RARE PRESENTATION OF LIPOMA IN NASOPHARYNX

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ABSTRACT:
A 40 years old lady presented to our OPD with mild discomfort in swallowing, nasal block, left ear block on & off, hyponasal voice for the past 6 months. On examination a smooth mass was seen in the oropharynx hanging from above . On Diagnostic Nasal Endoscopy, the mass was seen to be rising from left eustachian cushion obstructing the left side of the choana completely. The same mass seen partially occluding the right side as well . No attachment to any other walls of the nasopharynx was made out. routine investigation were done including CT Paranasal Sinuses and Neck. It showed the mass extending from the nasopharynx upto the oropharynx 6/4 cm Housefield Units -32 to 17. Under local anaesthesia, endoscope assisted biopsy was taken and sent for HPE. Under GA, endoscopic assisted excision of the mass done using Radio-Frequency Ablator with haemostasis . Post operative period was uneventful

KEY WORDS- LIPOMA, NASOPHARYNX-ENDOSCOPIC-RADIO-FREQUENCY-ABLATOR

CLINICAL PRESENTATION:
HISTORY:
A 40 years old female patient, farm worker by occupation, presented to the ENT OPD with mild discomfort in swallowing, nasal block, left ear block on & off, hyponasal voice for the past 6 months.

PAST HISTORY:
not a known case of DM/ HT  
no h/o any previous surgery  
no h/o epistaxis or blood stained nasal discharge  
no h/o headache, cough, post nasal drip, facial pain

FAMILY HISTORY & PERSONAL HISTORY- not significant
CLINICAL EXAMINATION:
External contour of the nose & face was normal anterior rhinoscopy appeared to be normal

POST NASAL EXAMINATION:
A smooth mass was seen in the oropharynx completely preventing the view of the choana except for a small portion on the right side. cottle's test- negative cold spatula test- no fogging on left side& diminished fogging on right side  cotton wisp test- no movement on left & diminished movement on right

no sinus tenderness was present On palpation through the oropharynx, the mass was smooth & soft, did not bleed on touch. it was found to be freely mobile all around except the left nasopharyngeal wall.

DIAGNOSTIC NASAL ENDOSCOPY:
The mass was seen to be rising from left eustachian cushion obstructing the left side of the choana completely. The same mass seen partially occluding the right side as well. No attachment to any other walls of the nasopharynx was made out. Routine investigation were done including CT para-nasal sinuses and neck. It showed the mass extending from the nasopharynx upto the oropharynx 6/4 cm Housefield Units 40. Under local anaesthesia, endoscopy assisted biopsy was taken and sent for HPE

EAR EXAMINATION
Left tympanic membrane was retracted

OTHER SYSTEMS
cardiovascular system- normal

Respiratory system- normal

Abdomen- normal

Central nervous system- normal

INVESTIGATIONS:
Haematological examination, urine, X-ray Chest & ECG were found to be within normal limits CT PNS& NECK- showed the mass extending from the nasopharynx upto the oropharynx 6/4 cm The mass showed low attenuation (-32 to 17 HU) without any calcification, compared to adjacent muscles on precontrast CT scan, which also showed low attenuation (-25 to 26 HU) without definite enhancement after contrast media administration (Fig. 1).The mass protruded into the nasopharynx and caused mild luminal narrowing of the nasopharyngeal airway. The characteristics of the CT and magnetic resonance imaging findings are almost pathognomonic for nasopharyngeal lipoma. The uniform low density of fatty tissue on CT scan and high signal intensity on T1 and T2 weighted images without enhancement are very specific. In our case, CT scans showed a lesion with low attenuation and without infiltration or destructive growth and definite contrast enhancement. Complete removal of the tumor was planned.

DNE & biopsy under LA was done with haemostasis &specimen was sent for HPE. patient was counselled and consent obtained for surgery and using the material for paper presentation and publication.
Endoscopic assisted excision of the nasopharyngeal mass was done under GA. the attachment of the mass was visualised and the tumour excised using radiofrequency probe. Haemostasis was obtained.

Post-operative period was uneventful.

DISCUSSION:

Lipomas are benign tumours arising from mesenchymal tissue. They are one of the most common tumours in the body, and can be found almost anywhere. 30-40% occur in the head and neck. These are commonly found in the subcutaneous tissue in the posterior neck. Of these only 1-2% are seen in the oral cavity. Nasopharyngeal lipomas are very rare. Only a handful have been reported.

Lipomas can be found in the subcutaneous plane, may be seen intra muscular, intra-osseous, intra-articular regions. In fact lipomas are found almost in all planes, tissues and regions. In the gastrointestinal tract, they are usually submucosal. They have been seen in the stomach, the oesophagus, small and large intestine, especially the ileum. Here they present with obstructive symptoms or due to bleeding. Usually they are asymptomatic and discovered accidentally. Lipomas have been found in the endocrine and salivary glands. Lipomas have been reported from the heart, mediastinum, airway, pleura, brain and spinal cord. They have been seen in the reproductive organs of both sexes. Lipomas in the nasopharynx are rare and those arising from the eustachian tube are rarer. Till date only 6-8 have been reported.

They may be sessile or pedunculated.

ETIOLOGY:

Trauma has been considered an important etiological factor in inducing lipocyte proliferation. Chromosome 12 gene rearrangement has been implicated in solitary lipomas.
Abnormality of HMG A2-LPF fusion gene may have a role as well.

HISTOPATHOLOGY:
Maybe composed of mature adipocytes only .Maybe of mixed histology like Lipoblastoma,Hibernoma(br0wn fat tissue),Atypical Li-poblastoma,Liposarcoma,

Adipocyte may be mixed with fibrotic tissue in the breast.

Examination:
The swelling is,soft in consistancy,with slipping edges.

Investigations:
1.CT Scan shows a soft tissue swelling with low values- upto -45 Hounsfield units because of the presence of fat that has low attenuation values.

2.M.R.I.wil confirm the same.

3.F.N.A.C.will show mature adipocytes.In mixed lipomas additional tissues may be idetified.

SURGERY is the mainstay of surgery.Excision under general or local anaesthesia is done.

CONCLUSION:
1.Though lipoma is a common tumour ,the site of origin from the Eustachian tube is rare.

2.Excision was done using an endoscope with the assisstance of Radio-Frequency Ablation

3.The excision was done with negligeble blood loss,pain and morbidity.

4.Patiwentwas able to breathe normally,eat food and talk normally,and was diccharged the next day.

5.Nasopharyngeal lipoma though rare should be kept in mind for patients presenting with dysphagia anddifficulty in breathing.

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