

"I Can't Swallow": A Story of An Unusual Hypopharyngeal Mass

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INTRODUCTION

Dysphagia, especially with vocal alteration, can be alarming due to concern for airway compromise. The differential of dysphagia is broad; thus, a thorough patient history is crucial and can provide invaluable clues toward the underlying diagnosis.

CASE PRESENTATION

- A 76-year-old man presented with subacute-on-chronic dysphagia and odynophagia localized to anterior mid-neck to both solids and liquids
- **PMH:** chronic dysphagia from cervical osteophytes, worsening symptoms after brief traumatic endotracheal intubation 8 weeks prior
- **Social Hx:** 30-pack-year tobacco use
- **Exam:**
 - Afebrile, dysphonia with audible gurgling when speaking without stridor or respiratory distress
 - Normal oropharynx without gross deformity of the exterior neck
- **Labs:** normal CBC, CMP, elevated ESR & CRP

CLINICAL COURSE

CT Neck

- 2.9 cm x 1.4 cm x 1.6 cm, new since MRI neck two weeks prior (*Figure 1*)

EGD

- Non-friable, non-erythematous smooth soft tissue mass filling over 90% of the proximal esophagus (*Figure 2*)

MRI Neck

- Re-demonstrated posterior hypopharyngeal mass; contiguous soft tissue edema and lumen narrowing, no drainable fluid collection (*Figure 3*)

Laryngo-scopy

- A solid mass with a broad base, inferior to the arytenoids

- Mass surgically debulked
- Soft tissue biopsy: negative for malignancy
Tissue culture: normal oral flora
- Hospital course complicated by worsening post-op neck pain, repeat imaging was obtained

MRI/CT Neck

- Significant interval bone demineralization of the C5 anterior osteophyte, consistent with osteomyelitis (*Figure 4*)

Dysphagia gradually improved, patient eventually able to resume oral intake, discharged on antibiotics, plans for close f/u

-12 days

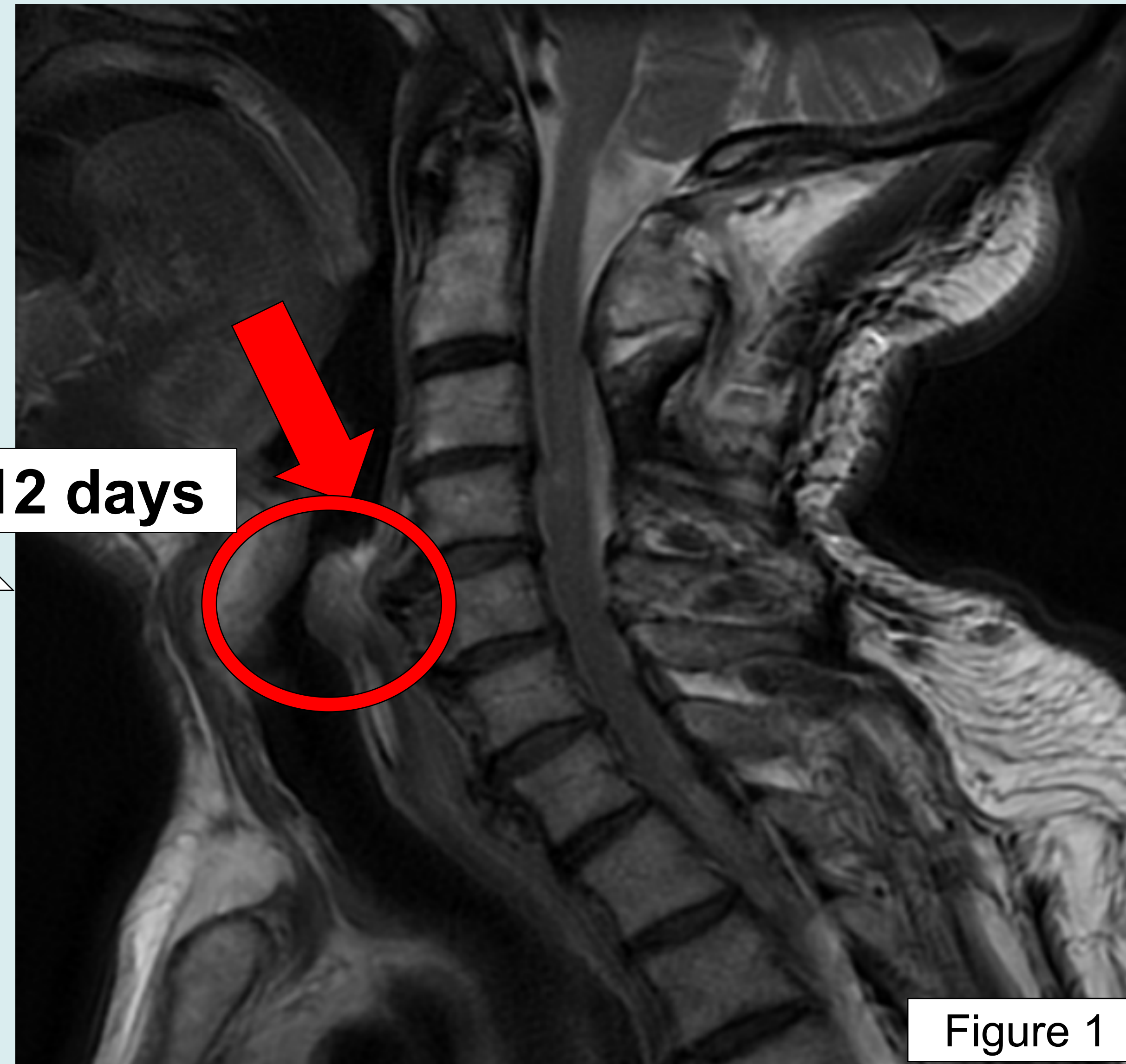


Figure 1

Day of Admission

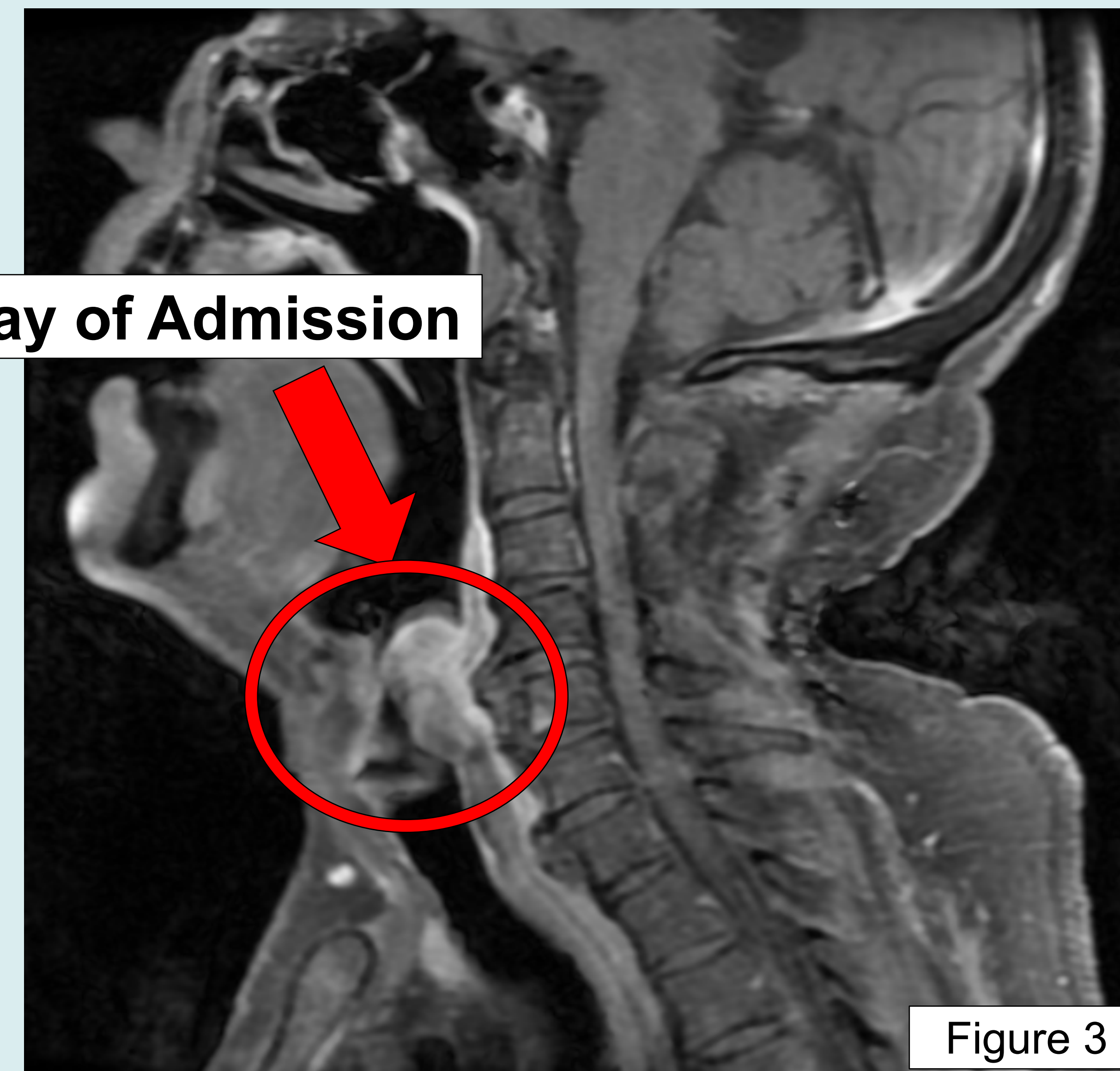


Figure 3

+15 days

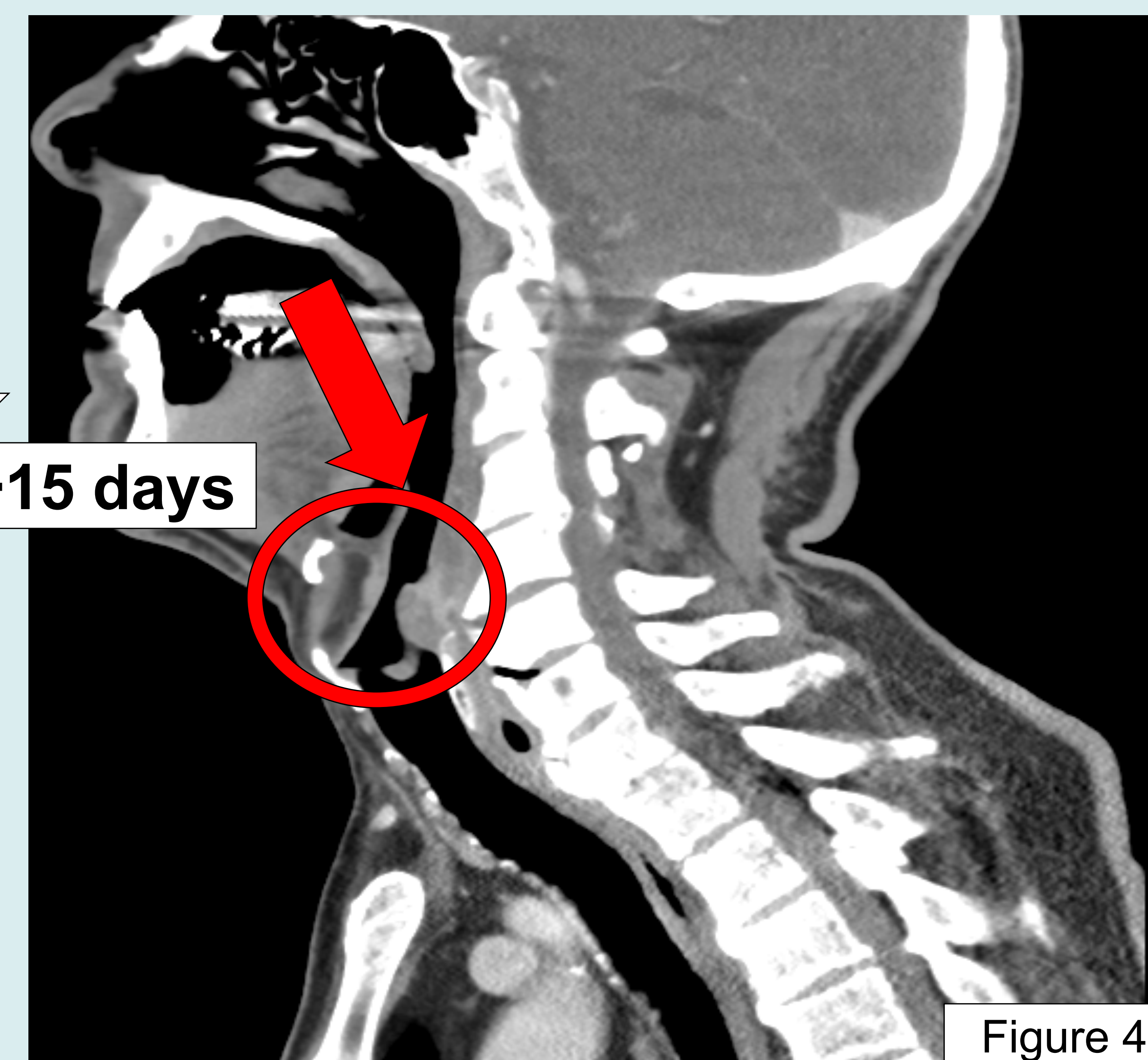


Figure 4

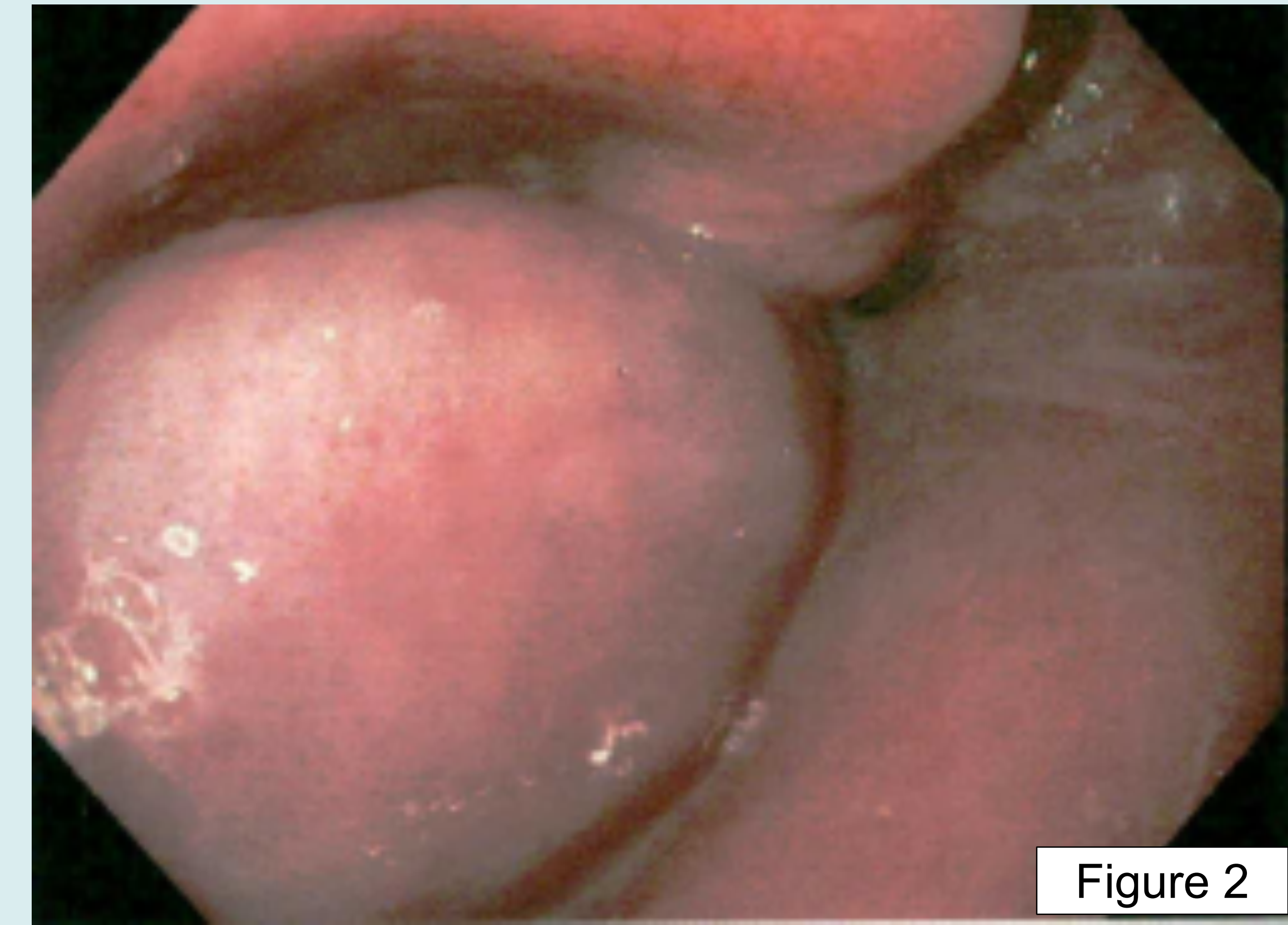


Figure 2

DISCUSSION

After discussion with multiple specialists, it was concluded that the mass was most likely inflammatory secondary to recent traumatic intubation. This was further complicated by seeding of oral flora from mass into protruding cervical osteophyte leading to indolent osteomyelitis with possible exacerbation from recent surgical debulking.

TEACHING POINTS

- Hypopharyngeal masses present a broad differential and require extensive workup and involvement of multiple specialists.
- This case illustrates a rare presentation of post-intubation trauma-related mass in a gentleman with cervical osteophyte that further complicated his course and management.
- On literature review, there are few reported cases of post-intubation granulation tissue formation of vocal cords, but to our knowledge, this is the first of this size with complication leading to osteomyelitis.
- Furthermore, this case highlights the importance of noting patient's past medical history.

REFERENCES

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2. Naoko Kaneda, MD, et al. Laryngeal Granuloma Cause By Short-Term Endotracheal Intubation. *Anesthesiology, Case Reports*. 1999, 90: 1482-1483.