

Fig.2:

Subglottic mass with narrowing of glottic space

pomum adomi and dissection was carried out upto thyroid cartilage. Thyroid cartilage was split in the midline and a smooth, submucosal subglottic mass measuring 2 cm x 1.5 cm invading posterior laminae of thyroid cartilage was excised. Post operative period was uneventful.

Decanulation was done 2 weeks following surgery and the patient was alright during follow-up.

CASE REPORT II

A male patient aged 30 years presented with history of change in voice of 2 years duration and breathing difficulty since 2 months. Tracheostomy and diagnostic endoscopy was done. Endoscopy review revealed a smooth mucosa covered globular mass in subglottis from which a biopsy was taken. Histopathological examination of biopsy specimen was chondroma. Patient was planned for surgical excision via laryngofissure approach. But the patient refused surgery and left against medical advice.

DISCUSSION

Laryngeal chondromas are slow growing tumors which clinically manifest as progressive dyspnoea, neck mass and dysphagia. Hoarseness of voice though present is usually a late presentation. These are usually seen between 40–60 years of age with a male dominance in the

ratio of 5:1.

Neel and Umni (1982) however observed that most of the patients present with a smooth mucosa covered rounded mass in subglottic region usually in posterolateral position. The mass is firm in consistency which makes the biopsy unrewarding in most of the cases. Thus radiological investigations become more diagnostic because they delineate the extent and site of origin of the tumor more clearly.

Histologically, it is very difficult to differentiate between chondroma and low grade chondrosarcoma. Chondromas contain extensive perivascular woven bone with a marrow. Focal enchondral ossification has also been seen at the margins of tumor. A few chondrocytes with small

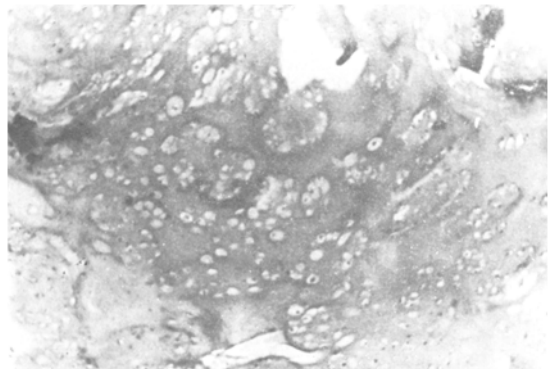


Fig.3:

H&E x 300 showing chondrocytes

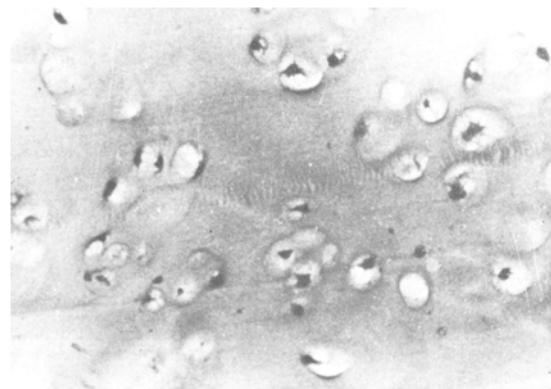


Fig.4:

H&E x 600 showing chondrocytes in lacunae

nuclei are seen entrapped in the woven bone. They have moderate degree of uniform cellularity with small binuclear figures. The binucleated chondrocytes are seen in osteophytic spur of epiphyseal proliferative zone of normal laryngeal cartilage (Fig 3 & 4).

Surgical excision remains the treatment of choice. The lesions of anterior aspect of cricoid cartilage

are better approached by thyrotomy whereas lesions of thyroid cartilage, post aspect of cricoid cartilage and arytenoid cartilage are approached by lateral external incision with or without pharyngotomy. According to Goethals et al. (1963) the incidence of recurrence is nil after complete removal of tumor through laryngofissure approach.

References

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COURSE NEWS

Asian Research Symposium of Rhinology

1-3 November 1997, Seoul, Korea.

For further details please write to :

Dr Ruby Pawankar, Asst. Professor

Deptt. of Otolaryngology,

Nippon Medical School

1-1-5, Sendagi Bunkyo-Ku Tokyo 113, Japan

Tel/Fax : 81-3-3893-4760