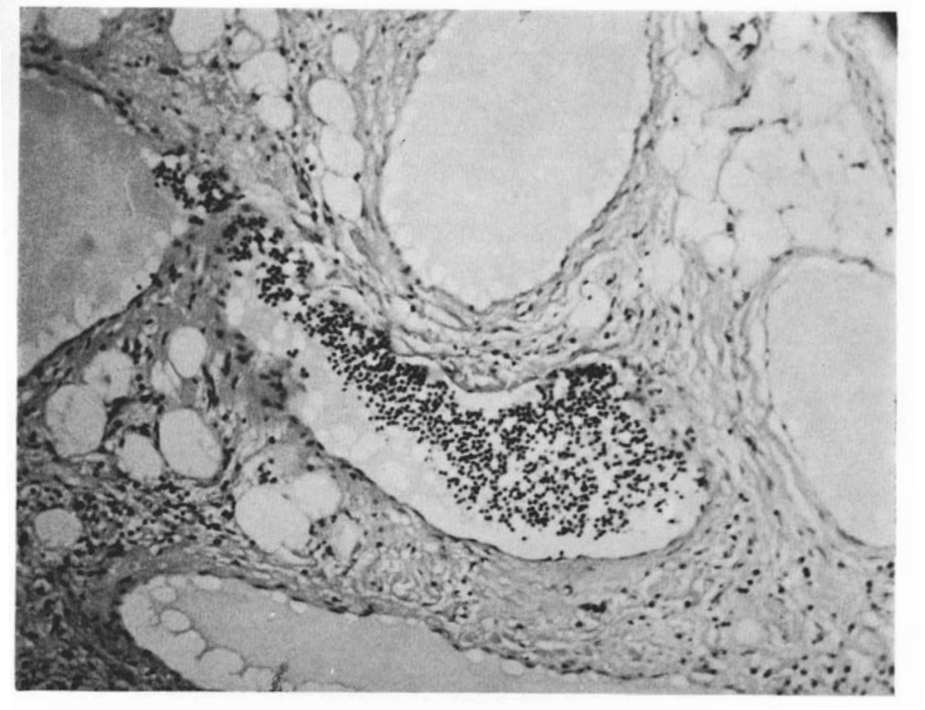


FIG. 3.

Section of tonsillar lymphangioma, E. & H. stain, showing the dilated endothelial lined vascular spaces containing the coagulated lymph, embedded in dense fibrous tissue stroma with focal areas of lymphocytes.

chronic inflammation resulting in irreversible lymphatic obstruction with congestion eventually leading to prolapse of the mucosa and the appearance of a polypoidal swelling. Ash and Raum (1949) are of the opinion that haemangiomas and lymphangiomas are usually more hamartomatous than neoplastic, that is, exaggerations of vascular elements normally present.

Summary

An unusual pedunculated tonsillar tumour was removed by the preferred tonsillectomy operation. Pathologically it proved to be a lymphangioma.

Acknowledgements

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