MALT Lymphoma of the Larynx: A Case Report

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Case

A 55 year-old male with a 6-month history of progressive hoarseness and loss of volume was referred for otolaryngologic evaluation. He had no associated weight loss, dyspnea, or pain, though he did note mild dysphagia with solid foods. He had a history of gastritis and hepatitis.

Examination revealed a low, gravelly voice and no stridor. Indirect and flexible fiberoptic laryngoscopy demonstrated a soft tissue mass emanating from the left aryepiglottic fold, extending laterally toward the pyriform sinus and inferiorly to involve the false vocal fold. The true cord was partially obscured on the left, and the right cord appeared mobile.

The patient was taken to the operating room for direct microlaryngoscopy and biopsy. There was concern for difficult intubation; a trachostomy was therefore performed under local anesthesia at the start of the case. Suspension microlaryngoscopy was performed and the lesion was biopsied.

Three specimens, consisting of rubbery tan-pink tissue, were successively obtained from the false vocal fold and aryepiglottic fold. In the process of taking biopsies, about one-third of the lesion was removed. The first two specimens were sent for frozen section, and was consistent with diagnosed as benign mucosa with chronic inflammation. The first two specimens were sent for frozen section, and was consistent with benign mucosa with chronic inflammation.

With roughly two-thirds of the lesion remaining, the patient was referred to Hematology/Oncology; they performed a bone marrow biopsy and opted to observe this lesion. The patient was decannulated 6 weeks after surgery. Over the ensuing months the lesion regressed without intervention and was noted to be completely resolved at 12-months. 24-month follow-up showed no evidence of disease recurrence.

References: