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.

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. 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. 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
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). 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 al reported a case of tonsillar lipoma causing difficulties in performing intubation, while Raza et al presented an unusual case of giant tonsillar polyp that caused an acute choking episode.

**Treatment of a tonsillar lipoma is surgical excision.** We performed an elective excision of the mass under local anesthesia, as did Harada and Bégin and Frenkiel. Others elected to excise it by performing a unilateral tonsillectomy with the patient under general anesthesia. 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**

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**REFERENCES**


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

<table>
<thead>
<tr>
<th>Author, year</th>
<th>Age (y)/sex</th>
<th>Site</th>
<th>Duration</th>
<th>Cases</th>
<th>Anesthesia/resection</th>
<th>Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halaas et al, 2001</td>
<td>65/M</td>
<td>Polypoid mass, RT tonsil</td>
<td>1 year</td>
<td>1</td>
<td>GA/polypectomy</td>
<td>Chondrolipoma</td>
</tr>
<tr>
<td>Nandakumar et al, 2010</td>
<td>69/M</td>
<td>Polypoid mass, LT tonsil</td>
<td>6 months</td>
<td>1</td>
<td>GA/LT tonsillectomy</td>
<td>Fibrolipoma</td>
</tr>
<tr>
<td>Wang et al, 2007</td>
<td>46/F</td>
<td>LT tonsil</td>
<td>NA</td>
<td>1</td>
<td>GA/LT tonsillectomy</td>
<td>Lipoma</td>
</tr>
<tr>
<td>Dereköy et al, 2007</td>
<td>63/F</td>
<td>RT tonsil</td>
<td>NA</td>
<td>1</td>
<td>GA/RT tonsillectomy</td>
<td>Lipoma</td>
</tr>
<tr>
<td>Raza et al, 2005</td>
<td>82/M</td>
<td>Polypoid mass, LT tonsil</td>
<td>2 weeks</td>
<td>1</td>
<td>GA/LT tonsillectomy</td>
<td>Lipoma</td>
</tr>
<tr>
<td>Dev et al, 2000</td>
<td>17/M</td>
<td>Polypoid mass, LT tonsil</td>
<td>Childhood</td>
<td>1</td>
<td>GA/LT tonsillectomy</td>
<td>Lipoma</td>
</tr>
<tr>
<td>Harada et al, 1997</td>
<td>44/F</td>
<td>Polypoid mass, NA tonsil</td>
<td>NA</td>
<td>1</td>
<td>LA/polypectomy</td>
<td>Lipoma</td>
</tr>
<tr>
<td>Benson-Mitchell et al, 1994</td>
<td>83/M</td>
<td>LT tonsil</td>
<td>NA</td>
<td>1</td>
<td>NA/NA</td>
<td>Lipoma</td>
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<tr>
<td>Bégin et al, 1993</td>
<td>42/F</td>
<td>Polypoid mass, LT tonsil</td>
<td>Incidental, NA</td>
<td>1</td>
<td>LA/polypectomy</td>
<td>Lipoma</td>
</tr>
</tbody>
</table>

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