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LYMPHOID PAPILLARY HYPERPLASIA OF PALATINE TONSIL: A CASE REPORT

Histopathology

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ABSTRACT

Introduction: Lymphoid papillary hyperplasia(LPH) is a benign rare disorder of tonsils. It has been described mostly in the Japanese population. Tonsils become hypertrophied in certain circumstances resulting in lymphoid hyperplasia and present as a papillomatous lesion. Usually, it is seen in females, mostly involving bilateral tonsils. Our case presents with a unilateral (right-sided) papillomatous tonsillar mass. **Case Presentation:** A fifteen years old male patient presented in the Surgery OPD with 6 months history of foreign body sensation in the throat. On examination, a papillomatous lesion was seen in the right tonsillar fossa. The patient was operated and resected mass was received in the department of Pathology, which was further processed. **Findings:** Histopathological examination showed polypoid projections lined by hyperplastic squamous epithelium with underlying lymphoid tissue showing predominant follicular hyperplasia consistent with the diagnosis of lymphoid papillary hyperplasia. **Conclusion:** Since the features like female predominance and bilateral involvement of tonsils are typical presentations. Our case is a rare presentation as we report right-sided LPH in a young male.

KEYWORDS

Lymphoid hyperplasia, Palatine tonsil, Papillomatous.

INTRODUCTION:

Benign lesions or tumour-like lesions of palatine tonsils are less frequent, with squamous papilloma accounting for the majority of these lesions [1-5]. Some degree of lymphoid hyperplasia is evident in almost all surgically removed tonsillar tissue from Waldeyer's ring in childhood which regresses at puberty in the majority of cases [1]. Lymphoid papillary hyperplasia (LPH) of the tonsil is a rare benign condition of the tonsils [1-9]. Bilateral involvement with female preponderance is more commonly seen. LPH is described most frequently in the Asian and Japanese populations and sporadically in the Western population [2,4].

Case Report:

A 15-year-old boy presented to the Department of Otorhinolaryngology at Pt. B.D. Sharma PGIMS Rohtak, with the complaint of repeated tonsillitis since childhood, foreign body sensation in the throat for the last six months with progressive worsening for the last two months and low-grade fever with dysphagia for a week. There were no accompanying constitutive symptoms such as cough and difficulty in breathing. No significant past history and family history were present. On examination of the oral cavity and oropharynx, the right tonsil was enlarged with a papilloma-like growth. No cervical lymphadenopathy or any signs of inflammation were observed. All routine and special blood investigations were within normal limits. Surgical excision was performed, and formalin-fixed tissue was sent to the Department of Pathology.

On gross examination, an encapsulated grey-white to grey-brown globular soft tissue piece measuring $5 \times 3 \times 2.5$ cm^3 was received. The external surface was nodular. On the cut sections, homogeneous grey-white to grey-brown areas were identified. No haemorrhage, necrosis or infiltration were evident.

Microscopic examination revealed stratified squamous epithelium-lined soft tissues with finger-like projections (Figures A and B) containing a fibrovascular connective tissue core with unremarkable follicular lymphoid hyperplasia forming germinal centres at places.

A diagnosis of lymphoid papillary hyperplasia was made on histological appearance. There was no evidence of malignancy.

The post-operative period was uneventful, and the patient was subsequently discharged. There has been no complaint of recurrence of the disease.

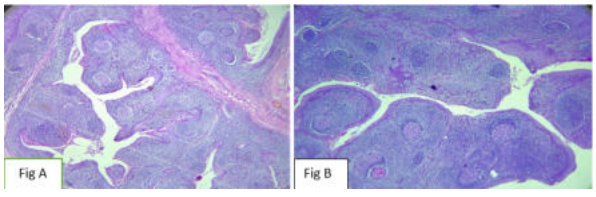

Fig A: Histopathological examination revealed finger-like papillary projections with follicular lymphoid hyperplasia. (H&E 100x)
Fig B: The core of these papillary projections revealed several lymphoid follicles. (H&E 200x)

DISCUSSION:

Lymphoid papillary hyperplasia of the tonsil is a rare benign lesion of the palatine tonsil characterized by a papillomatous appearance with reactive follicular hyperplasia predominantly affecting younger females. Most cases present with bilateral tonsillar enlargement [1-3].

The etiology of lymphoid papillary hyperplasia is unclear. However, a few factors like inflammatory stimulation, hormonal influence, neoplasia and congenital deformity have been known to contribute to its development. It may also be the result of excessive persistence of antigenic stimulation on the tonsils. Genetic changes have shown this disorder to be of autosomal dominant inheritance [1,3,7].

Symptoms of obstruction due to hyperplasia of pharyngeal tonsils are commonly seen in children due to the small size of nasopharynx in this age group [3]. However, hyperplasia of palatine tonsils rarely produces difficulty in swallowing and breathing [2,3].

In rare cases, it can cause severe pharyngeal obstruction making it clinically significant. The significance of recognition of this lesion lies

in it being benign, non-neoplastic and readily differentiable from other benign lesions such as oral squamous papilloma or lymphoid polyposis and neoplastic lesions such as squamous cell carcinoma and lymphoma by histological examination and thus; can be easily cured by tonsillectomy [1,2]. Also, identifying similar cases may provide insight into the inherited nature of the disease and its relationship, if any, to other similar reactive proliferation like lymphoid polyp of the gastrointestinal tract [1,6].

In the present case, a male patient had hyperplasia of the palatine tonsil on right side. No significant family history was present. No hormonal stimulation contributed to this lesion. However, repeated attacks of tonsillitis since childhood can be attributed to its development.

Lymphoid papillary hyperplasia is a rare abnormality of the tonsils with a predilection for affecting young Asian girls [2,4]. The significance of recognizing this pathology lies in its clinical appearance. Despite the clinical characteristics mimicking a diagnosis of epithelial papillomas or malignancy, the process is benign; that can readily be differentiated from other lesions such as oral squamous cell papilloma, papillomatosis, squamous cell carcinoma and lymphoma by histologic examination and can be easily cured by tonsillectomy [1,4].

Conflicts of Interest
None.
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