

Spontaneous cure of an oropharyngeal hamartoma

Sir,

Hamartomas of infancy are rare and are thought to be of myofibroblastic nature.^{1,2} The cells in infantile types are poorly differentiated.³ Hamartomas are easily diagnosed entities when occurring in the lung and gastrointestinal tract.⁴ They always raise the suspicion of malignancy when they present at rare sites. Orstavik et al⁵ described a rare case of a sister and a brother with congenital heart defects, hamartomas of the tongue and polysyndactyly. Other rare sites are the nose and the nasopharynx.^{4,6}

An 8-month-old female Sudanese child was referred to the Ear, Nose and Throat Department at Wad Medani Teaching Hospital, Wad Medani, Sudan from a remote rural district hospital as a case of a congenital oropharyngeal swelling with a provisional diagnosis of a lingual thyroid. The mother had noticed the swelling since the baby was 17 days old. The swelling did not interfere with breast feeding or breathing and was rapidly growing. The baby had a normal cry. On examination, there was a sausage-shaped soft tissue mass lying freely on the right side of the dorsal aspect of the tongue. The mass appeared as pedunculated arising from the root of the tongue and measuring 5-6 cm in length and 2 cm in its widest diameter (**Figure 1**). Otherwise, the baby was normal and in good health.

The child was admitted for examination under anesthesia, pharyngolaryngoscopy and removal of the mass. A full blood count and urine analysis were normal. During the night before surgery, the swelling sloughed spontaneously most likely due to twisting of its pedicle. Examination under anesthesia and pharyngolaryngoscopy were performed as previously planned. Systematic and meticulous examination of the oropharynx and laryngopharynx failed to demonstrate any residual part of the mass. A small hemorrhagic spot was noticed in the region of the right lingual tonsil.

The mass was sent in formal saline for histopathology. Histopathological examination with hematoxylin and eosin staining showed mainly fibro-adipose tissue with blood vessels, muscle and glandular structures which were consistent with a hamartoma.

Hamartomas in infancy are of rare occurrence and they always raise the suspicion of malignancy specially when they occur at rare sites such as the nasopharynx or the tongue.⁴⁻⁶

Tumors of uncertain cell type in infancy include fibrous hamartoma, which is seen almost exclusively during the first 2 years of life and is sometimes present at birth.^{7,8} It predominates in boys and the most common



Figure 1 - Photograph of the mass after sloughing.

locations are the region of the shoulder, axilla and upper arm. It is usually solitary. Grossly, it is poorly circumscribed and composed of whitish tissue of fibrous appearance intermixed with islands of fat.⁹

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