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ECTOMESENCHYMAL CHONDROMYXOID TUMOUR OF TONGUE-REPORT OF A RARE CASE

Dr Sarbani Chattopadhyay [1], Dr Somnath Saha[2]

[1] Professor, DDME-I, Swasthaya Bhawan, Kolkata
[2] Professor & Head of Department, ENT, Calcutta National Medical College

Corresponding Author-
Dr Sarbani Chattopadhyay
Email: sarbanichattopadhyay@yahoo.co.in

ABSTRACT:
Ectomesenchymal Chondromyxoid Tumour of Tongue is a relatively recently described entity. We report the case of ECMT on the dorsal aspect of tip of tongue occurring in a 30 year old male. It is a slowly growing benign neoplasm occurring predominantly in anterior aspect of tongue. Histologically it is characterized by lobular proliferation of oval to spindle shaped cells against a chondromyxoid background. Cytodiagnosis of the lesion is often difficult as there is lack of awareness about this entity and it can be misdiagnosed as other myxoid or chondroid neoplasms. Excision is curative for this entity and no recurrence was observed in this case after a 10 month follow-up.

Keywords: Ectomesenchymal Chondromyxoid Tumour of Tongue , Benign tumours of tongue

INTRODUCTION:

Ectomesenchymal Chondromyxoid Tumour of Tongue is a relatively uncommon entity [1]. Limited number of cases have been reported in English literature. We report the forty-ningth case of ECMT affecting the tip of anterior surface of tongue and the problem of cytodiagnosis of the lesion.

CASE REPORT:

A 30-year old man presented at the ENT OPD at NRS Medical College, Kolkata with the history of gradual development of a smooth round swelling over dorsal aspect of tip of tongue over past six months (Fig 1).

Figure 1

The swelling was firm, measuring 2.5 cm in diameter and overlying mucosa was unaffected. FNAC of the swelling produced low cell yield. The cells were of medium size, round to oval in shape, with central bland appearing nuclei and moderate amount of cytoplasm. Scanty stromal fragment was seen in the background. The impression on cytology was of a benign mesenchymal neoplasm.

No categorization was possible. The nodule was excised and submitted for histological examination. Grossly the mass was a well-circumscribed nodule, 1.8 X 1.5 cm in size, firm on feel with focally cartilaginous cut surface. On histopathology, it showed lobular pattern (Fig 2) comprising of oval to spindle shaped cells of medium size lying in a chondromyxoid background (Fig 3).

Cells did not show any features of anaplasia and there was no necrosis or mitotic activity. The lesion was diagnosed as Ectomesenchymal Chondromyxoid Tumour of Tongue. Immunohistochemistry showed diffuse and strong positivity for GFAP (Fig 4) and weak positivity for keratin. EMA was negative.

The patient has been followed up for 10 months and there has been no recurrence.

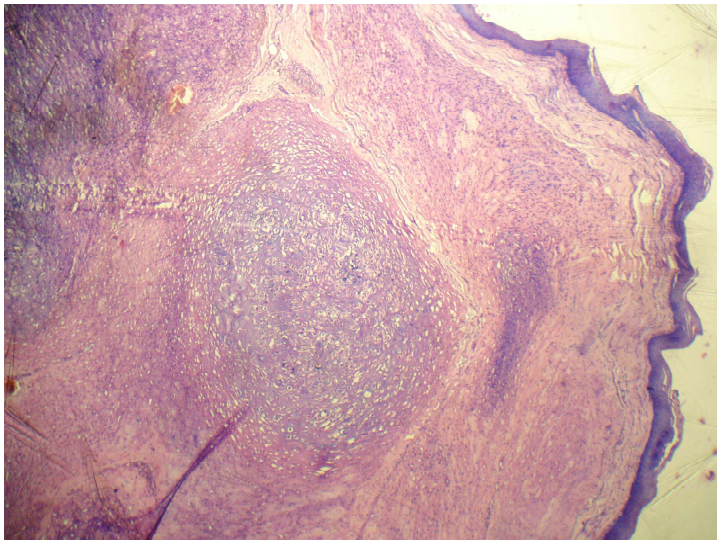

Figure 2

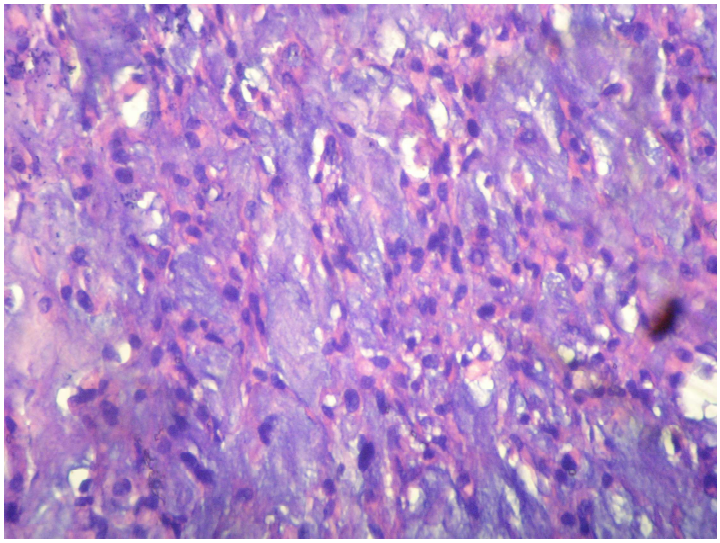

Figure 3

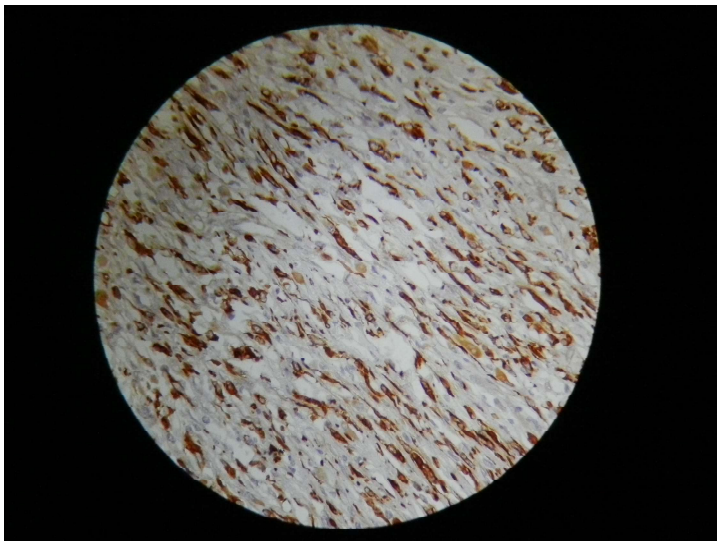

Figure 4

DISCUSSION:

Ectomesenchymal Chondromyxoid Tumour Of Tongue is a seldom reported entity. It predominantly affects the tongue, on the anterior or dorsal surface, though Nigam, et al, described the same tumour in hard palate[2].

FNAC of the lesion yields abundant myxoid fibrillary material obscuring the relatively innocuous appearing round to oval cells leading to misdiagnosis as pleomorphic salivary adenoma or other myxoid/ chondroid lesions, e.g., soft-tissue myxoma, nerve sheath myxoma and myxomatous changes in various soft tissue neoplasms. Lack of familiarity with the lesion is also responsible for inaccurate cytodiagnosis[3] and it may cause misdiagnosis on histology also[4].

Presence of a low cellular yield composed of few round to oval cells with scanty myxoid stromal material in the background led to the diagnosis of benign mesenchymal neoplasm in this case.

In this case, absence of abundant myxochondroid stromal substance prevented from a cytodiagnosis of PSA. The histopathology of this lesion is characteristic and shows well-circumscribed lobular proliferation of ovoid and round cells growing in net-like sheets in a chondromyxoid background[5].

IHC in this patient showed strong and diffuse positivity for GFAP. Keratin showed weak positivity. EMA was negative. These findings are in corroboration with that of other authors[5].

This is a slowly growing benign neoplasm. The patient was treated with excision in this case and there was no recurrence during follow-up. The cases reported in literature were all treated with excision ant the lesion proved to be a non-recurrent one. The histogenesis of this lesion is yet to be defined clearly. It is unlikely to derive from myoepithelial cells[6] and possibly derives from undifferentiated ectomesenchymal progenitor cells migrating from the neural crest[7].

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