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Case Report

Hamartoma of pyriform sinus presenting as dysphagia

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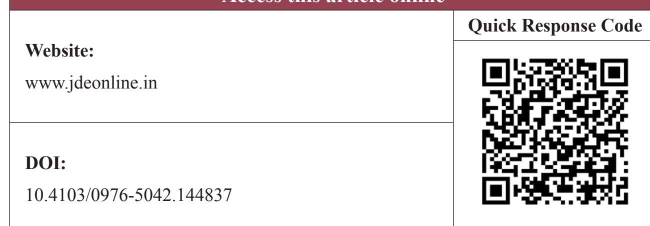
Abstract A hamartoma is a benign, focal malformation that resembles a neoplasm in the tissue of its origin. This is not a malignant tumor, and it grows at the same rate as the surrounding tissues. We report a case of a 27-year-old male patient who presented with mild dysphagia and foreign body sensation in the throat of 1-year duration. On examination, there was a mucosal fold on the medial wall of pyriform sinus lateral to aryepiglottic fold that was acting like a sump where food particles used to get collected. Patient underwent microlaryngeal excision of the mucosal fold, and histopathological examination revealed features of hamartoma.

Key words Dysphagia, flexible laryngoscopy, hamartoma, pyriform sinus, radiofrequency

Introduction

The term "hamartoma" was introduced by Albrecht in 1904' to describe an inborn error of tissue development characterized by an abnormal mixture of tissues indigenous to the part, with excess of one or more. Hamartomas may occur anywhere in the body but are encountered most frequently in the lungs, kidney, and liver. They are seldom seen in ENT practice. It is a benign lesion, may become large enough to cause trouble according to size and location and rarely becomes malignant.[1] They grow concurrently with the host forming a mass of recognizable, but unorganized tissues that contains the structure derived from any of the three germinal layers. It is very rarely described in the head and neck, with few cases reported in the larynx and pharynx.[2] They may be asymptomatic detected incidentally or cause dysphagia, hoarseness of voice and stridor when large in size.[3] As the clinical course of hamartoma is essentially benign, the treatment of choice is surgical excision. Once tumor mass is completely removed there are no chances of recurrence.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Case Report

A 27-year-old male patient presented with slight difficulty in swallowing and gradually progressive foreign body sensation in the throat since 1 year. Patient also used to clear his throat frequently because of some sticking sensation and feeling of food lodgment in the throat. There was no history of throat pain, fever, change in voice and difficulty in breathing, any swelling in the neck or corrosive ingestion. For these complaints, he consulted local doctor, but there was no relief, so he attended our ENT outpatient department. Patient underwent thorough clinical examination and on indirect laryngoscopic examination there was edema of left aryepiglottic fold with pooling of saliva in the pyriform fossa with congestion of both arytenoids. Patient was given a course of antibiotics, with proton pump inhibitors and salt water gargle for 1 week. As there was no relief flexible laryngoscopy was done which revealed a congested mucosal fold lateral to left aryepiglottic fold extending from left arytenoid towards the lateral wall of pharynx on left side which was acting like a sump where food particles get lodged [Figure 1]. Provisional diagnosis of an anomalous band of mucosal fold was made. Patient was taken for microlaryngeal surgery for excision of the mucosal fold under general anesthesia. Radiofrequency micro-larynx probe with loop set both in cut and coagulate mode at 4 MHz was used. Histopathological examination of the specimen revealed a hamartoma consisting of lymphoid aggregate with germinal center formation, tiny nodules

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of benign salivary tissue, bits of squamous epithelium, skeletal muscle fiber with thick walled vessels in edematous stroma [Figures 2 and 3]. Patient improved of his symptoms after surgery and repeat flexible laryngoscopy was done after 3 months that were normal [Figure 4]. Patient was followed-up for 1 year without any recurrence of symptoms.

Discussion

A hamartoma is a benign focal malformation that resembles a neoplasm in the tissue of its origin. This is not a malignant tumor, and it grows at the same rate as the surrounding tissues. It is composed of tissue elements normally found at that site, but which are growing in a disorganized mass. They occur in many different parts of the body and are most often asymptomatic. Hamartomas result from an abnormal formation of normal tissue although the underlying reasons for the abnormality are not fully understood. They rarely invade or compress surrounding structures significantly. Cases have been reported in the head and neck region, larynx, sinonasal area with varied symptoms.[4-6] They may present as a polyp or swell in the hypopharynx causing dysphagia.[7] In our case, it presented as a mucosal fold causing foreign body sensation in the throat with mild dysphagia. Simple microlaryngeal excision of the mucosal fold with radiofrequency probe reduced bleeding and postoperative pain. Healing was satisfactory with improvement in the patient's symptoms and also reduced the congestion of arytenoids that was present preoperatively. Hamartoma can be considered in the differential diagnosis of dysphagia even in young adult age group.

Conclusion

Hamartomas, while generally benign, can cause problems due to their location. Hamartomas have been reported in head and neck region presenting as polyp or tumor like lesions, but presenting as a mucosal fold yet to be reported in the literature. Early diagnosis with clinical examination and flexible laryngoscopy can prevent an increase in size causing more severe symptoms. Surgical excision is the

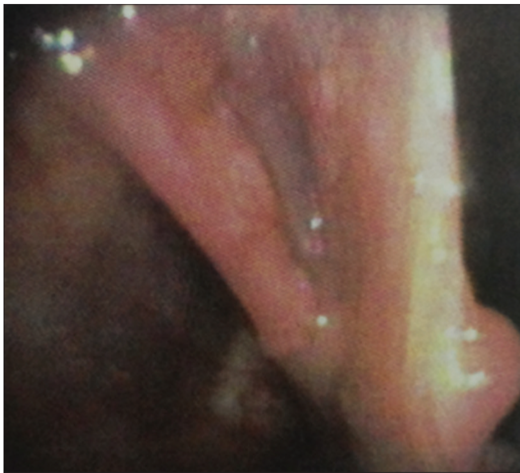

Figure 1: Preoperative photograph

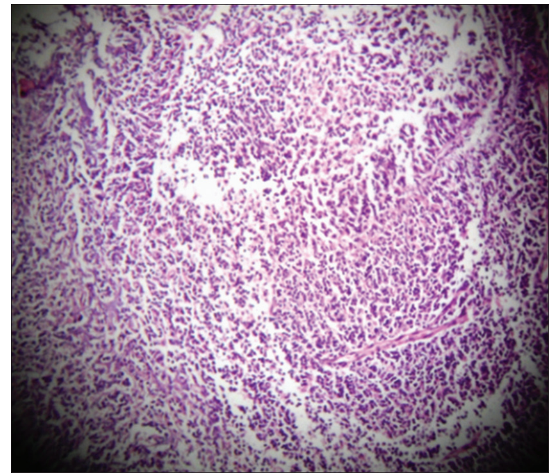

Figure 2: Histopathological picture showing lymphoid follicle with germinal center

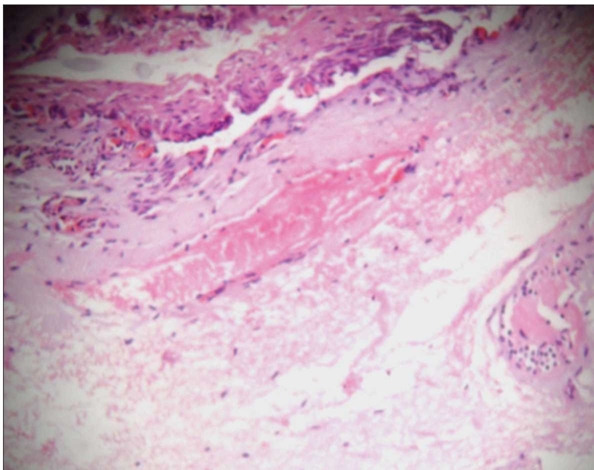

Figure 3: Histopathological picture showing skeletal muscle fiber with thick walled vessels

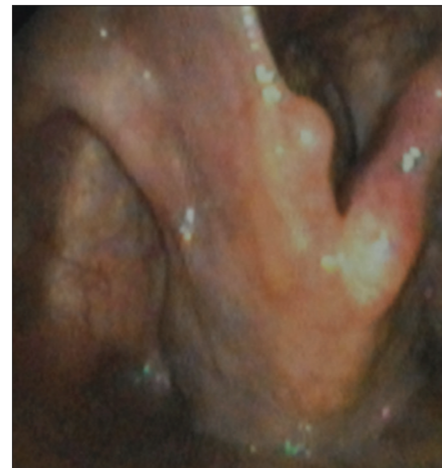

Figure 4: Postoperative photograph

treatment of choice. If the excision is done completely, chances of recurrence are rare.

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