

Chondrolipoma of the nasopharynx

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Abstract

Lipoma is the commonest soft-tissue tumour arising anywhere in the body, but its occurrence in the nasopharynx is extremely rare. Only four cases in adults have been previously reported in the English literature. We describe a 63-year-old woman with a nasopharyngeal mass that was removed transorally and verified histopathologically as chondrolipoma, that is a lipoma with chondroid metaplasia.

Key words: Nasopharyngeal neoplasms; Chondrolipoma

Case report

A 63-year-old female had a history of rhinolalia clausa and nasal stuffiness of several years' duration. She did not have a history of otalgia, otorrhoea, hearing loss, aural fullness, or epistaxis. Oropharyngeal examination revealed a huge, yellowish, smooth-surfaced mass on the left posterolateral pharyngeal wall (Figure 1). Indirect nasopharyngeal examination disclosed a dumb-bell-shaped sessile mass arising from the left half of the posterior wall of the nasopharynx. The mass was covered with normal-appearing mucosa. Plain X-ray films of the skull showed no bony erosion. With the patient in the supine, head down position and under general anaesthesia, the tumour was excised completely and bleeding from the base of the mass was controlled by cauterization. The bilobed specimen measured 5 × 4 cm and 5 × 1.5 cm in each lobe (Figure 2). Gross sectioning of the lesion showed a circumscribed mass with a smooth cut surface and 1.5 cm sized glossy tissue under the surface. Histopathological examination showed a lipoma which had a focal chondroid metaplasia (Figure 3).

Discussion

Lipomas are usually soft, freely movable masses that almost always arise in the subcutaneous tissue where there is relatively more adipose tissue, most commonly in the soft tissues of the neck, back and extremities (Thawley and Panje, 1987). Although they occur in any location in the body, their involvement in the nasopharynx is extremely rare. Only four lipomas of the nasopharynx in adults have previously been reported (Puri *et al.*, 1979; Oddie and Applebaum, 1982; Grybauskas and Shugar, 1983; Fagan *et al.*, 1996).

Glossy, lipoma are smooth, well-circumscribed, round to oval masses. The cut surface varies from yellow to orange and is greasy to the touch. The tumours may be lobulated. Microscopically, the delicate fibrous septae extends into the substance of the tumour separating it into lobules that are composed of mature adipose cells. The lesion in our patient was a variant of lipoma which had chondroid tissue within. This cartilaginous metaplasia of lipomas (chondrolipoma) is rare and is mainly encountered in lipomas of large size and long-standing. Some pathologists prefer to

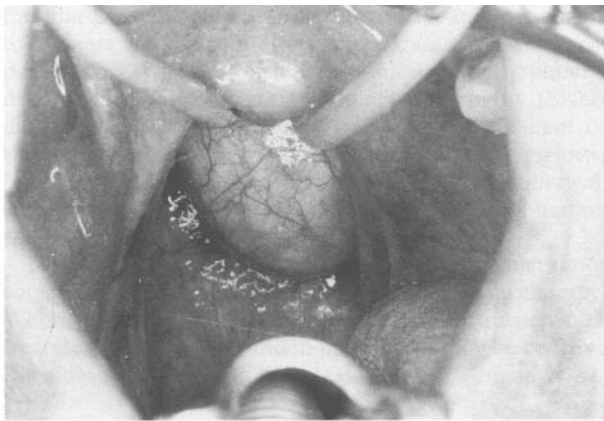


FIG. 1

Operative view showing huge nasopharyngeal mass.

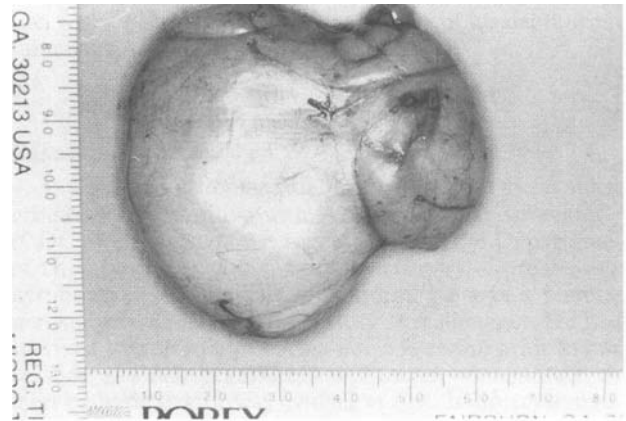


FIG. 2

Excised surgical specimen. Note bilobular form.

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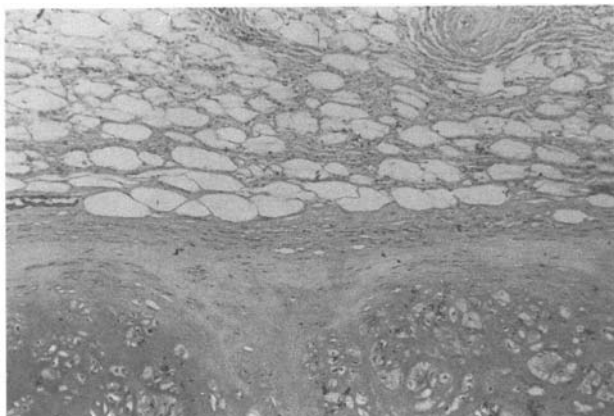


FIG. 3

Photomicrograph showing mature adipose tissue with focal chondroid metaplasia characteristic of chondrolipoma (H & E; $\times 100$).

classify this variant of lipomas as benign mesenchymoma (Enziger and Weiss, 1988).

Clinical manifestations of patients with nasopharyngeal masses include nasal obstruction, anosmia, foul postnasal discharge, hallitosis, rhinorrhoea, hearing loss, aural fullness, otalgia, epistaxis, cervical lymph node enlargement, palatal or retropharyngeal masses, cranial nerve deficits, or sign and symptoms of meningitis (Oddie and Applebaum, 1982; Grybauskas and Shugar, 1983; Fagan *et al.*, 1996). Treatment is complete surgical removal and the transoral approach is preferred. When wide exposure is necessary, the soft palate can be divided (Gustafson and Neel, 1991).

Although lipoma is an uncommon lesion of the nasopharynx, this tumour should be considered in differential diagnosis of nasopharyngeal masses which include, amongst others, adenoid, choanal polyp, mucus-retention

cyst, encephalocoele, inverted papilloma, chordoma, plasmacytoma, squamous cell carcinoma, salivary gland tumours, and granulomatous disease (Goldstein and Sisson, 1980; Toomey, 1980).

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