Introduction

Lymphomas represent the second most common type of tonsil malignancy. 10% of lymphomas occur in the head and neck, of which 40% arise in the tonsils. On rare occasion the contralateral tonsil may harbor occult disease.

Case Report

A 49 year old male presented with two months of right-sided odynophagia caused by an ulcer along the medial aspect of the right tonsil. He denied constitutional and left-sided pharyngeal symptoms. A neck CT demonstrated parapharyngeal soft-tissue fullness (Fig. 1) and confirmed the presence of a palpable 1.3 cm jugulo-digastric node. Chest CT revealed mediastinal nodes measuring up to 1.5 cm and a 2.8 x 1.6 cm epigastric mass. A PET scan showed metabolic FDG-activity in the right parapharyngeal region (SUV 16.0), a right cervical lymph node (SUV 3.2), the mediastinum (SUV 3.0), and at the epigastric site (SUV 20.6) (Fig. 2). The left tonsil region was reported as having no increased SUV activity. Biopsies, including a contralateral tonsillectomy, were planned. A lymphoma protocol was to be implemented.

Results

The right tonsil biopsy revealed a malignant neoplasm with extensive necrosis. Additional tissue was requested, warranting a tonsillectomy. A large cell lymphoma was identified. Histology and immunohistochemistry showed both a diffuse large B-cell lymphoma and a follicular lymphoma in the right tonsil (Figs. 3 & 4), suggesting that a follicular lymphoma had transformed to a large B-cell lymphoma. Flow cytometry suggested a population of cells expressing CD10, CD19, and monoclonal lambda. Several regional biopsies demonstrated squamous mucosa with underlying reactive and atypical lymphoid infiltration. Unexpectedly, the clinically normal left tonsil contained a follicular lymphoma (Figs. 5 & 6). Following additional diagnostic testing he was confirmed as having Stage III disease, for which he underwent chemoradiotherapy. The final staging classification was based on the assumption that the large cell lymphoma represented the transformation of a follicular lymphoma.

Conclusions

A contralateral tonsillectomy is justified during the staging of malignant tonsillar neoplasms, even in the absence of clinical or radiologic findings, as the result may reveal occult disease.

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