

Nasopharyngeal Choristoma

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We report a case of choristoma of the nasopharynx, a developmental lesion infrequently reported in the neonatal period and early infancy.

Case Report

A newborn female was admitted with history of respiratory distress and cyanosis off and on since birth. Examination revealed a mass arising from the nasopharynx (Fig. 1). There was a cleft of the soft and hard palate. It was decided to excise



Fig. 1. Choristoma protruding out of the mouth. Photograph was taken just prior to surgical removal.

the mass under general anesthesia. On failure of oro-endotracheal intubation, a tracheostomy was performed for anesthesia. A hairy tongue shaped mass measuring $5 \times 3 \times 1$ cm was arising from the lateral nasopharyngeal wall. This was excised with electrocautery. Post-operative period was uneventful and the tracheostomy could be removed on the tenth post-operative day. Histological examination revealed the mass to be covered with skin having pilosebaceous structure and sweat glands; stroma consisted of normal connective tissue. Biopsy was reported as choristoma (Fig. 2). The child has been free of recurrence on five year follow-up.

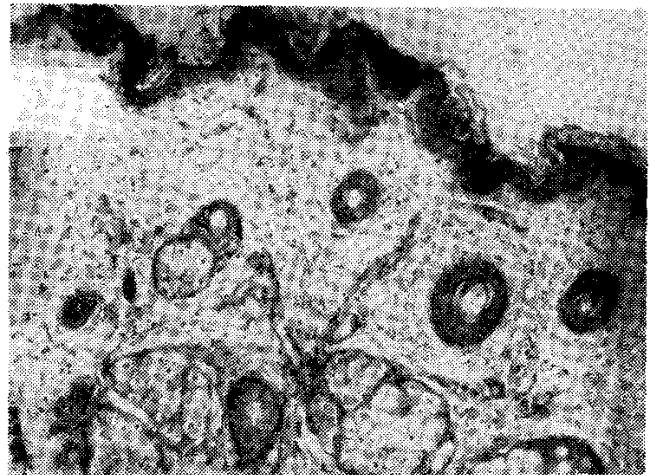


Fig. 2. Microphotograph showing skin covered surface and connective tissue stroma.

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Discussion

There is a wide spectrum of malformations in the oronasopharynx which occur due to disturbances in the early embryogenesis. Ewing(1) classified these malformations into three broad types—dermoids, teratomas, and epignathi. Teratomas and epignathi are regarded as true neoplasms because they display progressive and uncoordinated growth. They are derived from all three germinal layers. Dermoids, however, are strictly benign lesions with limited growth potential and are bigerminal in origin (ectoderm and mesoderm).

The dermoids arising in the oronasopharynx have also been designated as hairy polyp, complex hamartoma, inclusion dermoid, and even teratoma(2), but probably the term which explains these malformations best is 'choristoma'. Choristoma is defined as a non-neoplastic tumor-like mass of developmental origin in which are found tissues foreign to the site at which it is located(3). It differs from hamartoma which is a non-neoplastic proliferation of cells which are normally present at that site.

Chaudhry *et al.*(2) could find only 111 such lesions till 1978 and added two of their own. Few isolated case reports have been published since then(5). Only a few of these have been described in neonates and young infants. This is because many of them escape recognition due to their small size or lack of symptoms. In the neonatal period, they may present with respiratory and occasionally feeding problems. Female predominance has been reported(2). Microscopically, in addition to skin and its appendages, choristomas may contain adipose tissue, fibrovascular connective tissue, smooth and striated muscle, salivary glands tissue, nerves, lymph nodes, cartilage and bone.

The purpose of this report is to highlight the confusion regarding the terminology of the various types of malformations in the oral cavity and also stress on the necessity to recognize these 'Choristomas' as benign developmental errors.

REFERENCES

1. Ewing J. Teratology. In: Neoplastic Diseases, 4th edn. Philadelphia, W.B. Saunders Co, 1987, p 116.
2. Chaudhry AP, Lore JM, Fisher JE, Gambino AG. So-called hairy polyps or teratoid tumors of the nasopharynx. Arch Otolaryngol 1978, 104: 517-25.
3. Grant JW, Freeman NV. Choristoma of the soft palate. J Pediatr Surg 1987, 22: 365-66.
4. Walter JB, Israel MS. General Pathology, 5th edn. Edinburgh, Churchill Livingstone, 1979, p 342.
5. Jones AS. Two cases of nasopharyngeal teratoid tumors. J R Coll Surg Edin 1986, 31: 187-188.

Giant Congenital Melanocytic Nevi

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Congenital melanocytic nevi are common lesions found on the skin in approximately 1% of the newborns(1). Most of the congenital nevi are small(2). The small

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