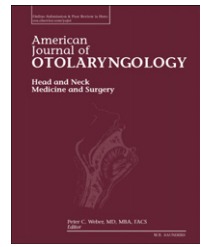


Available online at www.sciencedirect.com

ScienceDirect

www.elsevier.com/locate/amjoto

Adult onset xanthogranuloma presenting as laryngeal mass

Shawn Li, MD, Mark Weidenbecher, MD*

University Hospitals Case Medical Center, Case Western Reserve University School of Medicine, 11100 Euclid Avenue, LKS, Cleveland, OH, United States

ARTICLE INFO

Article history:

Received 10 October 2015

ABSTRACT

Histiocytic disorders can be classified according to the distribution pattern of the lesions and the organs involved. Non-Langerhans-cell histiocytosis is a rare group of diseases that have varied clinical presentations ranging from isolated masses to diffuse systemic eruptions. We discuss a patient who initially presented with a vocal cord lesion and was ultimately diagnosed with adult onset xanthogranuloma.

© 2016 Elsevier Inc. All rights reserved.

1. Introduction

Histiocytes are mononuclear phagocytic cells that derive from the bone marrow and migrate through the blood stream to various organ systems. Histiocytic disorders involve over proliferation of these cells, leading to organ damage and tumor formation.

These diseases can be separated into distinct groups based on the type of cells involved and the constellation of clinical findings (Fig. 1). The World Health Organization (WHO) proposes to classify histiocytosis into three categories: Langerhans-cell histiocytosis, non-Langerhans-cell histiocytosis, and malignant histiocytosis [1]. Diagnosis requires integration of clinical, pathological, and radiographic evaluation. The disease pattern is not always immediately apparent; for example, isolated lesions may appear first, giving only pathological findings of sinus histiocytosis. Additional work-up is then necessary to identify asymptomatic lesions.

We present a patient who initially presented with a vocal cord mass, which upon removal showed sinus histiocytosis on histological examination. Subsequent work-up and temporal eruption of lesions lead to a diagnosis of adult onset xanthogranuloma.

2. Case presentation

A 56-year-old woman was referred to our clinic for evaluation of a right posterior vocal cord mass discovered incidentally on upper esophagoscopy. The mass was initially biopsied elsewhere and showed squamous mucosa with chronic inflammation, histiocytic reaction and coronal fibrosis. The patient was asymptomatic at this time with no dysphagia, voice changes, or breathing difficulty. Further examination revealed a 2-cm right lower neck mass within the right sternocleidomastoid muscle. A fine needle aspiration was performed given her past history of breast cancer. This showed only scant cells with no evidence of malignancy.

A few months later, she began to have increasing hoarseness and continued enlargement of the neck mass and sought further evaluation in our clinic. Videolaryngoscopy was performed demonstrating a tan colored, well-circumscribed, posterior vocal cord mass (Fig. 2). A CAT scan of the neck was obtained that showed an ill-defined muscle density lesion within the right lower sternocleidomastoid muscle (Fig. 3). The patient was then taken to the operating room for a microlaryngoscopy with excisional biopsy of the vocal cord lesion and an open excisional

* Corresponding author at: University Hospitals Case Medical Center, Case Western Reserve University School of Medicine, 11100 Euclid Avenue, LKS 4518, Cleveland, OH 44106, United States.

E-mail address: Mark.weidenbecher@uhhospitals.org (M. Weidenbecher).

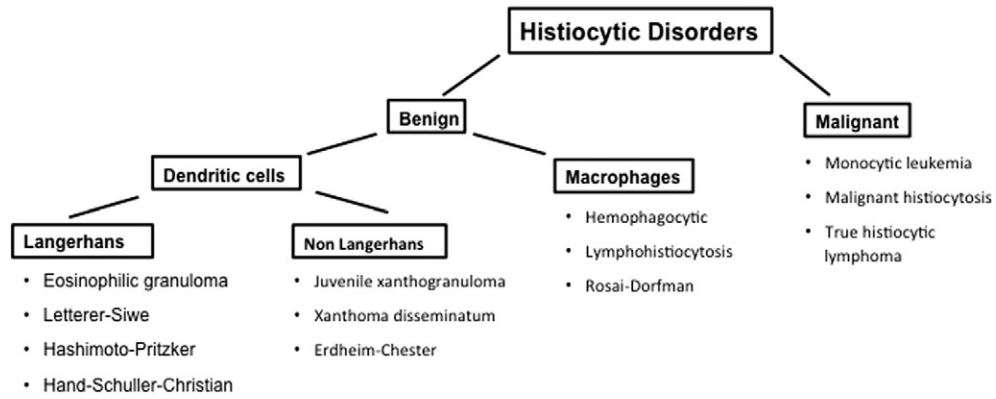


Fig. 1 – Classification of histiocytic disorders.

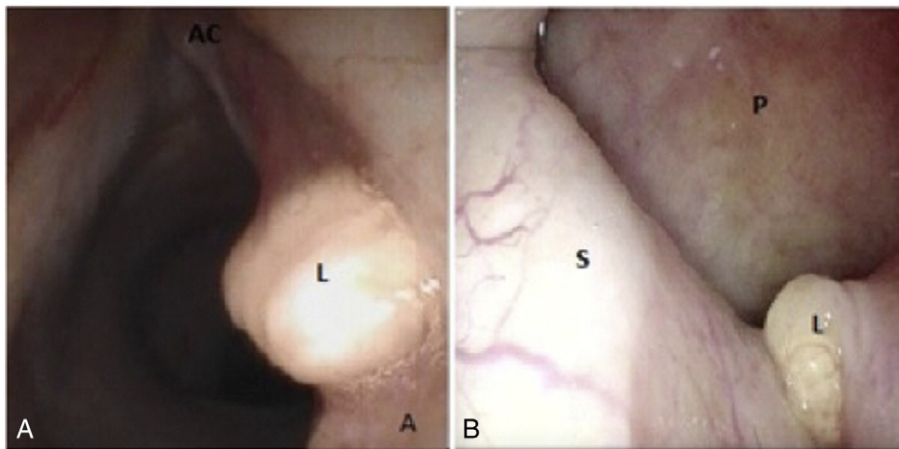


Fig. 2 – Nasolaryngoscopy. (A) Right vocal cord mass seen on videolaryngoscopy. L: Xanthogranuloma, A: right vocal process, AC: anterior commissure. (B) Left nasopharyngeal mass seen on nasal endoscopy (image rotated clockwise). L: lesion, S: soft palate, P: posterior pharyngeal wall.

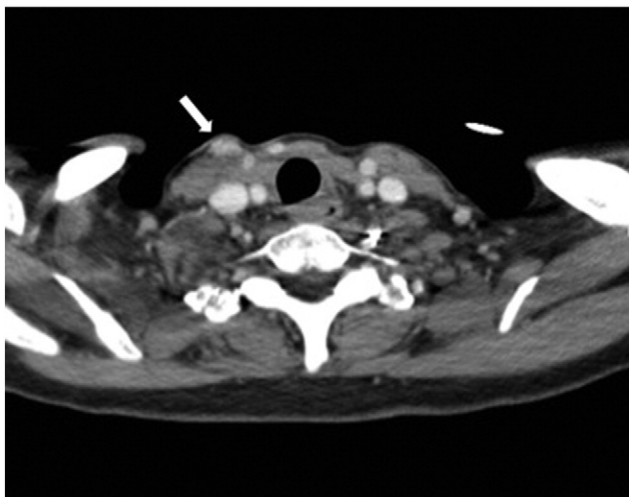


Fig. 3 – CT of the neck showing an ill-defined right neck mass at the level of to the lower right sternocleidomastoid muscle with represents the xanthogranuloma (arrow).

biopsy of the neck mass. The vocal cord lesion was attached to the posterior vocal ligament with intact overlying vocal cord epithelium. The neck mass was confined to the sternocleidomastoid muscle. Intraoperatively, we found a well-circumscribed mass without any signs of infiltrative growth pattern.

Interestingly, pathological findings in both specimens were identical. The tumors consisted of histiocytic xanthomatous infiltrates with no evidence of malignancy. Immunohistochemical staining was positive for CD68, weakly positive for muramidase, and negative for S100 and CD1a (Fig. 4).

The patient then underwent a systemic work-up to look for occult lesions. No significant abnormalities were found on bone scan and echocardiogram. In the midst of this work-up, she began to develop new neck nodules in the prelaryngeal area as well as a small posterior nasal cavity mass along the left nasal floor just anterior to the Eustachian tube (Fig. 2). Further imaging was obtained and the patient was again taken to the operating room for excisional biopsies that showed similar histopathological findings. The patient has since been disease free. Whole body PET scan and MRI of the brain did not reveal any additional lesions. An echocardiogram was performed to rule out cardiac

Download English Version:

<https://daneshyari.com/en/article/4102984>

Download Persian Version:

<https://daneshyari.com/article/4102984>

[Daneshyari.com](https://daneshyari.com)