

## Myxoma of the Larynx Presenting As a Nodule

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We describe herein a rare case of a laryngeal myxoma presenting as a nodule. Laryngeal myxomas involving the neck region, especially the laryngeal area, are quite rare. A 36-year-old male patient presented with a 2 month history of hoarseness. On laryngoscopic examination, there was a myxoid homogeneous transparent mass on the right vocal cord. On microscopic examination, the lesion was hypocellular and myxoid. The lesion showed stellate or spindle cells which were evenly dispersed in the poorly vascularized myxoid stroma. Although the incidence is extremely rare, a laryngeal myxoma should be considered in the differential diagnosis of laryngeal masses.

**Key Words :** Larynx; Myxoma; Polyp

A myxoma is a benign mesenchymal tumor mainly found in the extremities such as the thigh. In the head and neck region, myxomas occur rarely and most of these lesions are odontogenic in origin and involve the facial bone.<sup>1,2</sup> Myxomas involving the neck region, especially the laryngeal area, are quite rare. There are only seven cases of myxomas in the neck region cited in the English literature.<sup>3</sup> Herein we describe a rare case of a laryngeal myxoma that presented as a nodule.

### CASE REPORT

A 36-year-old male patient presented with a 2 month history of hoarseness. He had a history of hospital admission following a traffic accident 15 years previously and had a submucosal resection and lateralization of the middle turbinate due to a nasal septum deviation 14 years ago. The remaining medical history was unremarkable. On laryngoscopic examination, there was a small polypoid mass on the right vocal cord (Fig. 1). The mass was about 0.7 × 0.5 cm in size and located in the anterior portion of the vocal cord. A head and neck CT showed a polypoid lesion with low density and good demarcation on the right vocal cord, which was suspicious for a laryngeal polyp.

After the patient provided written informed consent, the mass was excised under a suspension laryngoscope with the diagnostic impression of a benign polypoid lesion. The specimen was covered by mucoid material. The cut surface showed a myxoid homogeneous transparent and jelly-like appearance. On microscopic examination, the lesion showed stellate or spindle cells which were evenly dispersed in the poorly vascularized myxoid stroma (Fig. 2). The cells were monotonous and showed spindle hyperchromatic nuclei and a moderate amount of eosinophilic cytoplasm. No cellular atypia, pleomorphism, or mitosis was observed. Few lymphocytes were seen in the stroma. The final diagnosis was a benign myxoma of the larynx. Four months post-operatively, the patient's hoarseness resolved.

### DISCUSSION

A myxoma is a benign mesenchymal tumor classified under tumor and tumor-like conditions of unknown histogenesis.<sup>1,4</sup> Myxomas occur mostly in subcutaneous soft tissues, intramuscular tissues or cardiac chambers. In the head and neck portion, myxomas involve the maxilla and mandible, subcutaneous tissues, nasal cavity, and parotid gland.<sup>3</sup>

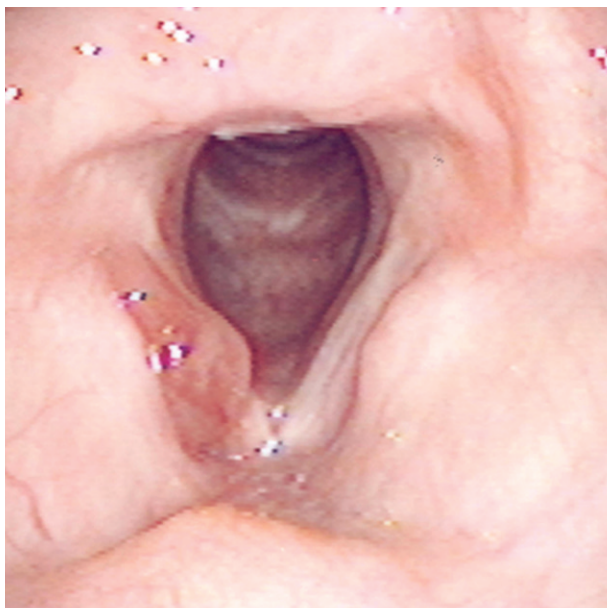


Fig. 1. The laryngoscopy shows a polypoid mass with myxoid transparent appearance in the right vocal cord.

The larynx is a very unusual site for soft tissue myxomas. The reported sites of involvement are the vocal folds, the aryepiglottic fold, and the epiglottis within the larynx.<sup>1,3</sup> The common clinical presentation of laryngeal myxoma includes hoarseness, dysphonia, dysphagia, and airway obstruction, which is related to the location and size of the tumor. A large myxoma may require tracheostomy due to difficulty in breathing caused by airway obstruction.<sup>2,3</sup>

Laryngoscopy and imaging studies may be helpful in the diagnosis, but the final diagnosis is made through biopsy confirmation. Grossly, the tumor shows a myxoid homogeneous transparent and a gelatinous appearance. Histologically, the laryngeal myxoma shows loosely dispersed stellate or spindle cells lying in an abundant, poorly vascularized, mucopolysaccharide-rich stroma and a variable meshwork of reticulin and collagen.<sup>2-4</sup>

The main differential diagnosis of laryngeal myxoma is the myxoid degeneration of laryngeal polyps. Unlike myxomas, laryngeal polyps always present two features: 1) prominent blood vessels and 2) a connective tissue cellular reaction. Fresh hemorrhage and hemosiderin-laden macrophages are also frequent. Cysts lined by attenuated cells may be present.<sup>4,5</sup>



Fig. 2. The tumor shows stellate or spindle cells which are evenly dispersed in the poorly vascularized myxoid stroma. The tumor cells are highlighted in high power view (inset).

The treatment of choice for laryngeal myxoma is complete excision, although the treatment modality may vary according to the size and location of the mass. The prognosis is good in cases of complete excision, but follow-up is recommended to rule out recurrence.<sup>2,4</sup>

In conclusion, laryngeal myxoma is a very rare benign mesenchymal neoplasm which is easily confused with a laryngeal polyp, so clinical diagnosis may be difficult. Although the incidence is extremely rare, a laryngeal myxoma should be considered in the differential diagnosis of laryngeal masses.

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