Case Report

Epitheloid hemangio-endothelioma of right aryepiglottic fold: a rare case report with review of literature

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ABSTRACT

Epitheloid hemangio-endothelioma is a very rare tumour of intermittent malignancy of vascular origin, having a tendency to recur with rare incidence of metastasis. The tumour is intermediate between haemangioma and angiosarcoma, mainly affecting liver, lung as well as bones, skin, penis, ovary, scalp, or any part of the body. Internet search was made with the key words epitheloid hemangio-endothelioma and epitheloid hemangio-endothelioma of Larynx, since now only single case has been reported from larynx involving subglottis. Hence we report this rare entity with involvement of the larynx (Sub site: Rt. Aryepiglottic fold) describing clinical and histopathological characteristic. This is perhaps the first case of epitheloid hemangio-endothelioma involving aryepiglottic fold.

Keywords: Epitheloid hemangio-endothelioma, Aryepiglottic fold, Larynx

INTRODUCTION

Epitheloid hemangio-endothelioma is a very rare tumour of intermittent malignancy of vascular origin, having a tendency to recur with rare incidence of metastasis. The tumour is intermediate between haemangioma and angiosarcoma, mainly affecting liver, lung as well as bones, skin, penis, ovary, scalp, or any part of the body. Internet search was made with the key words epitheloid hemangio-endothelioma and epitheloid hemangio-endothelioma of larynx, since now only single case has been reported from larynx involving subglottis. Therefore we report this rare entity with involvement of the larynx (Rt. Aryepiglottic fold) describing clinical and histopathological characteristic with review of literature. This is the first case of epitheloid hemangio-endothelioma involving aryepiglottic fold.

CASE REPORT

A male patient 35 years old presented in our department with chief complains of difficulty in swallowing to solids increasing progressively, dyspnœa, hoarseness of voice for 5 months. He underwent laryngoscopy which is suggestive of right pyriform fossa mass, followed by Contrast CT scan of neck which confirmed right pyriform fossa soft tissue density lesion of 24 x 21 x 27 mm with involvement of right aryepiglottic fold. No cervical lymphadenopathy noted. Routine haematological investigations were within normal limits. Patient was planned for micro laryngeal LASER surgery, pedunculated greyish white solid mass obscuring right pyriform fossa was seen which was arising from right aryepiglottic fold, excised with diode laser, sent for histopathological examination. The histopathology report states presence of histiocytoid, epitheloid, and spindle tumour cells arranged predominantly perivascularly having vacuolated cytoplasm at places with focal myxoid area and moderate atypia.

Final diagnosis of epitheloid hemangio-endothelioma was made. At 9 months follow up patient is well without any complains.
CONCLUSION

This case report is unique as it documents the clinical and pathological features, surgical and postoperative treatment, and long-term follow-up required for a patient with epithelioid hemangio-endothelioma. Although it is very rare tumour, it should be kept in differential diagnosis as treatment options vary.

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