

Classic Lipoma of the Palatine Tonsil: Case Report and Review of the Literature

Sara Abu-Ghanem, Vladimir Zilker, Leonor Trejo, Dan M Fliss

ABSTRACT

Lipomas in the oral cavity are rare benign soft tissue mesenchymal neoplasms, representing 1% of all benign oral tumors. Very few cases of tonsillar lipoma have been reported in the English literature. The diagnosis and differentiation of lipoma with clinically similar lesions, such as squamous papilloma, adenomas, chondromas, hamartomas and teratomas, is essential for correct treatment management and follow-up. We describe a rare case of palatine tonsil lipoma in a 67-year-old female and an updated review of the sparse English literature.

Keywords: Palatine tonsil, Lipoma, Adipocytes.

How to cite this article: Abu-Ghanem S, Zilker V, Trejo L, Fliss DM. Classic Lipoma of the Palatine Tonsil: Case Report and Review of the Literature. *Int J Head and Neck Surg* 2013;4(1):41-43.

Source of support: None

Conflict of interest: None declared

INTRODUCTION

A lipoma is a common benign tumor of mesenchymal origin that can arise wherever fat is normally present. Their peak incidence occurs during the fifth and sixth decades of life, and they usually occur singly, with only 5% arising in multiple sites.¹ Over 10% of lipomas develop in the head and neck region, usually in the immediate subcutaneous tissue. Their occurrence in the oral cavity is rare (1-4%), predominantly affecting the buccal mucosa, the floor of the mouth and tongue.¹ Lipomas originating from the tonsil are especially unusual. We entered the key words 'tonsil' and 'lipoma' into MEDLINE and found fewer than 10 reports of tonsillar lipoma over a period of six decades. We report a case of palatine tonsil lipoma in a 67-year-old female and summarize a review of the available English literature on this rare lesion.

CASE REPORT

A 67-year-old female presented to our otolaryngology clinic with a mass in her left tonsil. The mass had apparently been gradually increasing in size over a few months and caused the patient some discomfort, which she described as feeling something stuck in her throat, but no pain. There was no history of fever or change of voice quality. The patient had no contributory past medical history. Clinical examination

confirmed a mobile, soft, nontender, well-defined intraglandular mass that measured 2 × 1 cm.

Complete surgical excision was done under local anesthesia, and the tonsillar mass was sent to pathological examination. The pathological report described the gross specimen as being a well-circumscribed, soft, yellowish gelatinous mass measuring 2 × 1.2 × 1 cm and surrounded by a fibrofatty tissue.

Microscopically, histological sections of the tissue revealed a well-circumscribed, encapsulated tumor

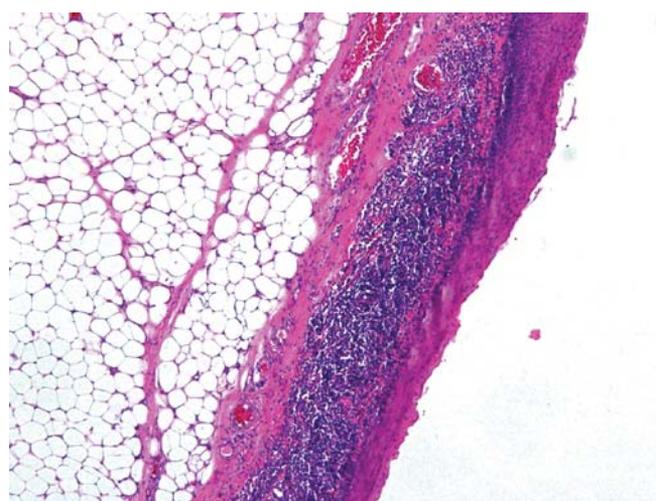


Fig. 1A: Histopathology of specimen showing mature fat cells with no atypia. A rim of tonsillar lymphoid tissue remains at the periphery. H&E stain (magnification 20 × 10)

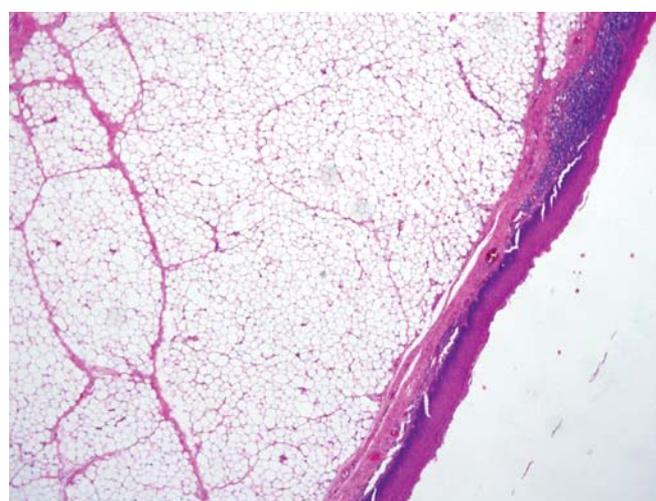


Fig. 1B: Histopathology of specimen showing adipocytes arranged in lobules with intervening fibrovascular connective tissue septa. H&E stain (magnification 2 × 10)

Table 1: Summary of previous documented cases of tonsillar lipoma in the English language literature

Author, year ^{ref}	Age (y)/sex	Site	Duration	Cases	Anesthesia/resection	Pathology
Halaas et al, 2001 ¹	65/M	Polypoid mass, RT tonsil	1 year	1	GA/polypectomy	Chondrolipoma
Nandakumar et al, 2010 ²	69/M	Polypoid mass, LT tonsil	6 months	1	GA/LT tonsillectomy	Fibrolipoma
Wang et al, 2007 ³	46/F	LT tonsil	NA	1	GA/LT tonsillectomy	Lipoma
Dereköy et al, 2007 ⁴	63/F	RT tonsil	NA	1	GA/RT tonsillectomy	Lipoma
Raza et al, 2005 ⁵	82/M	Polypoid mass, LT tonsil	2 weeks	1	GA/LT tonsillectomy	Lipoma
Dev et al, 2000 ⁶	17/M	Polypoid mass, LT tonsil	Childhood	1	GA/LT tonsillectomy	Lipoma
Harada et al, 1995 ⁷	44/F	Polypoid mass, NA tonsil	NA	1	LA/polypectomy	Lipoma
Benson-Mitchell et al, 1994 ⁸	83/M	LT tonsil	NA	1	NA/NA	Lipoma
Bégin et al, 1993 ⁹	42/F	Polypoid mass, LT tonsil	Incidental, NA	1	LA/polypectomy	Lipoma

Abbreviations: M: Male; F: Female; LT: Left; RT: Right; NA: Not available; GA: General anesthesia; LA: Local anesthesia; Lipoma: Classic/simple lipoma

composed of mature adipocytes with no evidence of atypia. The cells were arranged in lobules. A rim of lymphoid tissue remained at the periphery of the lesion (Figs 1A and B). The diagnosis of classic lipoma was made based on the histopathological features. Routine follow-up revealed no residual abnormalities, and the patient continues to enjoy good health.

DISCUSSION

The histological hallmark of tonsillar tissue is the intimate association of lymphoid tissue with the surface and crypt epithelium consisting of squamous cells, and the absence of adipocytes. Benign tumors of the palatine tonsil are infrequently encountered, and tonsillar lipomas are very rare. Our search of the English language medical literature yielded only nine documented cases of tonsillar lipoma and one case of peritonsillar lipoma (Table 1).¹⁻⁹ There was no reported gender predominance, and the average age of the patients was 56.7 years (range, 17-83 years). Lipomas of the tonsil were described as occasionally being accompanied by soreness, cough, snoring, excessive salivation, chronic tonsillitis, respiratory difficulties or, as in our case, as a foreign body sensation. Dereköy et al⁴ reported a case of tonsillar lipoma causing difficulties in performing intubation, while Raza et al⁵ presented an unusual case of giant tonsillar polyp that caused an acute choking episode.

Lipomas can be classified as simple/classic lipoma, fibrolipoma or angiofibrolipoma based on the varying amounts of fibrous tissue, capillaries and/or lymphatics on histological analysis. Most of the documented cases of tonsillar lipoma were simple/classic lipoma, as in our case, and most of the found as lipomatous lesions were described as a polypoid (pedunculated) mass with a stalk arising from the tonsil.

Treatment of a tonsillar lipoma is surgical excision. We performed an elective excision of the mass under local anesthesia, as did Harada⁷ and Bégin and Frenkiel.⁹ Others elected to excise it by performing a unilateral tonsillectomy with the patient under general anesthesia.²⁻⁶ Tonsillectomy ensures the removal of a lipoma with a wide margin of normal tissue. Although there are no reports of recurrence of tonsillar lipomas, the documentation of follow-up and data on the incidence of recurrence are not clear cut.

We report this case to raise the level of awareness of this rare benign lesion in the tonsils, and to emphasize the importance of appropriate histopathological evaluation.

ACKNOWLEDGMENT

Esther Eshkol, the institutional medical and scientific copy-editor, is thanked for editorial assistance.

REFERENCES

- Halaas YP, Mra Z, Edelman M. Chondrolipoma of the oropharynx. *Ear Nose Throat J* 2001;80:146-47.
- Nandakumar R, Inchara YK, D' Souza O, Sreenivas V, Mohanty S. Fibrolipoma of the tonsil. *Indian J Pathol Microbiol* 2010;53:562-53.
- Wang CP, Kwan PC, Ho CY. Lipoma of the palatine tonsil. *J Formos Med Assoc* 2007;106:673-75.
- Dereköy FS, Fidan H, Fidan F, Aktepe F, Kahveci O. Tonsillar lipoma causing difficult intubation: A case report. *Kulak Burun Bogaz Ihtis Derg* 2007;17:329-32.
- Raza SN, Waseem Z, Reid D, Jackson BS. Giant fibrovascular polyp of the oropharynx: Case presentation and literature review. *J Otolaryngol* 2005;34:277-80.
- Dev VR, Heeringa B, Busch R. Tonsillar lipoma. *Otolaryngol Head Neck Surg* 2000;122:941.
- Harada H, Kashiwagi S, Morimatsu M, Kameyama T, Takahashi M. Tonsillar lipoma: A case report. *J Laryngol Otol* 1995;109:662-64.
- Benson-Mitchell R, Tolley N, Croft CB, Roberts D. Lipoma of the left tonsillar fossa. *J Laryngol Otol* 1994;108:507-08.
- Bégin LR, Frenkiel S. Polypoid lipoma of the palatine tonsil. *J Laryngol Otol* 1993;107:556-58.

ABOUT THE AUTHORS**Sara Abu-Ghanem (Corresponding Author)**

Department of Otolaryngology, Head and Neck and Maxillofacial Surgery, Tel-Aviv Sourasky Medical Center, Sackler School of Medicine, Tel-Aviv University, Tel-Aviv, 6 Weizman Street, Israel
e-mail: abughane@gmail.com

Vladimir Zilker

Department of Otolaryngology, Head and Neck and Maxillofacial Surgery, Tel-Aviv Sourasky Medical Center, Sackler School of Medicine, Tel-Aviv University, Tel-Aviv, Israel

Leonor Trejo

Department of Pathology, Tel-Aviv Sourasky Medical Center Sackler School of Medicine, Tel-Aviv University, Tel-Aviv Israel

Dan M Fliss

Professor, Department of Otolaryngology, Head and Neck and Maxillofacial Surgery, Tel-Aviv Sourasky Medical Center Sackler School of Medicine, Tel-Aviv University Tel-Aviv, Israel