



E-QUID: ANSWER / Ear Nose Throat

Tonsillolithiasis[☆]



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Clinical history

An asymptomatic 64 year-old man positive for human immunodeficiency virus (HIV), with a normal clinical examination of the oropharynx underwent computed tomography (CT) examination of the neck, thorax and abdomen (Figs. 1 and 2) as a part of his standard follow-up. Because of abnormal CT findings, the patient underwent additional cervical magnetic resonance imaging (MRI) of the neck (Fig. 3). Of note, the patient had never received any treatment for HIV infection.

[☆] Here is the answer to the case Tonsillar anomaly previously published. As a reminder we publish again the entire case with the response following.

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Figure 1. Cervical CT examination in the transverse plane after IV administration of iodinated contrast material.

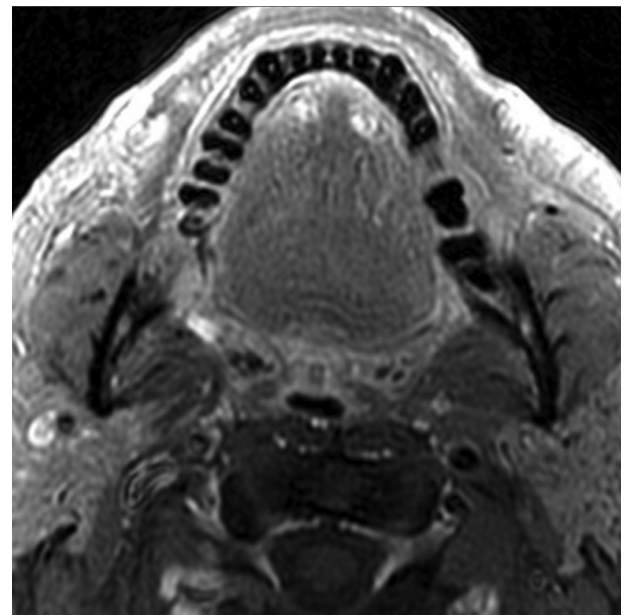


Figure 3. Cervical T1-weighted fat-suppressed MR image in the transverse plane obtained after IV administration of a gadolinium chelate.

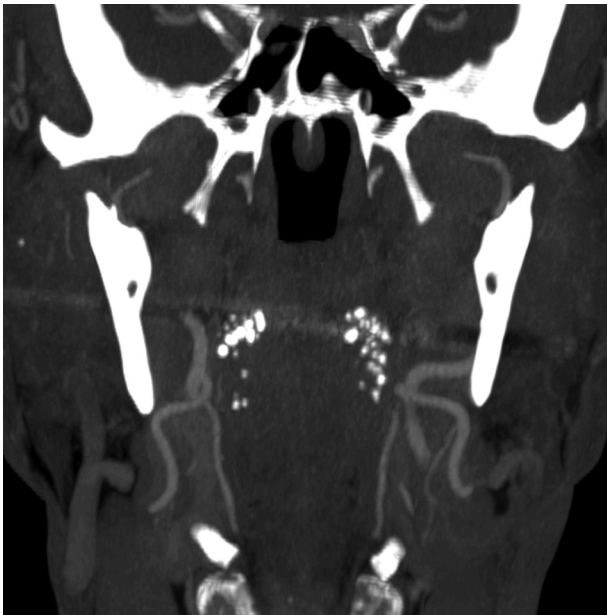


Figure 2. Cervical CT examination in the coronal plane after IV administration of iodinated contrast material using maximum intensity projection (MIP) reconstruction.

Question

Based on clinical and imaging findings, which of the following diagnoses would be the most plausible:

- salivary lithiasis;
- fungal amigdalitis;
- benign tonsillolithiasis;
- tonsil lymphoma;
- tonsil lymphangioma.

Answer

Bilateral benign tonsillolithiasis.

Commentary

Figs. 4 and 5 show maximum intensity projection (MIP) reformatted CT images in the transverse and coronal planes. No abnormalities except multiple irregular infracentimetric hyperattenuating foci located in both palatine tonsillar areas are seen. The largest one is located in the right tonsil and measures 5 mm in size. Mean attenuation value is approximately 800 Hounsfield Units, consistent with calcification. No dental, salivary gland or other oropharyngeal

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