FP 30 Nasopharyngolaryngeal amyloidosis in a 70 year old female

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ABSTRACT

Objective: To report a case of primary nasopharyngolaryngeal amyloidosis

Study Design: Case Report

Setting: Tertiary government military hospital

Participant: One patient

Case Report: A 70 year old, female, married, who came in with chief complaint of four year history of hoarseness. No other associated signs and symptoms such as dyspnea, dysphagia, cough, globus sensation and hemoptysis. Flexible nasopharyngolaryngoscopy was done which revealed a multiple non-hyperemic, non-ulcerating, irregularly shaped, yellowish mass seen at the nasopharyngeal, oropharyngeal and supraglottic area. Patient underwent pandendoscopy with biopsy which revealed eosinophilic, homogenous matrix suggestive of amyloidosis.

Conclusion: Amyloidosis is an idiopathic disorder characterized by the extracellular deposition of insoluble fibrillar proteins. Larynx is the most common site of involvement in the head and neck region and accounting for as little as 0.2% of benign tumors of the larynx. Nasopharyngeal amyloidosis is extremely rare. Biopsy of the primary lesion is the mainstay of diagnosis. The most commonly used method to detect the amyloid protein is the histological staining of biopsy samples excised with Congo red stain. Amyloid is birefringent in polarized light and appears apple-green in color in Congo red stained sections. Treatment is focused on maintaining airway patency and improving hoarseness while minimizing the effects on voice quality. Microdebrider excision and carbon dioxide laser excision are two modalities currently employed. Recurrence of amyloid deposits is common and is managed with re-excision.