Kulak Burun Bogaz Ihtis Derg 2012;22(1):50-53 doi: 10.5606/kbbihtisas.2012.010

Case Report / Olgu Sunumu

Laryngeal inflammatory pseudotumor: a case report

Larengeal enflamatuvar psödotümör: Olgu sunumu

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Inflammatory myofibroblastic pseudotumor (IMP) is a rare neoplasm usually found in the lower respiratory tract, pulmonary system, and abdominal cavity. Conservative surgical procedures are often performed in the management of the tumor. In this article, we present a 64-year-old male with a local IMP of the larynx. The clinical presentation, diagnosis, histopathology, and management of this uncommon tumor were also discussed.

Key Words: Inflammatory myofibroblastic pseudotumor; larynx; neoplasm; vocal cord.

Enflamatuvar miyofibroblastik psödotümör (EMP), genellikle alt solunum yolu, pulmoner sistem ve abdominal kaviteyi tutan, ender rastlanan bir tümördür. Tümörün tedavisinde sıklıkla konservatif cerrahi girişimler uygulanır. Bu makalede, larenksi tutan lokal EMP'li 64 yaşında bir erkek hasta sunuldu. Makalede bu ender rastlanan tümörün klinik tablosu, tanısı, histopatolojisi ve tedavisi de irdelendi.

Anahtar Sözcükler: Enflamatuvar miyofibroblastik psödotümör; larenks; tümör; vokal kord.

Inflammatory myofibroblastic pseudotumors (IMPs) are known as plasma cell granulomas or atypical fibromyxoid nodules. The disease is named because of the histopathological wide spectrum from plasma cell to myofibroblastic cell dominancy. Inflammatory myofibroblastic pseudotumors may involve different systems such as the pulmonary system, abdominal cavity, tracheobronchial tree, nasopharynx and mastoid cavity.[1] Inflammatory myofibroblastic pseudotumors rarely occur in the larynx. Laryngeal IMPs was first described in 1992 by Manni et al.[2] Here, we report a case of laryngeal inflammatory pseudotumor and review the literature.

CASE REPORT

A 64-year-old male was admitted to our clinic in January 2008 with complaints of hoarseness and voice crackles for two months. The patient had no other medical history except for antireflux therapy for a few previous months. He had no systemic comorbidity but had a smoking history of 45 pack/years of cigarettes.

Indirect laryngoscopic examination revealed a mass in the right vocal cord involving the anterior commissure. Both vocal cords were mobile with normal opening of the glottis. Direct suspension laryngoscopic evaluation and excisional biopsy were planned. The patient underwent the surgical procedure in January 2008. Under general anesthesia, direct microlaryngoscopy revealed a mass with fibrotic, regular surface and minimal infraglottic extension in the anterior $^1/_3$ portion of the right vocal cord (Figure 1). The excisional biopsy was performed for the lesion. The histopathological

Received / *Geliş tarihi:* June 10, 2011 Accepted / *Kabul tarihi:* August 18, 2011

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