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Case Report / *Olgu Sunumu*

Tonsillar lipoma

Tonsil lipomu

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Lipomas consist of mature adipocytes and tend to be slow-growing. Despite their high prevalence, lipomas are rarely seen in the upper respiratory tract and digestive system, and cause a sensation of nausea and difficulty in swallowing and respiration. Lipoma formation in tonsil is quite rare. In this article, we report a 34-year-old female patient of lipoma of the palatine tonsil.

Keywords: Histopathology; lipoma; tonsil; tonsillectomy.

Lipomlar matür adipositlerden oluşur ve yavaş büyüme eğilimindedir. Yüksek prevalansına rağmen, lipomlar üst solunum yolunda ve sindirim sisteminde nadiren görülür ve bulantı hissi, yutma ve solunum zorluğu algısına neden olur. Tonsilde lipom oluşumu oldukça nadirdir. Bu yazıda 34 yaşında bir kadın hastada palatin tonsil yerleşimli lipom olgusu sunuldu.

Anahtar sözcükler: Histopatoloji; lipom; tonsil; tonsillektomi.

Lipomas are frequently located subcutaneously.[1,2] They generally tend to grow slowly. Lipomas are benign tumors of mesenchymal origin and consist of mature adipocytes.[3,4] They are rarely seen in the upper aerodigestive tracts in spite of the high prevalence. The literature reports a rather small ratio of involvement in the oral cavity including the tonsil.[1,2,5] Since tonsillar lipomas do not cause severe symptoms, their surgical treatment indications are mainly for cosmetic reasons.

CASE REPORT

A 34-year-old woman was admitted to the outpatient clinic since she had been having difficulty in swallowing, a sensation of nausea and a feeling of obstruction while sleeping at night for the last one and a half years. The physical examination showed a painless, lobulated, 1.5-2 centimeter-long, smooth surfaced and yellowish lump was observed that protruded out of the tonsillar lodge (Figure 1). Bilateral tonsillectomy under general anesthesia was performed (Figure 2). Postoperative histopathology revealed that the lump was comprised of mature adipocytes, which were circumscribed with a smooth fibrous capsule and grouped with fibrous septa (Figure 3). Diagnosis of lipoma was established. No relapses were seen on adjacent tissue on 12-month follow-up period.

DISCUSSION

Lipomas are composed of mature adipocytes and are frequently-encountered benign mesenchymal tumors, because they can originate anywhere within the body where adipose tissue is located.[6,7] Tonsillar tissue histology consists of a combination of centrally-localized lymphoid tissue and epithelial tissue composed of squamous cells covering crypts and all surfaces. There is no adipose tissue in this combination; therefore, lipomatous tumor incidence is quite low in the tonsil.[8-10] These tumors can be seen in the buccal sulcus, tongue, floor of mouth and lips more than the lower pole of the tonsil and hypopharyngeal walls.[3,11] In addition to squamous papilloma, the other benign tumors such as

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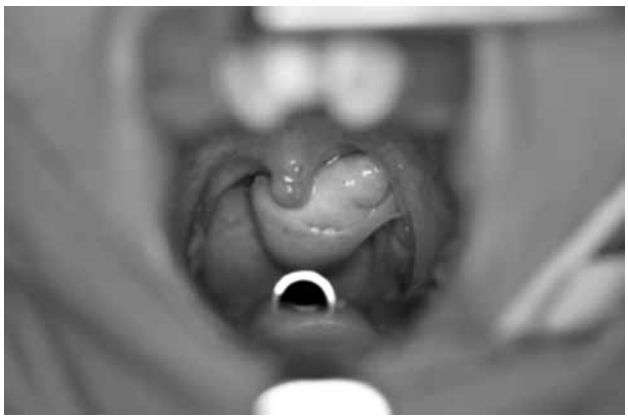

Figure 1. Preoperative physical examination showed a painless, lobulated, 1.5-2 centimeters in length, smooth surfaced and yellowish lump that protruded out of the tonsillar lodge.

Figure 2. Postoperative view of specimen: a lobulated, 1.5-2 centimeters in length, smooth surfaced and yellowish lump.

adenoma, lipoma, chondroma, hamartoma and teratoma should be considered as the differential diagnosis of benign tonsillar tumors.[10,12]

Lipoma prevalence generally does not vary by sex although Adoga et al.[12] reported that it was more frequent for male patients. Moreover, Fregnani et al.[11] reported that the ratio of men to women for oral cavity lipomas was 1:1.5 and majority of individuals were over 40 years old.

The etiology of lipomas still remains nonspecific, although it was thought that relapsing trauma might lead to agenesis of adipose tissue and lipoma.[13] In this etiological content, the tonsil lipomas are defined as painless lumps having fine boundaries, growing slowly over a period of years.[3,4] However, the findings of dysphagia, sore throat, increased salivation, foreign body sensation and changes in voice quality can be observed. In addition to these clinical findings, when the tumors get large enough, they may cause dyspnea.[3,8] Dereköy et al.[9] defined a case of tonsil lipoma that was 3.6 centimeters in length and caused dyspnea, hypoxemia and respiratory acidosis. Furthermore, Harada et al.[14] reported a 44-year-old Japanese woman with an asymptomatic polypoid palatine tonsil lipoma 1.6x1.5x1.3 centimeters length. Apart from these, our patient had difficulty in swallowing, a sensation of nausea and a feeling of respiratory obstruction while sleeping at night.

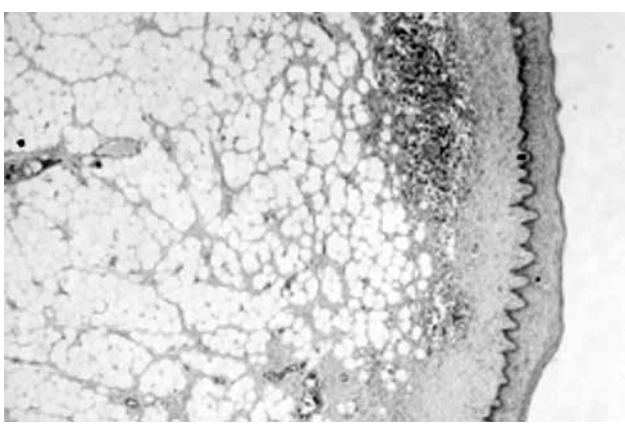

Figure 3. As a result of postoperative histopathologic examination: the lump comprised of mature adipocytes, which were circumscribed with a smooth fibrous capsule and it grouped with fibrous septa.

The therapy is surgical excision and tonsillectomy for cases of symptomatic tonsillar lipoma.[8] Recurrence is rare and the prognosis is also quite good. However, Wang et al.[15] reported a case of hypopharynx lipoma that was related to post-resection local recurrence or lipomagenesis anywhere in the hypopharynx. As the presented case was symptomatic, she had bilateral tonsillectomy and no local recurrence was observed in the postoperative one-year follow-up period.

Although malignant transformation in lipoma is quite rare,[16] Saddik et al.[17] reported liposarcoma in the tonsillar fossa. Thus, histopathological examination of this type of tumor is very important.

In conclusion, it must be kept in mind that tonsillar lipoma may lead to difficulty in swallowing, a sensation of nausea and a feeling of respiratory obstruction while sleeping at night, and should be examined histopathologically after surgical treatment.

Declaration of conflicting interests

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