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RESEARCH ARTICLE

LIPOMA OF THE PALATINE TONSILS: A RARE CASE REPORT.

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Abstract

Lipomata are benign tumours and contains abnormal collection of mature adipocytes. They are one of the most common mesenchymal neoplasms in the body. Being extremely rare in the oropharynx, Only a few cases of tonsillar lipoma have been reported so far. In this article we report a rare case of lipoma in the palatine tonsil with review of the related literature.

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Introduction:-

Lipomata are benign mesenchymal neoplasms composed of mature adipocytes. Although they represent one of the most common neoplasms of soft tissue, their overall incidence in the oral cavity is thought to be less than 4.4% of all benign oral mesenchymal neoplasm [1-2,3-4]. Oral lipomas occur in various sites such as the major salivary glands, buccal mucosa, lip, tongue, palate and floor of the mouth. Buccal mucosa and vestibule are the most common sites [2].

Case report

A 43 yr old male presented to our otorhinolaryngology clinic with a 7 year history of a slowly progressive, painless mass in the right tonsil, not preceded by trauma, and not associated with fever, weight loss. Patient had choking episodes during sleep. Examination revealed 10x 4cms non tender, lobulated, slippery, doughy mass in the right tonsillar region, the intra oral mucosa over the mass was normal. The mass was blocking the Laryngeal inlet and at times causing breathing difficulty



Figure 1:-showing mass in the right tonsil

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fig 1 showing lesion in the oropharyngeal wall. CT Neck contrast showed 50 X 38X 28mm sized well defined fat density lesion with few thin minimally enhancing septations seen in the right oropharyngeal wall compressing the epiglottis. Other investigations performed included blood counts, HIV, HBsAg, and HCV

Figure 2:-Contract CT showing well defined fat density lesion



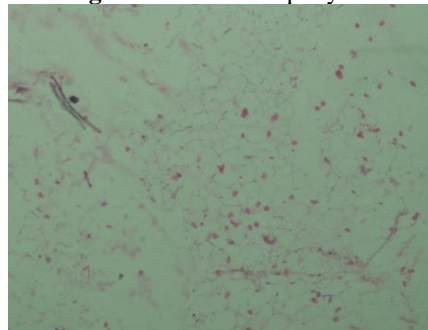
Patient was prepared for excision of the mass with consent for tracheostomy for possibility of failed intubation Patient had a successful oral intubation, the mass was approached intra orally using mouth gag. Yellowish mass was excised completely using harmonic scalpel and bipolar cautery, complete haemostasis achieved

Figure 3:-Lipoma Tonsil



Microscopic examination showed sheets of mature adipocytes and few fibroblasts, blood vessel and skeletal muscles. It was covered by stratified squamous epithelium. Lipoblasts, atypical spindle cells or malignant cells were not found. Post operatively patient was on oral amoxicillin and clavulanic acid, ibuprofen, gargle. Patient was discharged the next day.

Figure4:-Mature adipocytes



Discussion:-

Palatine tonsils are accumulation of lymphoid tissue. Histology consists of a combination of centrally localized lymphoid tissue and epithelial tissue composed of squamous cells covering crypts and all surfaces and is devoid of adipocytes [5], therefore incidence of lipoma in tonsil is extremely rare [6]. These tumours can be seen in the buccal sulcus, tongue, floor of mouth and lips [7]. The possible sites of origin of these masses could be the Supratonsillar pad of fat or parapharyngeal fat.

The aetiology is unknown, however it is thought that trauma may trigger proliferation of fatty tissue and cause lipoma [4]. Prevalence of tonsillar lipoma does not differ with gender, although a male predilection has been recorded [8]. The peak incidence of age for lipoma are slow circumscribed mass developing over several years [10], our patient reported a history of 7 years duration.

Patients may manifest symptoms such as voice change, dysphagia, soreness, excessive salivation or foreign body sensation, rarely may cause respiratory obstruction [5], our patient had choking episodes during sleep.

The other benign tumours such as adenoma, lipoma, chondroma, hamartoma and teratoma should be considered as the differential diagnosis of benign tonsillar tumours [8]

MRI and CT scans are very useful in the clinical diagnosis, the histopathology remains the gold standard in the diagnosis of lipoma [1]. The main value of radiology is to rule out a parapharyngeal extension.

Surgical excision is the usual mode of treatment in symptomatic cases [5], recurrence is unusual and the prognosis is excellent. Although extremely rare, Saddik et al reported a case of liposarcoma of the tonsillar fossa [6]

Conclusion:-

Lipoma in the tonsil is extremely rare, surgical excision is the main stay of treatment. Recurrence is unusual and outcome is excellent.

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