Case Report

ANGIOFIBROMA WITH OROPHARYNGEAL ORIGIN

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SUMMARY

A case is described as orophayageal angiofibroma which is presented as a pink pear-like lesion hanging from the posterior tonsillar pillar of a young man. Pathologic and immunohistochemical analysis confirmed that it was an angiofibroma, with a rare site of origin.

KEY WORDS: Angiofibroma, Oropharynx, Tonsil.

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INTRODUCTION

Angiofibromas are benign uncommon vascular neoplasms with a strong liking for the nasopharynx. Although it is the most common benign neoplasm of the nasopharynx, it accounts for less than 0.05% of all head & neck tumors.[1] Though angiofibromas extend beyond the nasopharynx commonly, they rarely originate outside the nasopharynx.[2-4] We describe a case of angiofibroma which originated from the posterior tonsillar pillar in oropharynx.

CASE REPORT

A 19-year-old young man presented with sensation of something in his throat. He had been aware of a mass in his throat for 6-7 years which had a slow growing pattern. He had no pain or other complaints other than sensation of something in his throat.

Examination revealed a pink pear-like mass which was hanging from his right posterior tonsillar pillar. The mass was resected under local anesthesia. It was a 3.4cm long pear-like mass which had originated from right posterior tonsillar pillar. Resection was accompanied with no complication or any significant hemorrarhage. Pathologic exam revealed fibro vascular mass with a rich network of irregularly shaped blood vessels. (Fig-1)

As its location was not a common site for angiofibroma, immunohistochemical analysis was done. Stromal cells appeared to be strongly immunoreactive to Vimentin and occasionally

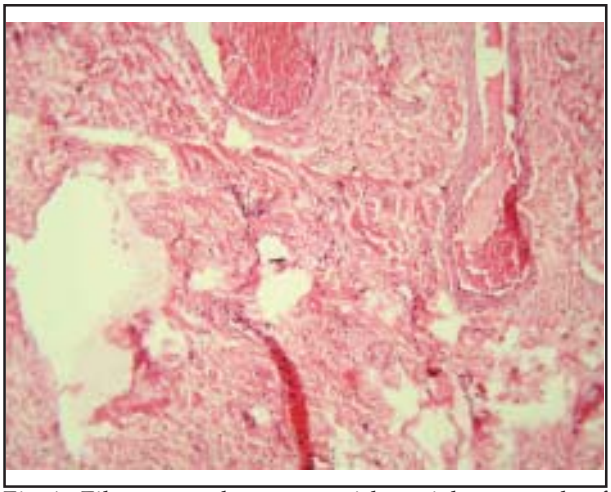

Fig-1: Fibro vascular mass with a rich network of irregularly shaped thin walled blood vessels. (H&Ex100)

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reactive to smooth muscle actin. These features suggest that the mass was an angiofibroma.

DISCUSSION

Angiofibromas rarely originate out side the nasopharynx.[2-4] In 2004, Windfuhr and Remmert reviewed the literature and compiled 65 cases of extranasopharyngeal angiofibroma in which four cases had oropharyngeal origin and the maxilla was the most commonly affected site (24.6%).[4]

To this date we have found only five cases of oropharyngeal angiofibroma in the literature.[5-9] Angiofibromas are histologically composed of a proliferating vascular component set in a fibrous stroma. The former is characterized by blood vessels of different size and smooth muscle content. The stroma consists of plump spindle, angular or stellate shaped cells and a varying amount of collagen fibers.[10] Beham et al, with immunohistochemical analysis showed that stromal cells have strong cytoplasmic reactivity for vimentin and are generally immunonegative for smooth muscle actin. [10]

For an experienced pathologist although accurate diagnosis of an angiofibroma is not too difficult, but when its location is an extremely rare one, immunohistochemical analysis will help in its diagnosis.

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