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View from Beneath: Pathology in Focus

Hamartomatous tonsillar polyp

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Abstract

A 41-year-old male Egyptian patient presented with difficulty in swallowing, snoring, and the sensation of a lump in his throat over a long period of time. On examination, a left tonsillar polyp was seen (4 × 2 × 1 cm) which was pedunculated, bilobulate, with an intact surface. The polyp was excised under local anaesthesia and histopathological examination revealed an haemangiomatous hamartomatous polyp.

Introduction

Hamartoma is a tumour-like malformation in which the tissues are arranged haphazardly with an excess of one or more of its components (Walter and Davidson, 1989).

On reviewing the literature we found only one case of oropharyngeal hamartoma (Baarsma, 1979), the rarity of the condition prompted us to report this case.

Case report

A 41-year-old male Egyptian farmer presented with dysphagia, snoring and sensation of a lump in his throat for a long time.

Examination showed a large polyp originating from the left tonsil with intact surface epithelium (Fig. 1). On manipulation, it was found to have a well-formed pedicle which was circular and about 4 mm in diameter.

The polyp was excised after the application of four per cent lignocaine surface anaesthesia, the pedicle was tied around a Negus tonsillar clamp, and its base cauterised with chromic acid. Re-examination of the oropharynx, nasopharynx, and larynx revealed no other abnormality.

The polyp (4 × 2 × 1 cm) was fleshy and white in colour (Fig. 2) and its cut surface showed white, tough tissue with pinkish rounded areas. Histopathological examination showed a polypoid mass, the core of which was formed of many thin-walled blood vessels with intermingling collagen fibres (Fig. 3) and with infiltration of its base (near the pedicle) by islands of tonsillar tissue (Fig. 4). It was covered by hyperplastic stratified squamous epithelium (Fig. 4). The features were consistent with a haemangiomatous malformation (hamartomatous polyp), without any visible malignant change.

Discussion

The term hamartoma was coined by Albrecht (1904), and is derived from the Greek word 'hamartion' which means a bodily defect. It differs from teratomas as it is not foreign from surrounding tissues and it has no tendency towards excessive growth (Walter, and Davidson 1989); this is evident in our case as the mass attained its present size over more than 30 years.

Although a hamartoma is not a tumour, malignant changes can develop (Robbins and Cotran, 1981).

They may occur in any organ but most often in the spleen, liver, and lungs; hamartomas are very rare in the head and neck especially in the pharynx (Patterson *et al.*, 1981).

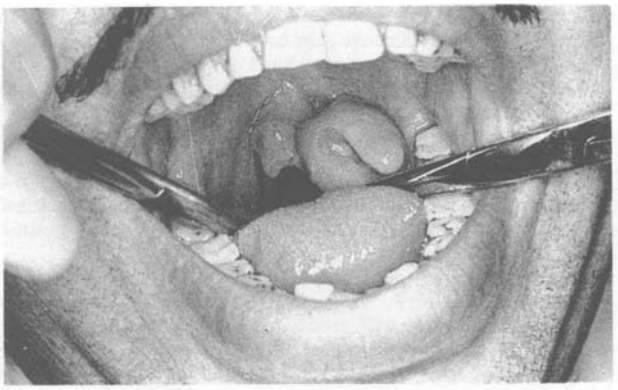

Fig. 1
Left tonsillar polyp.

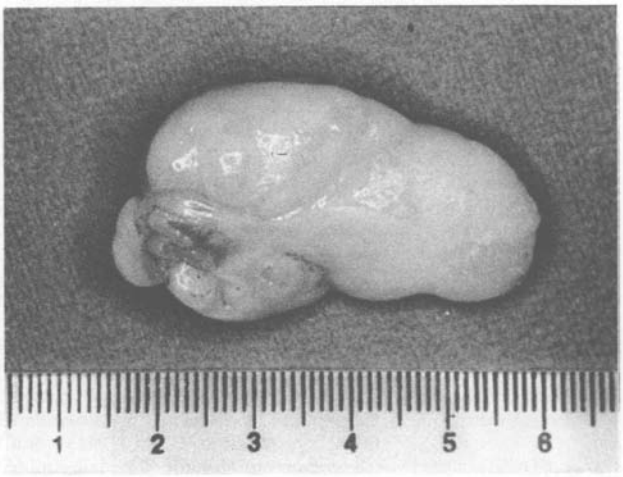

Fig. 2
The polyp after excision.

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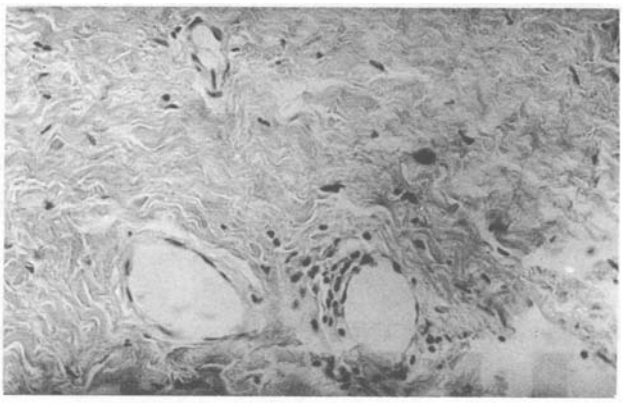

FIG. 3

Histopath (thin walled blood vessels and collagen fibres).

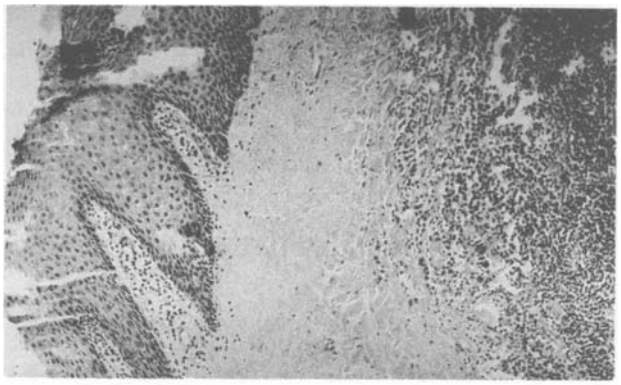

FIG. 4

Histopath (covered by st. sq. epithelium and the base is infiltrated by islands of tonsillar tissue).

The only case which we found as an oropharyngeal hamartoma orginated from the vallecula, causing dyspnoea, problems of speaking and swallowing. It was seen as a 3 × 2 × 2 cm mass which was extirpated under general anaesthesia and proved to be a fibrous hamartoma (Baarsma, 1979).

Hypopharyngeal and oropharyngeal hamartomas are usually pedicled, as in our case, and in the case of Wind and Lecluse (1983) which was a 5 cm diameter mass arising from the pyriform fossa was excised after ligation of the pedicle under general anaesthesia.

Malignant change can occur in a hamartoma (Robbins and Cotran, 1981) but in our case none could be seen.

The best treatment for hamartomas is excision and follow-up to detect any recurrence which only occurs after incomplete removal.

Acknowledgement

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Key words: Tonsillar neoplasms; Hamartoma.

References

Albrecht, E. (1904). Uber Hamartome. Deutschen Pathologischen Gesellschaft. Cited from Willis, R. A. (1960) *Pathology of Tumours,* Third edition. Butterworth: London.

Baarsma, E. A. (1979). Juvenile fibrous hamartoma of the pharynx. *Journal of Laryngology and Otology.* **93:** 75–79.

Robbins, S. L., Cotran, R. S. (1981). *Pathological Basis of Diseases.* 2nd edition. W. B. Saunders Company: Philadelphia.

Patterson, H. C., Richard Dickerson, G., Plich, Ben. Z., Bentkover, S. H. (1981). Hamartoma of the hypopharynx. *Archives of Otolaryngology.* **107:** 767–772.

Walter, J. B., Davidson, G. (1989). *Pathology of Human Disease.* Lea & Febiger: Philadelphia, London.

Wind, J., Lecluse, F. L. E. (1983). Hamartoma of the hypopharynx. *Archives of Otolaryngology.* **109:** 495.

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