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Tonsillar lipoma: a case report

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Abstract
Benign tumours of the tonsils are rare. Only a few cases of tonsillar lipoma have been previously reported. The case of a pedunculated polypoid lipoma of the palatine tonsil in a 44-year-old Japanese woman is presented. The 'polyp' was excised and an histopathological examination was carried out. The 'polyp' contained dilated lymphatics in the dense fibrous connective tissue beneath the overlying mucosal epithelium and below the mature fat tissue with intervening strands of fibrous tissue.

Key words: Tonsillar neoplasms; Lipoma

Introduction

Benign tumours of the tonsils are rare. Only a few cases of tonsillar lipoma have been previously reported. The case of a polypoid lipoma of the palatine tonsil in a 44-year-old Japanese woman is presented. The histopathological findings are discussed, and the literature is reviewed.

Case report

A 44-year-old Japanese woman was referred in July 1994, with a pedunculated 'polyp' on the palatine tonsil. She had been suffering from an unidentified fever and had consulted a physician, who discovered the 'polyp'. This was globular in shape, measured 1.6 x 1.5 x 1.3 cm, and was

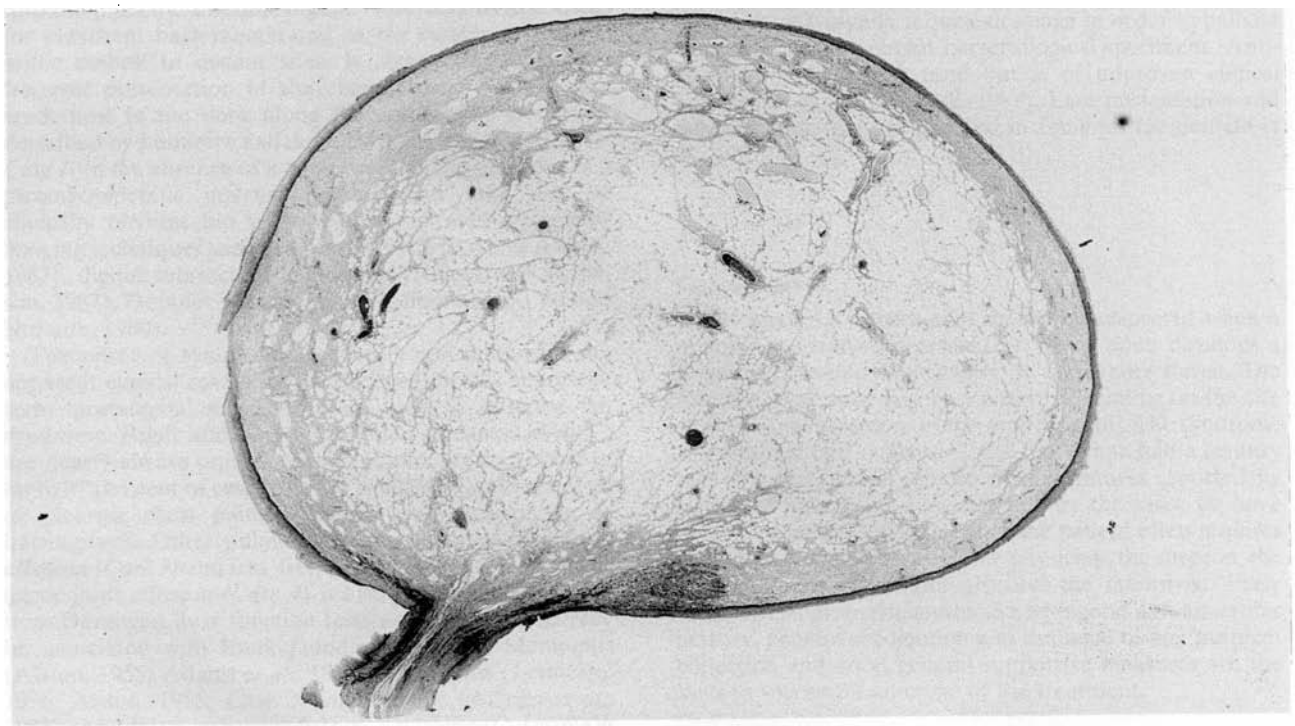

FIG. 1
Whole mount of the polyp. (H & E).

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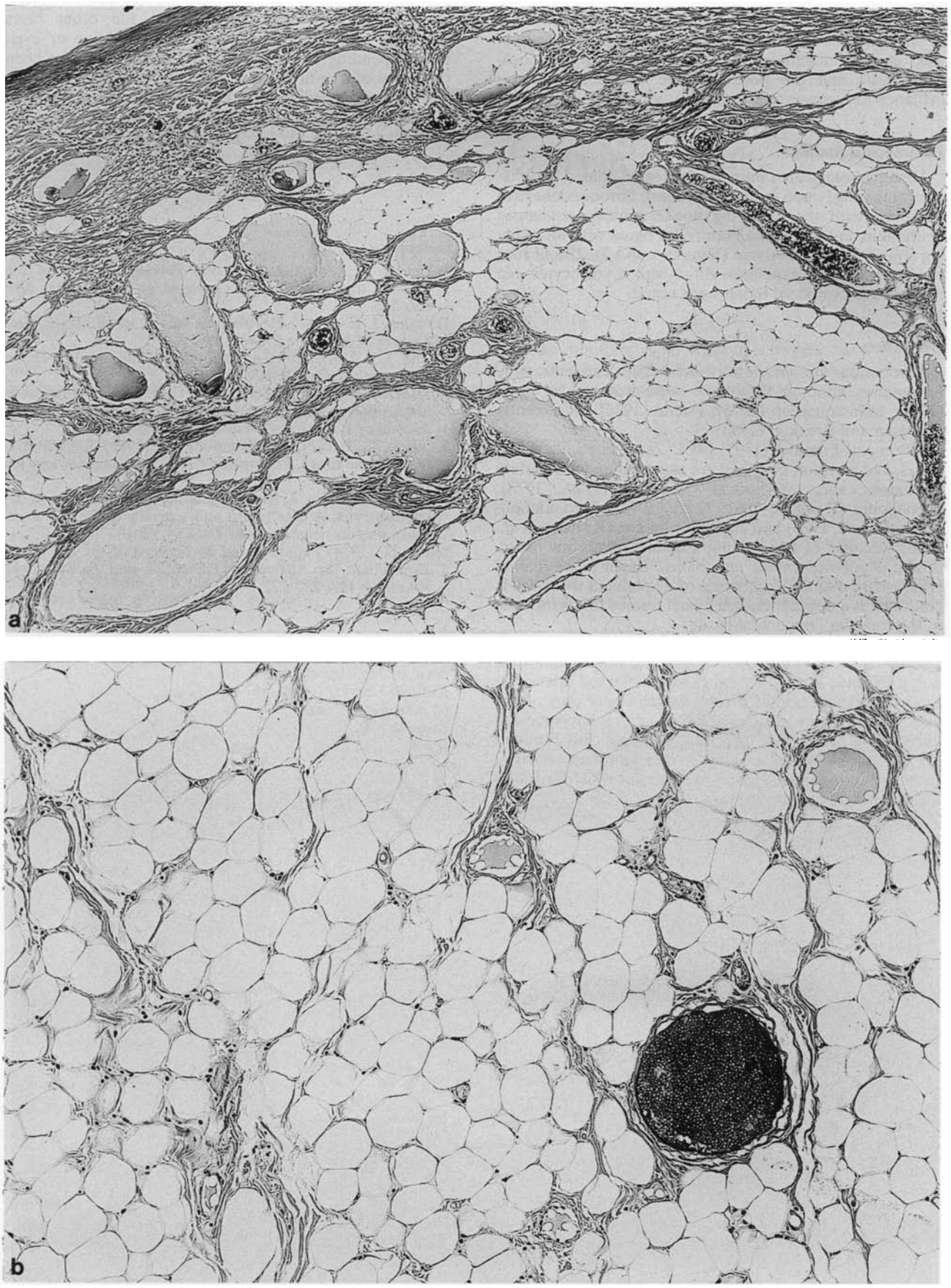

FIG. 2

(a) Microphotography showing submucosal dense fibrous tissue, mature fat, marked ectatic lymphatics and capillaries. (H & E; × 40). (b) Microphotograph of the central part of the polyp showing mature fat, lymphatics, congested capillary and intervening strands of thin fibrous tissue. (H & E; × 90).

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attached by a pedicle to the right palatine tonsil. Lacunae of both palatine tonsils showed pus discharge. The 'polyp' was excised together with its pedicle under local anaesthesia and the post-operative course showed no evidence of recurrence after five months.

Pathological findings

Histopathological examination revealed dilated lymphatics containing lymph fluids in the dense fibrous connective tissue beneath the overlying nonkeratinizing squamous epithelium and below the mature fat tissue with intervening strands of fibrous tissue (Figures 1 and 2). The fibrous strands contained capillaries filled with erythrocytes. No remnants of lymphoid tissue were noted.

Discussion

Lipomatous tumours in the head and neck are extremely uncommon, although they have been reported by Nizze (1974), Mansson *et al.* (1978), Friend (1926) and recently by Bégin and Frenkiel (1993).

Bégin and Frenkiel (1993) list 15 cases in all, including theirs, and mention that they are reported under a variety of names, such as lipoma (Mansson *et al.*, 1978), fibrolipoma (Douglas, 1961; Nizze, 1974), fibro-adenolipoma (Friend, 1926) and angiofibrolipoma (Krausen *et al.*, 1986), because of the varying amounts of fibrous tissue, ectatic capillaries and/or lymphatics. Bégin and Frenkiel (1993) state that the occurrence of a lipoma in the tonsil is plausible as a delicate mesenchymal framework is intrinsic to the tonsillar lymphoidal tissue.

The case presented here had lymphatics which resembled those described in a lymphangioectatic fibrous polyp (Hiraide *et al.*, 1985) and showed marked dilation in the subepithelial fibrous tissue and the upper part of the lipoma mass. Thus it could be called a 'lymphangioectatic fibrolipoma'. Accepting the view of Bégin and Frenkiel (1993) our case was plausible also as a tonsillar neoplasm. Remnants of lymphoid tissue were absent which excluded a hamartomatous pathogenesis.

Our case was asymptomatic like the other cases reported, although lipomas can be obstructive or even fatal depending on their size. The patient had not been conscious of it until it was pointed out. The only symptom was chronic tonsillitis. Long-term follow-up is required although the post-operative course showed no evidence of recurrence.

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