LETTER TO EDITOR

Globus Sensation in Throat, The Lymphoid and Non-Lymphoid Origin of Tongue Base Lesions

M Irfan, MD, MMed (ORL-HNS)

Department of Otorhinolaryngology-Head & Neck Surgery, Universiti Sains Malaysia, 16150 Kota Bharu, Kelantan, Malaysia

Dear Editor,

I read with great interest the article 'An unusual presentation of lymphoma in head and neck region' which was published in MJM August 2011 issue [1]. Base of tongue anatomically houses collection of lymphoid tissue as part of internal Weldeyer's ring component. Thus diseases related to lymphoid cells abnormalities should be more expected as compared to the non-lymphoid origin although tongue base itself is an extremely unusual localization for isolated primary NHL, as precisely pointed out by the authors.

Prominent lingual tonsils are the other manifestation of lymphoid follicles that have become hypertrophied and gave the mass effect that occupy the very limited space of oropharynx. Thus the treatment should include any primary disease for example allergic rhinitis as the chronic post nasal discharge was proven to stimulate the proliferation of lymphoid follicles in the throat. Persistent hypertrophy or recurrent infection to the lingual tonsil may justify surgical removal of the structure [2]. Besides globus sensation, the presence of hypertrophied lymphoid follicles in the region can present with obstructive sleep apnea which require urgent referral for definitive treatment.

Nevertheless, the tongue base embryological contribution of thyroid gland should not be forgotten as undescended thyroid may be located at the tongue base and produce symptoms mimicking tongue base lymphoma. With the normal thyroid function test, the other presenting symptoms such as globus sensation in the throat, bleeding per oral without significant episodes of upper airway obstruction also can be overlapped [3].

Remnant of thyroid tissue in the foramen cecum at the tongue base also was reported to become an osseus proliferating lesion, an osteoma or also known as lingual choristoma [4]. The mass microscopically will demonstrate a stratified squamous epithelium surfaced lesion, with underlying fibrocollagenous stroma contained well-formed lamellar bone.

As the bulk of tongue tissue itself comprises of intrinsic striated muscles, the differential diagnosis of leiomyoma should not be neglected. Although most of the lesion may appear in the anterior two thirds of the tongue, a case of leiomyoma at the tongue base, which recur after the first excision was seen in our centre (Nor Idayu MY, Personal communication, May 16 2011).

REFERENCES

1. Teh CSLL, Chong SYC. An unusual presentation of lymphoma of the head and neck region. Med J Malaysia 2011; 66(3): 264-5.
2. Irfan M, Kambiz KF, Hazama M. Lingual tonsillitis post tonsillectomy: a rare cause of odynophagia. Arch Orofac Sci 2010; 5(1): 29-30.
3. Ibrahim FM, Mohamad I. A rare cause of spontaneous bleeding per oral in an elderly. Ann Acad Med Singapore. 2010; 39(10): 817-8.
4. Naik VR, Wan Faiziah W, Musa MY. Choristoma of the base of the tongue. Indian J Pathol Microbiol 2009; 52(1): 86-7.

This article was accepted: 16 December 2011
Corresponding Author: Irfan Mohamad, Department of Otorhinolaryngology-Head & Neck Surgery, Universiti Sains Malaysia, 16150 Kota Bharu, Kelantan, Malaysia Email: irfan@kb.usm.my