CHONDROMA OF NASO-PHARYNX

By K. KISHORE (Liverpool)

BENIGN cartilaginous tumours of the naso-pharynx are a rarity. Timmis gave a good account of the condition in 1959 and reported one case of chondroma of the nasopharynx bringing the total of reported cases to ten since 1870, when Muller recorded the first case. I have not been able to find any further reported cases in the literature.

The present case is reported because of its rarity, and because of certain features different from the usual.

Case Report

The patient is male; 50 years old; an Irishman. He reported in *August 1965* with the following complaints:

(i) Right-sided nasal obstruction, a feeling of something at the back of his throat and pain with a buzzing noise in his right ear—all for the last 2 months.

(ii) He had been deaf in both ears for the last few years but felt "full" in the right ear, for the last 2 months.

There was no rhinorrhoea, no post-nasal discharge, no epistaxis, or anosmia and no speech defects. In the past, he had intermittent bilateral otorrhoea but his ears had been dry for the last 2 years. No other relevant complaints.

On examination

His general health was good. No palpable glands in the neck.

Nose: Obstructed airway on the right side. No discharge. Mucosa healthy.

Post-nasal space: Globular, fleshy, reddish mass on the right side; appears to be arising from the lateral margin of the posterior choana or lateral wall of the naso-pharynx. No discharge. No bleeding.

Ears: Both tympanic membranes intact but retracted, especially in the attic region. No inflammatory signs.

Throat: Nothing abnormal diagnosed.

Investigations

X-ray: Sinuses: clear. Mastoids: both small, poorly developed. No destructive bone changes. Lateral neck: soft tissue shadow at the level of the fauces in the post-nasal space. No bony destruction (Fig. 1). Base of skull: nothing abnormal diagnosed.

Blood: Full blood count: normal limits. Wassermann Reaction—negative.

Audiogram: Mixed deafness of 30 to 35 db. up to 2,000 c.p.s. dropping to 75 db. in the higher frequencies.

The patient was admitted to hospital and his post-nasal space examined

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under general anaesthesia on the *9 September, 1965*. There was a pedunculated roundish swelling, about 1 cm. diameter, smooth-surfaced, pinkish in colour with slight vascularity. Attached by a thin stalk, to the posterior part of the right eustachian cushion (Fig. 2).

The swelling was removed by using a cold wire snare. There was no bleeding. The rest of the post-nasal space was normal and the patient was discharged next day.



FIG. 1.
Pre-operative X-ray nasopharynx.

Pathologist's Report

Firm nodule, whitish in centre and pink at the periphery measuring $1\frac{1}{2} \times 1 \times 1$ cm.

Section shows a mass of well-differentiated cartilage surrounded by sero-

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mucinous glands, subacute inflammatory exudate and upper respiratory epithelium from inside outward (Fig. 3).

Pathologist's Conclusion

Chondroma arising from the eustachian cartilage.

The patient has since been followed up in the Out-Patients' Department. He has been free from his complaints of right nasal obstruction, pain and fullness of the right ear and "foreign-body sensation" in the throat. His mixed deafness has remained unchanged.

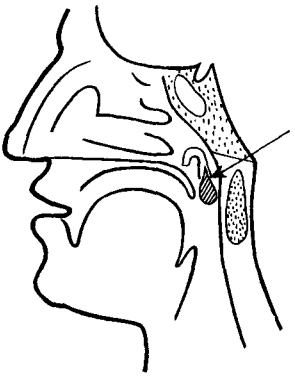


FIG. 2.
Site of the tumour—diagrammatic.

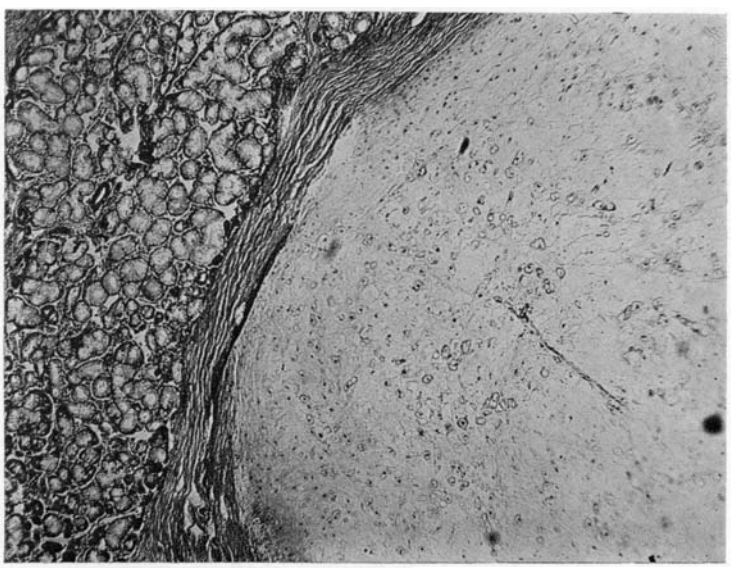


FIG. 3.
Section—pure chondroma.

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He was last seen on the *8 March, 1966* (6 months after the operation) when his post-nasal space, on examination and X-ray, looked normal (Fig. 4).

Summary

A case of chondroma of the post-nasal space is reported. The present case was a man of 50 years of age and the tumour was pedunculated and freely mobile.



FIG. 4.

X-ray nasopharynx—6 months after operation.

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Clinical Records

REFERENCES and BIBLIOGRAPHY

Rao, A. B. N. (1956) *J. Laryng.*, **70**, 371.
Terracol, J., Fabre, L., and Guerrier, Y. (1948) *Ann. Oto-laryng.* (*Paris*), **65**, 42.
Timmis, P. (1959) *J. Laryng.*, **73**, 383.
Wirth, J. E., and Shimkin, M. B. (1943) *Arch. Path.*, **36**, 83.
Yates, A. Lowndes (1935) *Proc. roy. Soc. Med.*, **29**, 190.

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