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Case report

## REGAUDS TUMOUR INVOLVING THE TONSILS: A CASE REPORT

\*Muthubabu K, Srinivasan MK, Sakthivel

Department of ENT, Meenakshi Medical College and Research Institute, Kanchipuram, Tamilnadu, India

\*Corresponding author: muthubabu67@gmail.com

### ABSTRACT

Regauds tumour is a lymphoepithelioma which usually arises in the nasopharynx. Outside the nasopharynx such lymphoepithelioma like carcinomas are exceedingly rare. Such tumours in the tonsil are rare. Here we report a 35 year old lady, a case of Regauds tumour involving the Rt. Tonsil. Tonsillectomy was performed and the patient was subjected to radiotherapy. 2 years follow up showed no recurrence of tumour.

**Keywords:** Regauds tumour, Schminkes tumour, Lymphoepithelioma

### INTRODUCTION

Non nasopharyngeal Lymphoepithelioma is rare and when it occurs in the tonsil it is typically unilateral. Three fourths of the patients have nodal involvement. Non nasopharyngeal Lymphoepithelioma affects the younger population. Histopathology and Immunohistochemistry is valuable in the diagnosis. These tumours are highly radiosensitive. This characteristic along with the classical histological structure and clinical typicality made it justifiable for a separate group and name for the neoplasm.<sup>1</sup>

### CASE REPORT

A 35 year old lady presented with complains of swelling in the right tonsillar region of 4 months duration, swelling on the right side of the neck 20 days duration. She had uneasiness in the

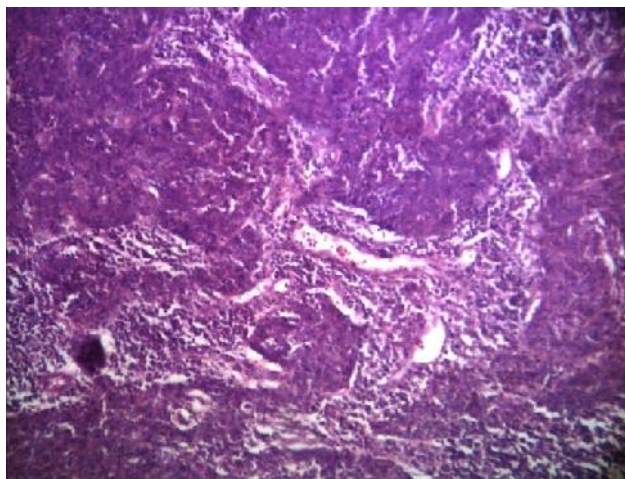
throat and difficulty in swallowing. There was no difficulty in breathing. No pain and no change in voice.

On Examination there was a unilateral enlargement of the right tonsil. Surface of the tonsil was smooth and not ulcerated macroscopically. Left tonsil was absolutely normal. On palpation the mass was firm in consistency. Induration was felt. Ear and Nose were clinically normal. Indirect laryngoscopy showed normal posterior third of tongue, vallecula, epiglottis, arytenoids, aryepiglottic folds, ventricular bands, vocal folds and piriform fossa. Examination of the neck revealed Right sided Jugulodigastric node enlargement, Non tender, mobile and firm in consistency.

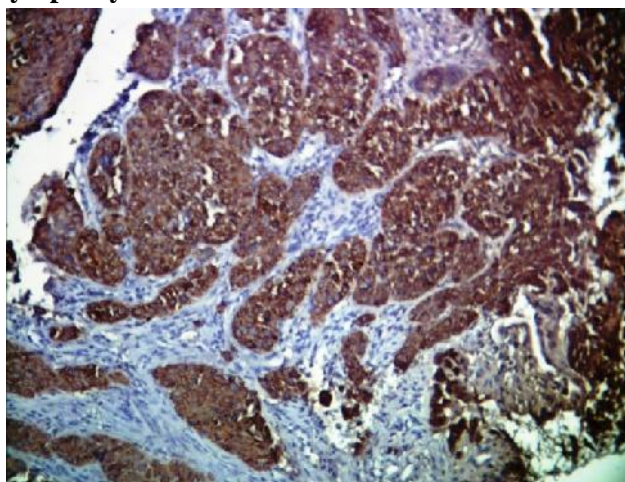
Routine blood investigations were normal. CT scan showed enlargement of the Right side

tonsil. Under General anaesthesia, Tonsillectomy was performed. Whole tonsil was removed in toto and the specimen was sent for histopathology and immunohistochemistry. Post operative period was uneventful.

Histopathology confirmed the diagnosis the photomicrograph showing epithelial islands surrounded by lymphocytes. Immunohistochemistry showed cytokeratin showing positivity for the epithelial cell nests. After confirmation patient was referred for radiotherapy and followed up every 6 months for the past 2 years. 2 years follow up showed no evidence of recurrence or residual tumour.



**Fig.1: Epithelial islands surrounded by lymphocytes.**



**Fig.2: Immunohistochemistry shows cytokeratin showing positivity for the epithelial cell nests**



**Fig.3: Macroscopic appearance of dissected Tonsil**

## DISCUSSION

Non nasopharyngeal lymphoepitheliomas are rare. Such lesions have been reported in the base of tongue<sup>2</sup> In 1921 Reverchan and coutard reported from Regauds clinic tumours of hypopharynx to which Regaud had given the name lymphoepithelioma. In the Same year Schminke also reported a series with the same name. The name was applied by Regaud and Schminke apparently independently in view of the probable origin from the structure described as lymphoepithelial organs<sup>3</sup>. Tracheal lymphoepithelioma like carcinoma has also been reported.<sup>4</sup> Relationship with Epstein Bar virus is less in Non nasopharyngeal Lymphoepithelioma. Even if it is related it does not affect the mode of treatment.

## CONCLUSION

Regauds tumour involving the Tonsil is rare. It affects the younger age group. Lymphnode involvement is common. Diagnosis is made by CT scan and clinical examination. Confirmed by Histopathology and Immunohistochemistry. Tumour is radiosensitive. Removal of the tonsil and subjecting the patient to radiotherapy is helpful.

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