

CASE REPORT

GLOMUS TUMOUR

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This tumour was first identified by Rossenwasser in 1945. Many names have been suggested, glomus jugulare,¹ non-chromaffin paraganglionoma, chemodectoma,³ paraganglioma of site of origin:⁴ Lack studied six lakh cases of surgical pathology (1966–1975) and found only sixty-nine cases of Head and Neck Paraganglionoma, incidence being 0.012 per cent out of which 8 cases were of jugulotympanic type. 70% cases occurred in women. The median age was 45–50 years. Following is a case report of such a rare tumour.

Case Report

Mr. A. Shah, 40 years male came to ENT OPD with a mass in Right Ear, on October, 1986. On otoscopy it looked like an aural polyp. As we see frequently ear polypi in our busy OPD, the patient was diagnosed as aural polyp and admitted in the ward. Routine investigations, Blood complete picture and urine analysis was done. Next day Aural Polypectomy was performed. There was excessive bleeding. We considered age of patient as the cause of excessive bleeding. Specimen was sent for histopathology. The report came as auditory polyp. Fourteen months later patient got recurrence and got admitted at Sheikh Zaid Hospital, Lahore. Ear Polypectomy was done and the specimen was submitted for Histopathology. Report was the same as previous one.

In June 1988, sixteen months after, 2nd operation patient again reported at DHQ Hospital, Abbottabad with recurrent Aural Polyp. His previous Histopathological Reports were with him. He was admitted again. Polypectomy was performed. There was excessive bleeding and polyp was firm. Specimen was sent for histopathology with complete history. It was reported as Glomus tumour.

Discussion

These tumours are regarded as malignant. As in this patient these tumours recur usually following excisions.

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In this patient after removal of a mass ear drum was normal which reflected normal middle ear. There was no neurological deficits. There were no intracranial signs and symptoms. There was no arterial signs and symptoms. There was no arterial bruit, no pulsating tinnitus. Tumour did not look mulberry shaped because intact skin of external auditory canal covering it. So it was small jugular body tumour which presented itself into Auditory Canal only. Patient did not report after that.

It is important that while sending a request form pathologist should be given short history, operative findings and history of previous biopsies if any. As in this case previous biopsy reports helped the pathologist to come to a correct decision.

Biopsy report is a final confirmatory test but good clinical experience of the surgeon and detailed history can help the pathologist to reach at correct diagnosis. In this case details of clinical examination could not be provided to the pathologist as there was excessive bleeding. Excessive bleeding lead to repeated biopsy examination and enabled us to reach a correct diagnosis. It is recommended that in all cases of recurrent aural polyps specially if these present with bleeding, the diagnosis of glomus tumour should be kept in mind.

REFERENCES

1. Winship, T., Kloop, C.T. and Jenkins, W.H. Glomus Jugulare Tumour, Cancer, 1948, 1:441.
2. Latter, R. and Walter, J.G. Non-Chromaffin Paraganglionoma of middle ear, Cancer 1948, 2:447.
3. Mulligan R.M. American Journal of Pathology, 1950, 26: 680.
4. Glenner, G.G. and Gimley, P.M. Tumour of the Extra Adrenal Paraganglion system including chemoreceptors. Second series Atlas of Tumour Pathology. Fasc. 9. Washington D.C. A.F.I.P. (1974).

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