Case Report

ANGIOFIBROMA WITH OROPHARYNGEAL ORIGIN

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SUMMARY
A case is described as oropharyngeal angiofibroma which is presented as a pink pear-like lesion hanging from the posterior tonsillar pillar of a young man. Pathologic and immunohistochemical analysis confirmed that it was an angiofibroma, with a rare site of origin.

KEY WORDS: Angiofibroma, Oropharynx, Tonsil.

INTRODUCTION
Angiofibromas are benign uncommon vascular neoplasms with a strong liking for the nasopharynx. Although it is the most common benign neoplasm of the nasopharynx, it accounts for less than 0.05% of all head & neck tumors.¹ Though angiofibromas extend beyond the nasopharynx commonly, they rarely originate outside the nasopharynx.² ³ ⁴ We describe a case of angiofibroma which originated from the posterior tonsillar pillar in oropharynx.

CASE REPORT
A 19-year-old young man presented with sensation of something in his throat. He had been aware of a mass in his throat for 6-7 years which had a slow growing pattern. He had no pain or other complaints other than sensation of something in his throat.

Examination revealed a pink pear-like mass which was hanging from his right posterior tonsillar pillar. The mass was resected under local anesthesia. It was a 3.4cm long pear-like mass which had originated from right posterior tonsillar pillar. Resection was accompanied with no complication or any significant hemorrhage. Pathologic exam revealed fibrovascular mass with a rich network of irregularly shaped blood vessels. (Fig-1)

As its location was not a common site for angiofibroma, immunohistochemical analysis was done. Stromal cells appeared to be strongly immunoreactive to Vimentin and occasionally

Fig-1: Fibro vascular mass with a rich network of irregularly shaped thin walled blood vessels. (H&Ex100)
reactive to smooth muscle actin. These features suggest that the mass was an angiofibroma.

DISCUSSION

Angiofibromas rarely originate out side the nasopharynx.\textsuperscript{2-4} In 2004, Windfuhr and Remmert reviewed the literature and compiled 65 cases of extranasopharyngeal angiofibroma in which four cases had oropharyngeal origin and the maxilla was the most commonly affected site (24.6%).\textsuperscript{4}

To this date we have found only five cases of oropharyngeal angiofibroma in the literature.\textsuperscript{5-9} Angiofibromas are histologically composed of a proliferating vascular component set in a fibrous stroma. The former is characterized by blood vessels of different size and smooth muscle content. The stroma consists of plump spindle, angular or stellate shaped cells and a varying amount of collagen fibers.\textsuperscript{10} Beham et al, with immunohistochemical analysis showed that stromal cells have strong cytoplasmic reactivity for vimentin and are generally immunonegative for smooth muscle actin.\textsuperscript{10}

For an experienced pathologist although accurate diagnosis of an angiofibroma is not too difficult, but when its location is an extremely rare one, immunohistochemical analysis will help in its diagnosis.

REFERENCES