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Case Report

Laryngeal Lipoma: A Rare Diagnosis of Submucosal Mass with Progressive Dysphonia

Náyra Thais Afonso Sella[1*], Alan Henrique de Oliveira Torchi[1], Tauane Cano Barreto[1], Lara Beatriz Dallaqua Bitiati[1], Poliana Zara Carvalho[3], Rafaela Witte[3], Fernando De Oliveira Dutra Filho[3], Ana Beatriz Afonso Sella[1], Pedro Paloschi Martini[1], Priscila de Oliveira Barros[1], Carlos Paloschi Martini[1], Adriano Gustavo Lourenson[1], Camila Karoline de Mello[1] and Júlia Fernanda Taveira de Souza[1]

[1]Centro Universitário Ingá - Uningá, Maringá, PR, Brazil

[2]Hospital Memorial Uningá - HMU, Maringá, PR, Brazil

[3]Faculdade Cesumar - Unicesumar Maringá, Paraná, Brazil

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***Corresponding author:** Náyra Thais Afonso Sella, 1Centro Universitário Ingá - Uningá, Maringá, PR, Brazil

ABSTRACT

Laryngeal lipomas are rare benign tumors, accounting for less than 1% of benign neoplasms in this region. This report describes the case of a 60-year-old patient with progressive dysphonia, choking episodes, and chronic throat clearing, in whom videolaryngoscopy and computed tomography identified a submucosal mass in the larynx. The patient underwent surgical excision via lateral cervicotomy, and histopathological analysis revealed a spindle cell lipoma, an uncommon variant with myxoid matrix and positive CD34 expression. The postoperative course was satisfactory, with no signs of recurrence after three months. This case highlights the importance of early differential diagnosis of laryngeal masses and the role of complete excision in achieving a favorable prognosis. Case documentation contributes to improved recognition and management of rare laryngeal tumors.

Keywords: Immunohistochemical; Lipoma; Larynx; Rare; Surgical

Introduction

Laryngeal tumors are mostly malignant, with squamous cell carcinoma being the most common type. However, benign tumors can also occur, although significantly less frequently[1,2]. Among these, laryngeal lipoma stands out as a rare entity, with few cases reported in the literature. Lipoma is a mesenchymal tumor composed of mature adipose tissue and is one of the most common benign tumors in the human body. When located in the larynx, its occurrence is extremely rare, accounting for less than 1% of all benign tumors in this region[3]. The etiology of laryngeal lipoma remains uncertain, and clinical manifestations depend on the tumor's size and precise location. Generally,

lipomas are asymptomatic and slow-growing, but in the larynx, they may cause significant symptoms due to airway obstruction or compression of adjacent anatomical structures. Common symptoms include hoarseness, respiratory difficulty, and dysphagia, often mistaken for more prevalent conditions such as laryngeal polyps or cysts[4]. Due to its rarity, early and accurate diagnosis of laryngeal lipoma can be challenging and is frequently confused with other benign or malignant laryngeal masses[5].

Objectives

This report aims to describe a clinical case of a 60-year-old patient with a submucosal laryngeal mass and progressive dysphonia.

Materials and Methods

A retrospective case report was conducted through electronic medical record review, accompanied by a brief literature review.

Case Report

A 60-year-old male patient sought otolaryngologic care due to chronic coughing, throat clearing, and hoarseness, with progressive worsening of dysphonia in recent months[6]. With a history of thyroidectomy five years earlier and on levothyroxine (Puran), he underwent videolaryngoscopy, which revealed a cystic submucosal lesion in the vallecula and left laryngeal wall, with glottic compression. A computed tomography scan showed a 3.7 × 3.7 cm heterogeneous hypodense formation in the left paraglottic region, significantly reducing the glottic and supraglottic airway column[7,8]. Referred to Head and Neck Surgery, the patient underwent lesion resection via lateral cervicotomy. Histopathological examination revealed a low-grade myxoid mesenchymal neoplasm, consistent with spindle cell lipoma, characterized by abundant myxoid matrix, elongated paucicellular cells, absence of atypia, and positive CD34 immunohistochemical staining[9]. Postoperatively, the patient recovered well, was discharged the same day with prophylactic antibiotics, and advised to return in three months with a new imaging exam[10]. At outpatient follow-up, he presented asymptomatic with no signs of recurrence and a favourable clinical prognosis **(Figure 1)**.

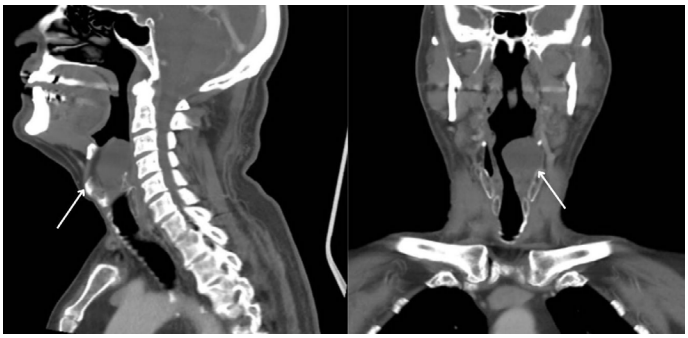

Figure 1: Computed tomography of the neck, showing a hypodense formation in the fat of the left paraglottic space measuring 3.7 x 3.7 cm, causing local bulging with reduction of the airway column in the glottic and supraglottic larynx

Conclusion

Although rare, the spindle cell variant of laryngeal lipoma has an excellent outcome when correctly diagnosed. Meticulous histopathological distinction from other mesenchymal neoplasms avoids inadequate treatment and reduces the risk of recurrence. Wide surgical excision remains the gold standard therapy, restoring airway patency and vocal function with minimal morbidity. Periodic follow-up with laryngoscopy is essential for early detection of recurrence. The expansion of clinical case reports will aid in greater recognition and refinement of diagnostic and management protocols for this uncommon entity.

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