The Journal of Laryngology & Otology
March 2001, Vol. **115,** pp. 231–232

Laryngeal myxoma

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Abstract
Myxoma is an uncommon neoplasm in the head and neck region. Laryngeal myxomas are rarer still. We report a case of a large myxoma in the supraglottis, that was excised endoscopically.

Key words: Myxoma; Larynx; Surgical Procedures, Operative

Introduction

Myxomas are benign mesenchymal tumours that occur rarely in the head and neck region. Most of these lesions are odontogenic in origin and involve the facial bones.[1] Myxomas arising from soft tissues, including the larynx, are very rare. There are only sporadic cases of laryngeal myxomas reported in the English literature.[2–5] We describe a case of laryngeal myxoma in a 57-year-old male.

Case report

A 57-year-old male patient presented with a six-month history of progressive difficulty in swallowing and a change in voice. He also had had mild breathing difficulty for a period of 15 days. On indirect laryngoscopic examination, there was a large, smooth, semi-translucent supraglottic mass obscuring the view of the endolarynx. The swelling could also be seen coming into the oro-pharynx intermittently on depressing the tongue. Fibre-optic laryngoscopy revealed the lesion to be arising from a wide base in the right supraglottic area.

A non-contrast-enhanced computed tomography (CT) scan (Figure 1) revealed the presence of a homogenous well-defined mass in the supraglottic region. An attempted aspiration prior to anaesthesia did not yield any fluid. Following successful oro-tracheal intubation, the lesion was dissected out endoscopically with a cuff of normal tissue. The lesion was attached by broad base to the right aryepiglottic fold and to the laryngeal and lingual surface of the epiglottis.

Grossly, the excised mass measured 6.5 × 5 × 1 cm and had a mucoid, glistening appearance (Figure 2). The lesion was diagnosed as myxoma on being subjected to histopathological examination. Haematoxylin and eosin stained tissue sections showed a uniform histological appearance throughout the lesion (Figure 3). Immunohistochemical staining for S-100 protein and smooth muscle actin were both negative.

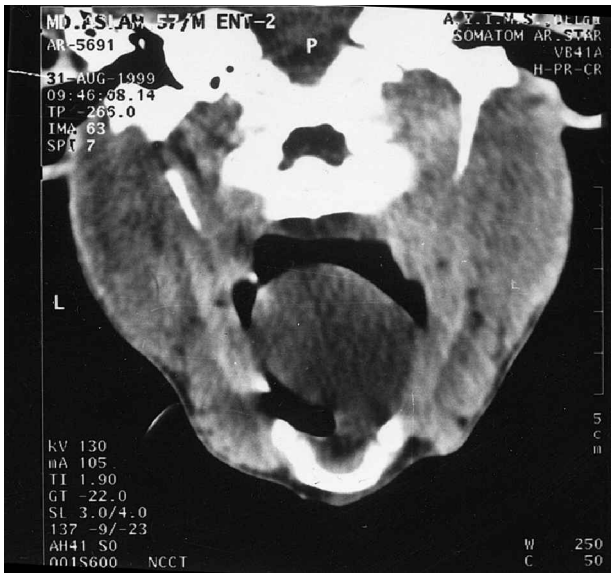

Fig. 1

Non-contrast CT scan of the neck showing a homogenous well-defined mass in the supraglottic region.

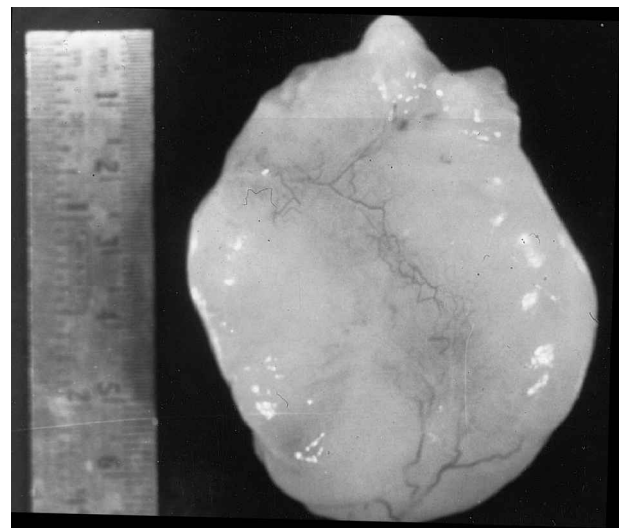

Fig. 2

The specimen of the excised mass measuring 6.5 × 5 × 1 cm in size with a mucoid glistening surface.

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Accepted for publication: 26 September 2000.

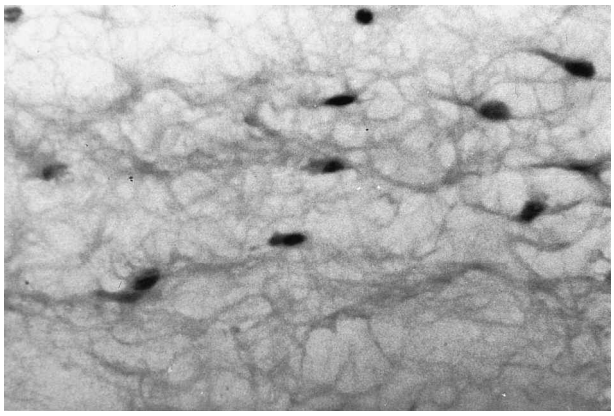

FIG. 3

Showing loose stellate cells with long branching cytoplasmic processes without the presence of any blood vessel (H & E; ×150)

The patient has been on regular follow-up and at eight months after surgery is completely free of symptoms with a well-healed supraglottic area seen on fibre-optic laryngoscopy.

Discussion

Myxomas are benign lesions classified under tumour and tumour-like conditions of undetermined histiogenesis.[6] Jaw myxomas are considered to be odontogenic in origin while many soft tissue myxomas are thought to represent myxoid degeneration in tumours of mesenchymal origin, such as neural tumours.[7] In the head and neck, myxomas involving maxilla and mandible are well described[8] and rarer soft tissue myxomas of the subcutaneous tissue, nasal cavity and parotid are also reported.[9]

The larynx is an unusual site for soft tissue myxomas. Within the larynx, the vocal folds,[3,4] aryepiglottic fold[2] and epiglottis[5] are the reported sites of involvement. These lesions are usually spheroidal in shape and on cut section show a glistening white matrix filled with abundant white gelatinous material.[6] The histopathological appearance is of loosely dispersed stellate cells, with long interlaced cytoplasmic processes lying in an abundant poorly vascularized mucopolysaccharide rich stroma.[10]

Myxomas of the supraglottis tend to become large and remain asymptomatic for a long duration[7] as was observed in our case with the ovoid tumour measuring 6.5 cm in maximum diameter. The two previous recorded cases of supraglottic myxomas had a maximum diameter of 6.5 cm and 5.6 cm respectively.[2,5]

Laryngeal myxomas can usually be excised endoscopically, but an external approach may sometimes be needed.[2] The lesion in our case was excised with a cuff of normal tissue, as myxomas may infiltrate adjacent structures.[3] Myxomas of the soft tissues, however are less prone to recurrence than that of the odontogenic variety.[11]

Conclusion

Myxomas involving the larynx are rare. Surgical treatment in the form of endoscopic excision with an adequate margin appears to be curative.

Acknowledgement

We would like to express our gratitude to Prof. R. C. Deka (Head of department of Otorhinolaryngology, All India Institute of Medical Sciences, New Delhi) for his constant encouragement and guidance.

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Dr P. Baruah takes responsibility for the integrity of the content of the paper.
Competing interests: None declared