

Post cricoid lymphangioma

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Abstract

A 69-year-old female patient presented with symptoms characteristic of globus pharyngeus and barium swallow examination was normal. Her symptoms persisted and pharyngoscopy was undertaken; a post-cricoid polyp was found and removed. Histological examination revealed this to be a lymphangioma. Histological appearances, pathogenesis and treatment are discussed. The case illustrates that persisting symptoms presenting as globus pharyngeus should be further investigated to exclude rare lesions.

Introduction

The feeling of something stuck in the throat (FOSSIT) is a common problem which can present at any age and in the absence of obstructive dysphagia and with normal findings on barium swallow investigation, is rarely associated with any sinister or significant pathology. The extent to which such symptoms are investigated must depend upon the degree of suspicion on the part of the clinician. The question arises whether pharyngoscopy should be undertaken to investigate a persistent sensation

of something stuck in the throat, despite a normal barium swallow.

Case report

A 69-year-old female presented with a six month history of a sensation of a lump in her throat. She had no difficulty swallowing, no weight loss and was otherwise feeling perfectly well. A barium swallow was reported as normal. Initial diagnosis of globus pharyngeus was made and she was referred back to her

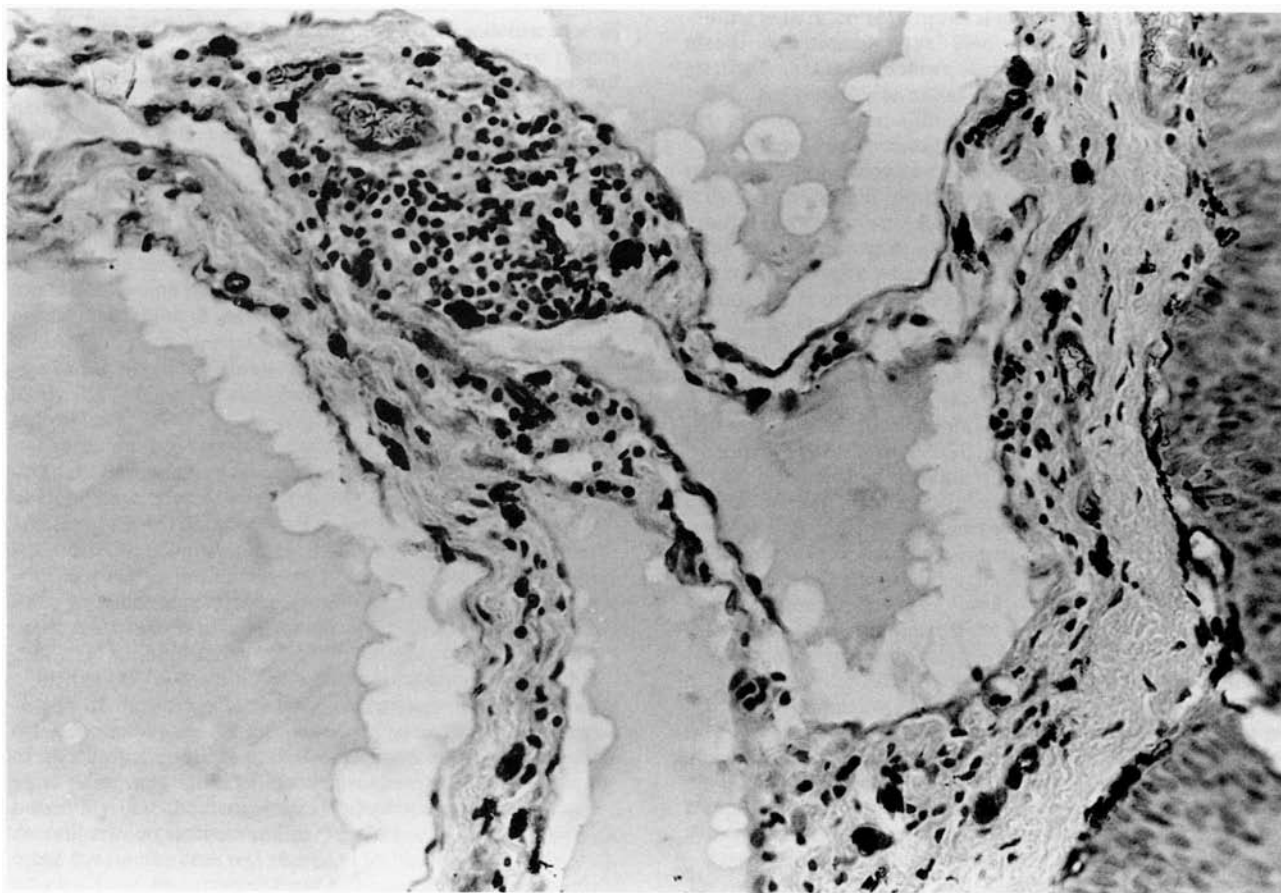


FIG. 1

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General Practitioner. Her symptoms persisted and three months later she was seen again with the same complaint, and also feeling some discomfort in the right ear. In view of this pharyngoscopy was undertaken. An unusual looking polyp was seen rising from the right postero-lateral wall of the post-cricoid region, this was avulsed and submitted for histological examination. The patient recovered quickly from her surgery and her symptoms were completely resolved.

Histology

The specimen, a pale semi-translucent polyp 1 cm in diameter was embedded and sectioned, and then subjected to routine haematoxylin-eosin staining. The polyp was covered by stratified squamous epithelium and consisted of cavernous vascular spaces lined by flattened endothelium containing homogeneous eosinophilic material and occasional lymphocytes. No erythrocytes were present within the spaces. The stroma contained foci of lymphocytes (Fig. 1). Immunoperoxidase staining with *Ulex europaeus* lectin was negative, confirming that this was lymphangiomatous rather than angiomatous tissue (Walker, 1985).

Discussion

Lymphangioma is a rare tumour most often found in children. It has previously been reported occurring in the tonsil and larynx, in both adults and children (Alsamaræ *et al.*, 1985; Cohen and Thompson, 1986). The small percentage of these tumours which present in adults are thought to be secondary to fibrosis and obstruction of lymphatics following inflammation, surgery or radiotherapy (Enzinger and Weiss, 1983).

Treatment is by surgical excision, but this can be complicated

by severe haemorrhage if a haemangiomatous component is present. Complete excision can also be difficult when the tumour arises in the mouth or tongue where elements insinuate between muscle fascicles and recurrence may occur (Postlethwaite, 1986). Radiotherapy is not appropriate as malignant transformation may be induced (Enzinger and Weiss, 1983).

This lady's symptoms were classical of globus pharyngeus. The polyp did not show up well on barium swallow, presumably because it had a narrow pedicle and became coated with barium obscuring its presence. This case illustrates that persistent symptoms presenting as globus pharyngeus, should be further investigated to exclude rare lesions.

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