doi: 10.5152/toa.2012.08

Türk Otolarengoloji Arşivi
Turkish Archives of Otolaryngology

CASE REPORT / OLGU BİLDİRİSİ

Laryngeal myxoma mimicking intracordal cyst

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Preop tanısı intrakordal kist ile karışan larengeal miksoma

Miksoma oldukça nadir görülen benign mezenkimal bir tumor olup, baş boyun bölgesinde en sık olarak mandibula ve maksillada oluşur. Larengeal miksoma ise oldukça nadir olup sıklıkla vocal kord polibi olarak yanlış tanı alır. Bu yazıda 3 yıldır devam eden ses kısıklığı şikayetiyle başvuran ve sağ kord kaynaklı intrakordal kist ön tanısı alan 42 yaşında bayan miksoma olgusu sunulmuştur.

Anahtar Sözcükler: Miksoma, larenks, vokal kord, intrakordal kist.

Türk Otolarengoloji Arşivi, 2012; 50(2):26-27

Myxoma is a rare benign mesenchymal tumor, and occurs most commonly in the mandible and maxilla in the head and neck region. Myxoma of the larynx is extremely rare and is frequently misdiagnosed as a vocal polyp. We report a myxoma arising from the right vocal fold presented with a 3 years history of intermittent dysphonia in a 42-year-old female who was pre diagnosed as an intracordal cyst.

Key Words: Myxoma, larynx, vocal cord, intracordal cyst.

Turk Arch Otolaryngol, 2012; 50(2):26-27

Introduction

Myxoma is a benign mesenchymal tumor and in adults it is the most common primary tumor of the heart.[1] It is very rare at the head and neck region, most commonly seen at the mandible and the maxilla.[2,3] Myxoma of the larynx is extremely rare and in the English literature almost all laryngeal myxoma cases were clinically misdiagnosed and have the prediagnosis of a vocal polyp.[3]

Laryngeal myxomas are usually polypoid, friable and pedunculated. Usually they have a short, broad attachment; on the other hand sessile myxomas are rare. Laryngeal myxomas can be so large and can calcify. Histopathologically, myxoma consists of irregular round, spindle shaped stellate cells and it has a mucopolysaccharid rich stroma.[2] In this case, we report the first case in the literature of the vocal cord myxoma which was preoperatively diagnosed as an intracordal cyst.

Case Report

A 42-year-old female patient presented to our clinic with a of intermittent dysphonia continued for 3 years. She was a housewife without smoking history and vocal misuse. Also there is no family history of other laryngeal malignancies. Her videolaryngoscopy and videostroboscopy revealed a solitary, unilateral, submucosal mass on the right vocal cord, about 4 mm in size which was diagnosed preoperatively as an intracordal cyst (Figure 1).

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Following the patient informant a laryngomicrosurgery under general anesthesia was performed. During the procedure we realized that the mass was denser than a usual intracordal cyst and it was thought as a benign tumor and the submucosal mass was excised with surrounding normal tissue without damaging the vocal ligament, in contrast to enucleation procedure in intracordal cysts. The histopathological examination revealed bland and mild spindle and stellate cell proliferation embedded in a prominent myxoid stroma with scant vasculature. The overall findings were diagnostic of a laryngeal myxoma (Figure 2).

Laryngostroboscopy was repeated at the postoperative 1, 3, 6 and 12. months and there was no evidence of recurrence in a year follow-up. Postoperative voice quality of our patient was favorable.

Discussion

Myxoma of the larynx is extremely rare and is frequently misdiagnosed as a vocal polyp. In the English literature, there are about only 15 cases of laryngeal myxoma where all of them were misdiagnosed as vocal polyps and likewise all of the patients were males except one female patient who was similarly misdiagnosed as a vocal polyp.[3-5] Our case is the first laryngeal myxoma patient preoperatively diagnosed as an intracordal cyst in the literature with female gender.

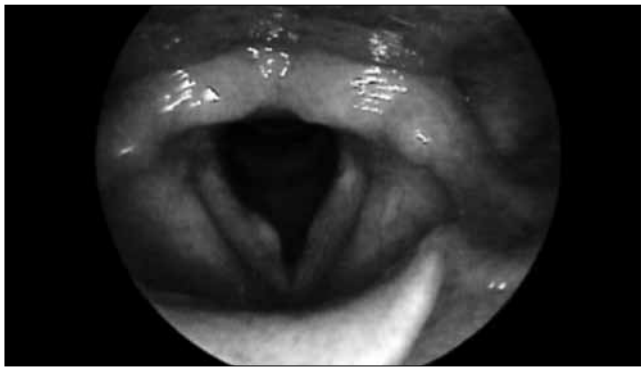

Figure 1. Preoperative endoscopic view of the mass located at right vocal cord.

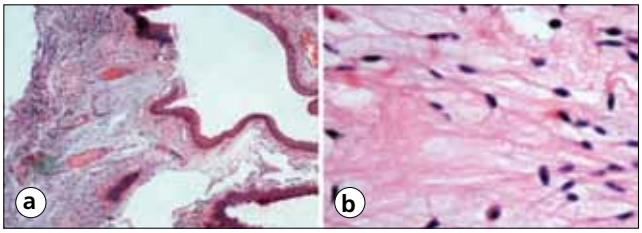

Figure 2. Subepithelial bland spindle and stellate cells embedded in a prominent myxoid stroma.

In contrast to the physical examination, distinguishing the degeneration in myxomas and in laryngeal polyps is not difficult for the pathologist. The differential diagnosis of myxoma includes tumors with myxoid features/subtypes such as liposarcoma, chondrosarcoma, leiomyosarcoma, embryonal rhabdomyosarcoma, neurofibroma, angiomyxoma and focal mucinous degeneration seen in other entities such as myxedema, cyst and mucinosis. The lack of cytological atypia with along low cellularity, the presence of scant vascular network and infrequent mitotic activity are helpful to discriminate myxomas from other entities.[2] In conclusion the final diagnosis of our case was made following the pathological examination.

Myxoma is originated from mesenchymal tissues and may infiltrate the surrounding tissues so it has a high incidence and predisposition to local recurrence, because of this behavior, during the surgery, macroscopic margins are usually not clear and they have to be surgically totally excised with surrounding normal tissues to prevent the recurrence.[3] In our case, during the microlaryngoscopy the solid structure of the lesion let us suspected about a benign neoplastic formation and hence we excised the submucosal mass with surrounding normal tissue. No recurrence has been found in a one year follow up period and the voice quality or our patient was favorable.

In conclusion, Although rare, myxomas may be seen in the laryngeal mucosa of the larynx and may be misdiagnosed as laryngeal polyps or cysts. Since they may infiltrate the surrounding tissues, in a suspicious situation, they need to be totally excised with normal tissues in contrast to the surgery performed for polyps or intracordal cysts. They have a slow growth rate, so a long term follow up period is needed.

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Bağlantı Çakışması:
Bağlantı çakışması bulunmadığı belirtilmiştir.

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