CASE REPORT

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Lymphangiomatous Polyp of the Palatine Tonsil

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ABSTRACT Lymphangiomatous polyps of the palatine tonsil are rare, benign hamartamotous lesions. The most frequent presentation symptoms are generally sore throat, the sensation of foreign body in the throat, and dysphagia. The pathogenesis of lymphangiomatous polyps is uncertain. Diagnosis is made histopathologically. Dilated lymphatic channels with stroma containing fibrous, lymphoid, and adipose tissue, and lymphocytes within the lumen are observed at histopathological examination. Studies describing tonsillectomy as curative treatment predominate in the literature, although some authors regard removal of the lesion as sufficient. This report describes a case of lymphangiomatous polyp originating from the right palatine tonsil in a 22-year-old woman.

Keywords: Palatine tonsil; lymphoid tissue; tonsillectomy; polyps

Lymphangiomatous polyps of the palatine tonsil are rare, benign hamartamotous lesions.[1] These polyps, which generally originate from the surface of the tonsil, contain a stroma consisting of areolar tissue, dilated lymphatic channels, and lymphoid tissue, and a covering epithelium.[2] Patients may be asymptomatic, the lesion being detected incidentally during examination.[3] However, the most frequent presentation symptoms are generally sore throat, the sensation of foreign body in the throat, and dysphagia.[4] This report describes a case of lymphangiomatous polyp originating from the right palatine tonsil in a 22-year-old woman.

CASE REPORT

A 22-year-old woman presented to our clinic with a sensation of foreign body in the throat persisting for the previous 3 months. Oropharyngeal examination revealed a yellow-cream colored, pedunculated, polypoid lesion, approximately 1×1 cm in size, originating from the medial surface of the right tonsil (Figure 1). General clinical examination was otherwise unremarkable. Blood parameters were within normal limits, and her own and family histories were unremarkable. The lesion was excised totally under local anesthesia. Histopathological examination revealed a non-keratinized squamous epithelium, dilated lymphatic structures in the fibrous stroma, and lymphoid tissue partly consisting of follicular structures (Figure 2). Following histopathological examination, the case was reported as lymphangiomatous polyp. No complication developed in the postoperative period and no recurrence occurred during one-year follow-up. Written informed consent was obtained from the patient.

DISCUSSION

Lymphangiomatous polyp of the palatine tonsil is a rare, benign hamartamotous lesion.[1] The exact incidence in the general population is uncertain, but is thought to be higher than expected. This may be due to these lesions being incompletely identified or reported.[5] They are generally seen in early adulthood. They are much more rarely reported in childhood, and are frequently unilateral.[1,6,7]

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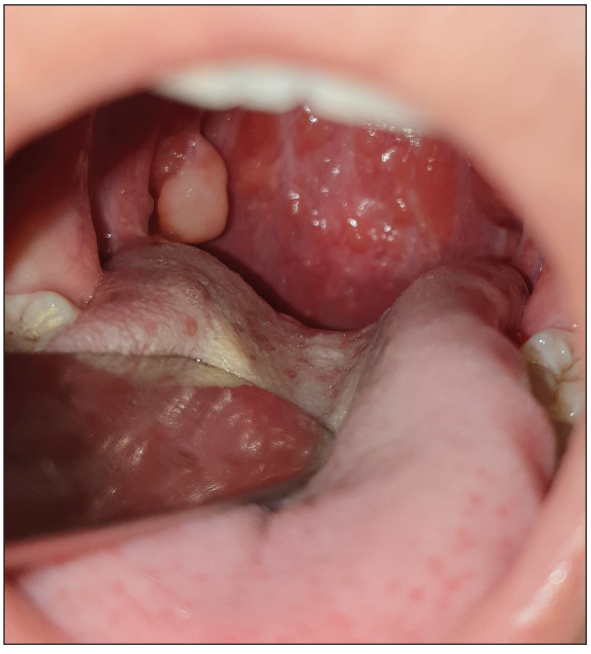

FIGURE 1: A yellow-cream colored, pedunculated, polypoid lesion, approximately 1×1 cm in size, originating from the medial surface of the right tonsil.

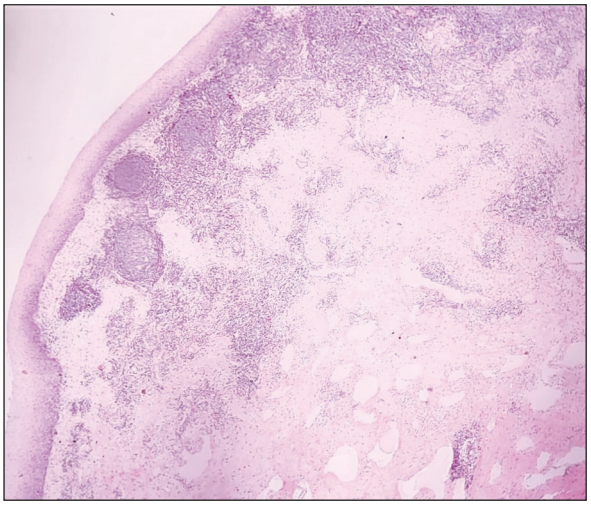

FIGURE 2: Non-keratinized squamous epithelium, dilated lymphatic structures in the fibrous stroma, and lymphoid tissue partly consisting of follicular structures (H&E, x40).

The pathogenesis of lymphangiomatous polyps is also uncertain. However, obstruction of the lymphatic channels associated with chronic inflammation and isolated hamartamotous proliferation have been implicated in the etiology.[8] It has also recently been suggested that they may develop as a result of uncontrolled neoplastic proliferation of lymphatic vessels due to dysregulation of growth factors such as Prox-1 and vascular endothelial factor.[9]

Lymphangiomatous polyps lead to swallowing difficulty, the sensation of foreign body in the throat, sore throat, and tonsillar mass. Respiratory difficulty and stridor may occur if the mass is very large.[10] Diagnosis is made histopathologically. Dilated lymphatic channels with stroma containing fibrous, lymphoid, and adipose tissue, and lymphocytes within the lumen are observed at histopathological examination. Lymphangiomatous polyp is therefore regarded as hamartamotous proliferation, rather than a true neoplasm.[1]

Studies describing tonsillectomy as curative treatment predominate in the literature, although some authors regard removal of the lesion as sufficient.[5] No recurrence was observed over one-year follow-up following total excision of the lesion for diagnostic purposes in the present case, and we think that polyp excision may be adequate in appropriate cases.

In conclusion, lymphangiomatous polyp should be considered in the differential diagnosis of cases of tonsillar mass, and diagnosis must be confirmed histopathologically.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Fatma Atalay;* ***Design:*** *Fatma Atalay;* ***Control/Supervision:*** *Fatma Atalay;* ***Data Collection and/or Processing:*** *Ayşe Özbek;* ***Analysis and/or Interpretation:*** *Fatma Atalay;* ***Literature Review:*** *Ayşe Özbek;* ***Writing the Article:*** *Fatma Atalay;* ***Critical Review:*** *Ayşe Özbek;* ***References and Fundings:*** *Ayşe Özbek;* ***Materials:*** *Fatma Atalay.*

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