Non-Hodgkin Lymphoma Presenting as Unilateral Tonsillar Hypertrophy: Case Report

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Abstract - Oropharyngeal lymphomas are uncommon but most frequently arise in the Waldeyer’s ring, which is the second most common site for extranodal lymphomas after the gastrointestinal tract. Non-Hodgkin’s lymphoma of the Waldeyer’s ring is a relatively rare entity, and the palatine tonsil is the most frequently involved site. A 72-year-old woman presented with a sore throat who had not responded to routine treatment. On physical examination, a smooth non-tender mass was observed in the left palatine tonsil. Routine laboratory tests were normal. Computed tomography (CT) scan revealed tonsillar hypertrophy and CT images in other areas were also normal. Tonsillectomy was done with a tentative diagnosis of lymphoma. Histological examination confirmed a diagnosis of non-Hodgkin’s lymphoma diffuse large cell type of B phenotype. A combined treatment consisting of chemotherapy and radiotherapy leads to a satisfactory outcome in patients with this uncommon neoplasm, which tends to present at an early stage and to have a favorable prognosis.

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Keywords: Non-Hodgkin’s lymphoma; Tonsil treatment; Prognosis

Introduction

Lymphoma is the second most common neoplasm of the head and neck after squamous carcinoma (1,2). They are generally classified as Hodgkin’s (HL) or non-Hodgkin malignant lymphomas (NHML). Non-Hodgkin’s lymphoma of the Waldeyer’s ring is a relatively rare entity, and the palatine tonsil is the most frequently involved site (3,4). Most lymphomas in palatine tonsils are the B-cell type, and diffuse large B cell lymphoma (DLBCL) represents around 67-96% (5,6). We report a case of localized extranodal non-Hodgkin’s lymphoma of the tonsil.

Case Report

A 72-year-old female patient with a persistent sore throat and enlarged tonsils were referred to us who had not responded to earlier treatment.

On physical examination, a smooth non-tender mass was observed in the left palatine tonsil without any constitutional symptoms. Computer tomography (CT) scan in neck revealed hypertrophy in the left-sided fossa tonsillar, but no signs of neck lymphadenopathy and CT imaging in other areas were also normal (Figure 1). Family history did not appear to be contributory regarding the etiology, and in accordance with the clinical parameters, she was in stage 1A.

According to the patient’s symptoms and the tonsillar hypertrophy, tonsillectomy was performed with a tentative diagnosis of lymphoma. Histological examination revealed a diagnosis of...
Case presentation of unilateral tonsillar hypertrophy

non-Hodgkin’s lymphoma diffuse large cell type of B phenotype (non GCB like). Immunohistochemically, the neoplastic cells were positive for CD20 and negative for CD30, CD3, CD4, CD5, CD8 and CD10 (Figure 2). The patient was treated with chemotherapy based on R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisolone) protocol with radiotherapy. She remains disease-free During 18 months of follow-up.

Discussion

Non-Hodgkin’s represents a small percentage of oral malignancies, and the Waldeyer’s ring (including tonsil, nasopharynx, and base of tongue) is the most common extranodal site (7,8). Peak incidence is in the 6-7 decades of life in published series with a male predominance. Diffuse large B-cell is the most common histologic type and is an aggressive variety and less commonly by T--cell lines (9).

Clinical signs and symptoms are not specific and occur as a result of asymmetrical tonsillar enlargement. They may include a sensation of fullness in the throat, sore throat, dysphagia, odynophagia, otalgia, cervical adenopathy, tonsillar swelling or snoring. Systemic symptoms, such as fever, weight loss, and night sweats are uncommon and may develop in advanced disease (10).

Early stage disease and small lesions had 5-year survival rates of 65-85% when compared to bulky lesions (lesions more than 7 cms) especially the tonsils (11).

Localized non-Hodgkin’s lymphomas (NHLs) of the head and neck are treated with chemotherapy or/and combination radiotherapy. Combined chemo radiation is frequently used as the primary treatment in the view of local relapses due to bulky disease and aggressive histology and for complete remission and better survival rates (12).

Non-Hodgkin’s lymphoma of the Waldeyer’s ring is a relatively rare entity, and the diffuse large cell type of B phenotype is the vast majority of them. Early stage disease and combined therapy consisting of chemotherapy and radiotherapy lead to a satisfactory outcome in patient with this uncommon neoplasm.

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