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Mistaken identity of a laryngeal polyp in an airway emergency

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Supraglottic polyp is a benign lesion the treatment of laryngeal polyp is elective excision after fully preparing the patient, but it may become an emergency when it is obstructing the airway. Acute upper airway obstruction from laryngeal polyps is uncommon. However, a large pedunculated laryngeal polyp, when unrecognized, may produce sudden airway obstruction. Even more immediate action need to take care of when it is no longer polyp, it turn up to be Laryngeal Lymphoma. We report a case of a lady who presented with a 2-month history of progressive dysphagia. Bedside flexible scope showed a pedunculated huge polypoidal mass arising from left supraglottic region which was obstructing the laryngeal inlet in a ball valve effect and another lobulated mass at left base of tongue. Biopsy was taken and was reported as high-grade B -cell lymphoma. Extranodal lymphoma involving the larynx is much more an uncommon encounter. Presentation of extranodal lymphoma of head and neck typically involves structures of the Waldeyer ring (tonsils) followed by the nasopharynx, salivary glands and base of tongue. The consequences of a missed diagnosis warrant awareness and vigilance for this type of tumor. Another point to highlight is surgery, is not the standard treatment for lymphoma. But in this case, it is of special consideration, as there was evidence of impending airway obstruction warranting emergency excision of the supraglottic mass to protect the airway.

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