

# A CASE OF LARYNGEAL LEIOMYOMA

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**SUMMARY:** A rare case of leiomyoma of larynx described. There are only 15 published cases in the literature, various clinical and histologic characteristics at the differential diagnosis were discussed.

**KEY WORDS:** Larynx-leiomyoma

## INTRADUCTION

Leiomyomas have been found in many areas of the body, thought most commonly in the uterus and gastrointestinal canal (1,2). The laryngeal apperance of leiomyoma is an unusual occurrence, 15 histologically verified cases were reported in this particular area (3,4). These benign tumours may be hamartomatous and originated from smooth muscles of blood vessels. A case of leiomyoma of the larynx documented demonstrating an unusual localisation.

## CASE REPORT

60 years old male patient was admitted to our hospital with the chief complaint of hoarseness for 3-4 months. He had smoked for 40 years. Direct laryngoscopy was performed revealing tumoral mass 2-2.5 mm in maximum diamater at the anterior 1/3 of left vocal cord. Surface of the mass was covered smooth intact mucosa histology of the incisional biopsy was revealed leiomyoma (Fig 1). Reticulin stain, Masson's trichrome histochemical reactions were sponsored it's nature.

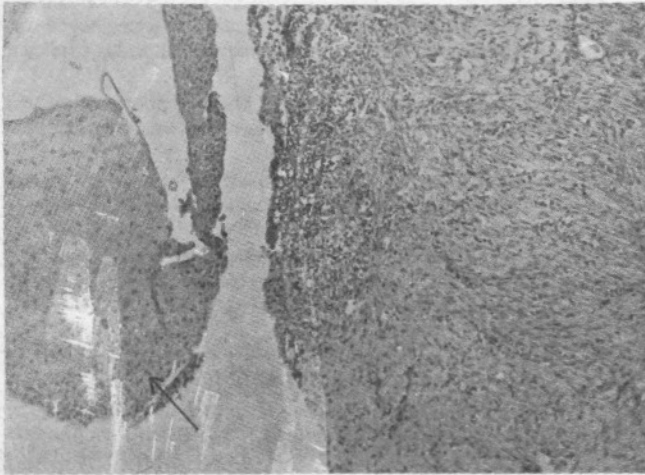


Figure 1: Surface multilayered squamous epitheliom (arrow) and the tumor composed uniform spindle shaped leiomyocytes (H.E x 25).

## DISCUSSION

Non-epithelial benign mesenchymal neoplasms of larynx are extremely rare (3). In this group of neoplasms leiomyoma is a particular neoplasm which is originated from vascular smooth muscle and majority of the cases are localised at supraglottic region such as vestibular fold (3,5,7). Large tumor distend the area epiglottic fold and expand in to the pyriform sinus or protrude from the ventricle (3). In our case tumor was localised at the anterior end of the ventricular band which was not detected in any literature before.

Leiomyomas have been reported in children but more often they occur in adults of all ages in our case (6,7). There is an overall male predominance of two one. Our patient was male and 60 years old. Macroscopically; air way leiomyomas discrete, solitary submucosal mass (3,4,5). It is usually few milimeters in largest diameter such as in our case. Microscopic details of our case is close to the classic morphology of leiomyoma (1,2). As its described classically the structure will vary in accordance with the degree of vascularity of the tumor (6,9). Mitoses and nuclear atypia is absent, nodular and whorled cellular patterns occur in addition to a sponge like structure which is rich in fibers, but contains few nuclei. Masson's trichrome stain demonstrated bright red intracytoplasmic fibrils in our case; this findings is similar to the literature (3).

Ultrastructural morphology of the tumor; shows basement membrane enveloped leiomyoma cells containing variable numbers of pinocytotic vesicles close proximity to the plasma membrane and heavy concentration of microfilaments, dens bodies, marginal dens plaques (7).

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