True Hamartoma of the Tonsil

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Abstract An 18-year-old male patient presented with recurrent episodes of sore throat, fever, dysphagia, and foreign body sensation in throat of 3 years duration. An episode of acute tonsillitis was clinically documented and a polypoidal lesion was seen arising from the right tonsil. The patient underwent a tonsillectomy and the histopathological examination of the mass revealed it to be a true benign hamartoma of the tonsil.

Keywords Tonsil · Hamartoma · Polyp

Introduction

Palatine tonsil is an extremely uncommon site for benign tumours with the squamous papillomas constituting the majority of these rare tumours [1]. Hamartoma is described as a local developmental error in which the tissues are unstructured with an excess of one or more of the components, although, all the components resemble those constituting the parent tissue [2]. It differs from a teratoma in that it is not foreign to the surrounding tissues and it has no tendency towards excessive growth. Hamartomas have been reported in virtually every organ but are most often seen in the spleen, liver, and lungs with a rare occurrence in the head and neck, especially in the pharynx [3]. The rarity of the condition prompted us to report this case.

Case Report

Clinical Findings

An 18-year-old male presented to the ENT out patient Department of Lok Nayak Hospital with complaints of recurrent episodes of sore throat associated with fever and dysphagia and, a constant foreign body sensation in throat for the past 3 years. On examination, the patient was found to have acute tonsillitis on presentation. The patient also had a 2×1 cm smooth, firm, and pedunculated polypoidal mass arising from the right tonsil (Fig. 1). A presumptive diagnosis of a benign tonsillar mass, probably a lymphangioma, was made. The patient received oral antibiotics for the acute infection and was planned for a tonsillectomy. The routine hematological and urine investigations were normal and the patient underwent tonsillectomy under general anaesthesia. The surgery and the postoperative period were uneventful. The excised tonsillar tissue along with the polypoidal mass was sent for histopathological evaluation.

Pathological Findings

The excised polyp was a smooth, firm, grayish-pink pedunculated mass measuring $2 \times 1 \times 0.5$ cm. The mass showed focal areas of congestion externally (Fig. 2). It was solid and homogenous on cut section.

On microscopic examination, the mass was seen to be lined by hyperplastic stratified squamous epithelium (Fig. 3). Stroma was loose and edematous with multiple haphazardly arranged dilated lymphatic channels (Fig. 4) with lymphoid follicles in the intervening areas (Fig. 5).

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Fig. 1 Polypoid mass on right tonsil

Fig. 2 Excised specimen of tonsil with mass

Discussion

A search of the medical literature was carried out and only four cases of tonsillar lesions with the characteristics of the present lesion were found in the papers retrieved or on review of their references [1, 4–6]. The other benign tonsillar lesions that have been reported in the past include squamous papillomas, inclusion cysts, lymphoid polyps, lymphangiomas, fibromas, hemangiomas, lipomas, etc [1].

In all the previously cited cases of tonsillar hamartomas, the tumour has shown a very slow tendency to grow, and thus, a late presentation. In this case also the mass was slow growing and was only 2 × 1 cm on presentation after such a long time period (18 years). This is typical of a hamartoma.

Fig. 3 Hyperplastic stratified squamous epithelial lining (H and E staining, ×250)

Fig. 4 Dilated lymphatic channels (H and E staining, ×400)

In the present case, the patient had occasional dysphagia, sore throat and fever that were attributable to the recurrent tonsillitis he was suffering from. The only complaint that could be attributable to the tonsillar mass was the continuous sensation of foreign body in the throat that he had for the past 3 years, although it may be present because of chronic tonsillitis with acute exacerbations.

Hamartomas of the oropharynx and hypopharynx are usually pedicled [7], as in our case. Although a hamartoma is not a tumour, malignant changes can develop [8]. But, no such changes were seen in our case and the two similar cases reported in the past. The treatment of choice for hamartomas is total excision and follow up as incomplete excision is associated with the risk of recurrence.

Fig. 5 Intervening lymphoid follicles (H and E staining, $\times 400$)

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