Laryngeal Warthin's Tumor - An Unusual Case of Dysphonia

Amit A. Patel, MD1, Jared Wasserman, MD2, David de Vinck, DO3

1Department of Otolaryngology – Head & Neck Surgery, Rutgers Biomedical and Health Sciences University – New Jersey Medical School, Newark, NJ
2Department of Otolaryngology – Head and Neck Surgery, Hackensack University Medical Center, Hackensack, NJ
3Department of Pathology, Hackensack University Medical Center, Hackensack, NJ

ABSTRACT

Background: Warthin’s tumors are benign neoplasms which affect the parotid gland almost exclusively. Warthin’s tumors of the other salivary glands is uncommon, and extra-salivary tumors are exceedingly unusual. We report on a rare occurrence of a laryngeal Warthin’s tumor causing progressive change in voice. A review of literature is also presented.

Methods: Case report and current literature review.

Results: An elderly female presented with persistent and progressive dysphagia. Preoperative workup revealed a smooth submucosal supraglottic mass, consistent in appearance with a laryngocele. She underwent laryngoscopy and excision of the mass. Final pathology revealed Warthin’s Tumor.

Conclusion: This patient represents only the fifth reported case of laryngeal Warthin’s tumor in the English speaking literature. When faced with a smooth submucosal laryngeal mass, in addition to the more commonly encountered conditions, the otolaryngologist should always consider the all varied pathology the larynx has to offer.

CASE PRESENTATION

An 86 year-old female smoker presented with increasing dysphonia with a feeling of globus sensation. She denied cough, noisy breathing, odynophagia, dysphagia, fevers, chills or weight loss. On physical exam, the patient’s voice was hoarse and flexible laryngoscopy revealed a smooth submucosal mass arising from the right false cord and possibly the ventricle, consistent in appearance with a laryngocele. Vocal fold mobility and stroboscopy were normal.

A computed tomography scan with contrast of the neck revealed a 1.6 x 1.6 x 2.4 cm solid right supraglottic mass extending along the arypepiglottic fold from along the margin of the true cord near the anterior commissure, posteriorly and superiorly to the level of the base of the epiglottis and the margin of the posterior hypopharynx.

The patient underwent microdirect laryngoscopy with CO2 laser excision of the mass. A small amount of mucus was noted to be extruding from the center of the cyst. The mass was excised completely. Final pathology was consistent with Warthin’s Tumor.

On followup, the patient’s voice had returned to baseline, and repeat flexible laryngoscopy revealed a well healed supraglottis.

DISCUSSION

Warthin’s tumor, also known as papillary cystadenoma lymphomatosum, adenolymphoma, or cystadenolymphoma is an uncommon slow growing neoplasm, which usually arises in the salivary glands, most often the parotid gland. It is the second most common benign tumor of the salivary glands. It tends to affect older males, in the sixth decade of life, and has been associated with cigarette smoking.

Several theories exist as to the origin of Warthin’s tumor. One theory is that an existing adenoma arising from salivary tissue is infiltrated with lymphocytic tissue. Another considers that these tumors arise from preexisting heterotopic salivary tissue in lymph nodes.

Warthin’s tumors arising in sites outside the salivary glands have been reported but are extremely rare. Reported cases have been seen in the nasopharynx and incidental findings in lymph node dissections.

Within the context of extrasalivary gland Warthin’s tumors, those arising from the larynx are very unusual, and have only infrequently been reported, the majority of which have been in the non-English speaking literature.

In the English literature, Foulsham et. al reported a case of left vocal fold Warthin’s tumor in a 60 year old female presenting with progressive hoarseness and sore throat. Van der Wal et. al reported 10 cases of extraparotid Warthin’s tumors; in their series, 3 cases occurred in the larynx, however, no further information was given as to the presentation or treatment.

CONCLUSION

We report on a extremely unusual case of progressive dysphonia caused by an Laryngeal Warthin’s Tumor.

This case serves to highlight the rich and varied pathology which can be encountered in dealing with lesions of the larynx.

REFERENCES