

## An elusive nasopharyngeal hamartoma in a neonate

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**Abstract.** A rare, elusive, mobile, pedunculated nasopharyngeal tumor in a neonate is described. The child was only intermittently symptomatic and the diagnosis was not made until 1 month of age.

and cyanosis requiring intubation to relieve respiratory obstruction. Direct visualization and excision of the mass which arose from the left lateral nasopharyngeal wall was subsequently performed. The pathologist described a 2.7 × 1.2 cm pedunculated mass consisting of a core of skeletal muscle and subcutis covered with keratinizing squamous epithelium and well developed adnexal structures including fine hairs, diagnostic of a benign cutaneous hamartoma (Fig. 2).

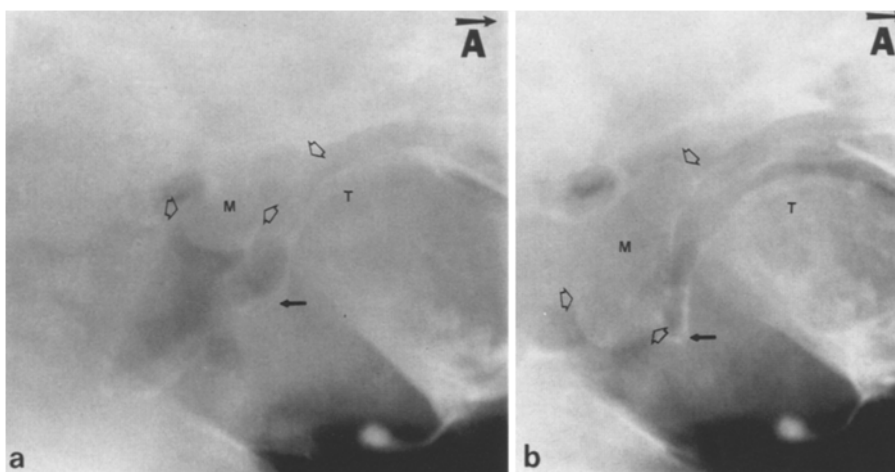
### Case report

The infant was a term female born without complication by spontaneous vaginal delivery. The child did well until her first feeding which resulted in an episode of apnea and cyanosis requiring intubation. Evaluation included negative direct laryngoscopy and a negative esophagram. She did well for 2 weeks but was then referred to our institution for evaluation of intermittent "choking and gagging" spells complicated by cyanosis with feeding. Her parents on one occasion saw a fleshy mass in the child's mouth which immediately disappeared.

Initial fluoroscopy during a barium esophagram revealed a large, pedunculated mass which moved between the nasopharynx and hypopharynx with swallowing (Fig. 1a, b). Shortly following this study, she became symptomatic with retractions

### Discussion

This case illustrates the importance of studying the pharynx during the esophagram in infants with respiratory distress. A review of the literature of nasopharyngeal teratoid tumors indicates, that with one exception [1], infants present very early, before oral feeding, with respiratory distress, often requiring life-saving maneuvers. In addition to the delayed presentation the diagnosis remained elusive and was overlooked for 1 month. The mass was highly mobile and remained in the nasopharynx, apparent-



**Fig. 1 a.** Lateral spot films of barium coated pharynx with mass (M, arrowheads) retracted into nasopharynx, above the soft palate. **b** Mass has fallen into hypopharynx to level of aryepiglottic folds. A = anterior; T = tongue; solid arrow denotes vallecula



Fig. 2. Bisected gross specimen

ly superior to the soft palate during asymptomatic periods. With feeding, the pedunculated mass dropped into the hypopharynx, obstructing both the larynx and esophageal introitus.

Teratoid growths of the nasopharynx include those with tissue constituents not indigenous to that location: teratomas, composed of all three germ cell layers and dermoids, made up of ectoderm and mesoderm. Hamartomas, with well differentiated indigenous tissues comprise the remainder. In the nasopharynx, it is difficult to distinguish between these entities on the basis of constituent germ cell

layers alone since embryologically, the nasopharynx is a junctional zone between ectodermal and endodermal mucosa [2]. Thus, review of multiple prior case reports reveals that "dermoid" and "teratoma" have been used interchangeably. Dermoids (or hairy polyps) are the most common; more than 50% present under 1 year of age, and there is a 6-7:1 predilection for females. Hamartomas and true teratomas are much more rare.

*Acknowledgements.* We thank K. McClatchey, M.D., Department of Pathology, and Laurie Hendrick, Secretary, Department of Radiology, University of Michigan.

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Received: 13 May 1987; accepted: 6 June 1987

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(continued on p. 354)