Hamartoma of the Larynx Causing Nonspecific Symptoms in the False Vocal Fold: Original Image

Yalancı Vokal Kordlarda Non-spesifik Semptomlara Neden Olan Larenks Hamartomu

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ABSTRACT Soft-tissue tumors of the larynx, especially laryngeal hamartomas are rare tumors, and the numbers of reported cases are limited. We reported a 41-year-old male patient with the symptoms of chronic cough, hoarseness and globus sensation for six years. Physical examination was significant with submucosal fullness and irregularity in the right false vocal fold. The submucosal mass was completely excised with transoral microlaryngoscopic excision and histological examination was consistent with the diagnosis of laryngeal hamartoma. The first laryngeal hamartoma originating from the false vocal fold is reported in this study. Laryngeal hamartomas must be kept in mind since they may cause misdiagnoses in patients with the symptoms of chronic pharyngitis and laryngopharyngeal reflux disease like chronic cough, globus sensation and hoarseness.

Key Words: Laryngeal neoplasms; hamartoma

ÖZET Larenksin yumuşak doku tümörleri özellikle larenks hamartomu nadir görülen tümörlerdir ve bildirilen olgu sayıları azdır. Çalışmamızda 6 yıldır kronik öksürük, boğuk sesle konuşma ve boğazda yabancı cisim şikayetleri olan 41 yaşında erkek hasta sunuldu. Fizik muayenesinde sağda yalancı vokal kordlarda belirgin olarak submukozal dolgunluk ve düzensizlik tespit edildi. Transoral mikrolaringoskopik eksizyon ile submukozal kitle tümü ile eksize edildi ve histopatolojik incelenmesi larenks hamartomu olarak rapor edildi. Bu çalışmada, literatürde yalancı vokal kordlardan kaynaklanan larenks hamartomu ilk olarak sunuldu. Kronik faranjiti ve laringofaringeal reflüsü olan, neden bulamadığımız kronik öksürük, boğazda yabancı cisim ve boğuk sesle konuşma gibi şikayetleri olan hastalarda larenks hamartomu olabileceğini unutmamalıyız.

Anahtar Kelimeler: Laringeal tümörler, hamartom

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Soft-tissue tumors of the larynx, especially hamartomas are very rare and the number of reported cases is limited. Hamartoma is the excessive and disorganized focal growth of mature tissue elements that are normally found where it is present.[1]

Hamartomas have occasionally been described in the sinonasal tract, nasopharynx, oral cavity, oropharynx, larynx, hypopharynx, cervical esophagus, ear, parotid gland and eye and the larynx is among the rarest locations.[2,3] Although the signs and symptoms of laryngeal hamartoma are variable according to the site of location, they usually include upper airway obstruction and voice change.[4] Since laryngeal hamartomas are benign lesions, adequate but conservative surgery must be performed.[2]

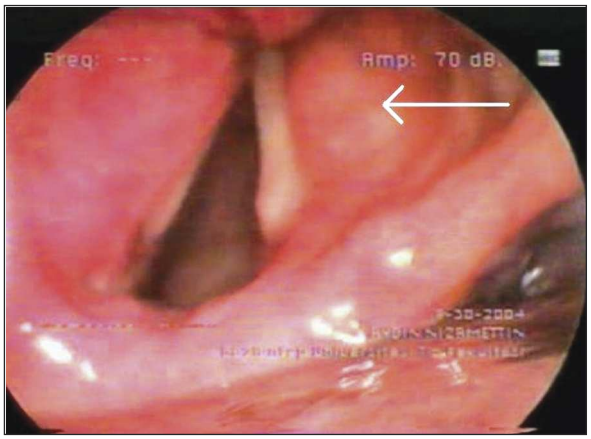

FIGURE 1: Submucosal fullness and irregularity of the right false vocal fold is seen in the videostroboscobic examination (White arrow).

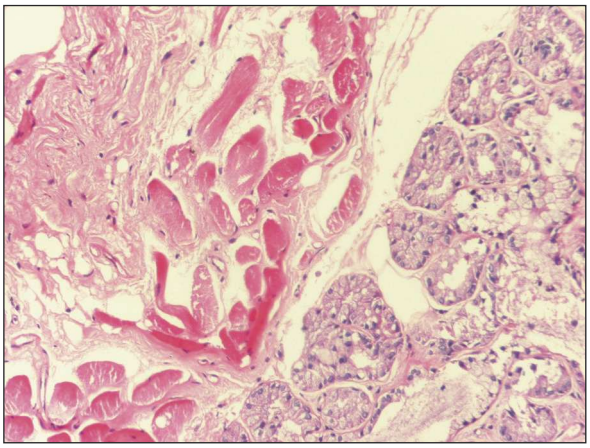

FIGURE 2: Glandular tissues and smooth muscle fibers. Hematoxylin and eosin, magnification x200.

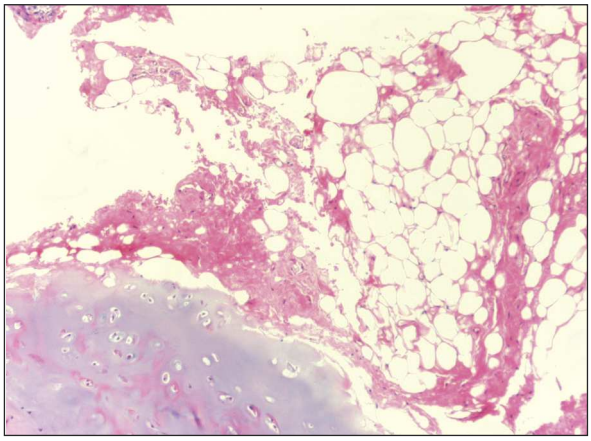

FIGURE 3: Glandular proliferation with collagenous and adiopose tissues. Hematoxylin and eosin, magnification x100.

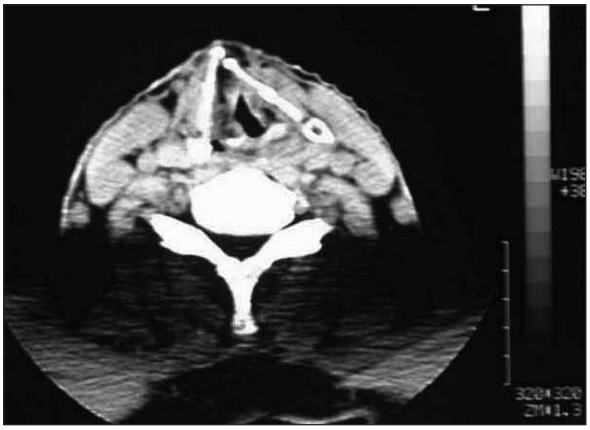

FIGURE 4: A computed tomography performed after the postoperative 4 months showed complete regression.

In this report, we presented an unusual case of laryngeal hamartoma with nonspecific symptoms and signs in a 41-year-old male patient.

A 41-year-old male presented to our clinic with chronic cough, hoarseness and globus sensation for six years. His symptoms had persisted after receiving treatment for chronic e (?) and laryngopharyngeal reflux. Examination was unremarkable except fullness and irregularity of the right false vocal fold. These findings were confirmed with videostroboscobic examination (Figure 1). Biopsy and complete excision of the submucosal mass were performed with direct laryngoscopy and microlaryngoscopic excision.

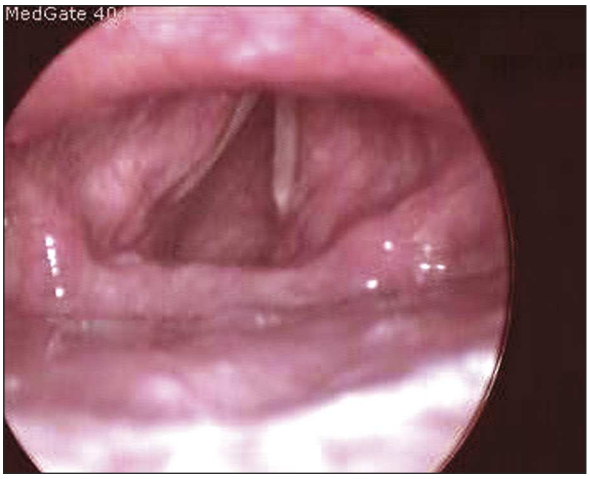

FIGURE 5: No fullness and irregularity of the right false vocal fold is seen in the videostroboscobic examination after the postoperative 4 months.

The gross specimen had a diameter of approximately 1.5 cm. Histopathological examination revealed a polypoid lesion covered by cuboidal epithelium. The mass was composed of mucous glands, smooth muscle fibers, and small nerve tissues with collagenous tissues. Microscopic examination revealed glandular and vascular proliferati on with prominent smooth muscle band surrounding vessels (Figure 2, 3). The final pathological diagnosis was glandular hamartoma of the larynx.

Clinical and radiological examinations of the patient revealed no evidence of recurrence at postoperative month 4. Computed tomography demonstrated complete regression of the pathology (Figure 4). No fullness and irregularity of the right false vocal fold was observed in the videostroboscobic examination at postoperative month 4 (Figure 5).

Twelve cases of laryngeal hamartomas have been reported up to date. Although the signs and symptoms of laryngeal hamartoma are variable they usually include upper airway obstruction and some degree of voice change. Appearance of laryngeal hamartomas varies from supraglottic tumors to polypoid subglottic masses.[1,3] The review of the literature showed that the presented case was the first case of laryngeal hamartoma originating from the false vocal fold.

Hamartomas may occur in two pathological formsmesenchymal hamartomas and epithelial or glandular hamartomas.[5] This case was a glandular type of laryngeal hamartoma.

The treatment of laryngeal hamartomas consists of conservative surgical excision. Endoscopic removal is usually adequate as in this case due to the well-encapsulated nature and small size of these lesions.[5] All the cases in the literature was misdiagnosed as in our case.

As a result, hamartomas rarely originate from the larynx. Laryngeal hamartomas must be kept in mind since they may cause misdiagnoses in patients with the symptoms of chronic pharyngitis and laryngopharyngeal reflux disease like chronic cough, globus sensation and hoarseness.

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