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Rhabdomyoma - A Rare Tumor of the Larynx

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Relevance. The effectiveness of the treatment of patients with benign tumors largely depends on their detection in the early stages of development, the timeliness of the patient's visit to the doctor and the time elapsed from the moment the diagnosis was established to the patient's referral to the hospital.. This implies the importance of studying the initial clinical manifestations, their changes in the process of tumor growth, and evaluating the role of various methods for diagnosing benign tumors of the larynx [1].

Rhabdomyoma is a benign tumor originating from striated muscle tissue. More often seen in children. It is usually located in the thickness of the muscle and in the region of large joints, but it can also develop without connection with muscle tissue. There are two forms of rhabdomyomas: cardiac and extracardiac. Extracardiac rhabdomyomas are rare neoplasms that contain muscle elements. Histologically, these tumors are divided into adult and fetal forms, depending on the degree of their cellular differentiation and maturity. Adult-type tumors are limited to the head and neck region and usually arise from the musculature of the pharynx, oral cavity, or, less commonly, the larynx [3]. The formation is a node, sometimes reaching 10–15 cm in diameter, densely elastic in consistency, mobile and well demarcated with a pronounced capsule. Macroscopically, it can have the form of a node and infiltrate [2]. The adult type of rhabdomyoma is a well-demarcated node with a clear capsule, brown. Microscopically similar to normal transversely striated muscles. It is localized mostly on the head, neck, larynx, there are also visceral forms in the mediastinum, stomach. It is characterized by compactly located large monomorphic rounded or polygonal cells with abundant eosinophilic cytoplasm. The nuclei are large, monomorphic, vesicular, often with distinct nucleoli. Sometimes cells contain 2-3 nuclei. In places, these large cells are adjacent to smaller ones with oval or spindle-shaped nuclei and sparse cytoplasm; thin fibrous septa are found. Glycogen is found in the cytoplasm of cells. Cross-striation is detected with difficulty, mainly in elongated ribbon-like cells. Mitotic figures are absent. There are no signs of invasive growth [7]. Laryngeal rhabdomyomas are extremely rare, with only ∼40 cases reported worldwide. Rhabdomyoma is more common in men than in women (4:1). Reported patient ages ranged from 16

to 76 years. Adult-type RMs show absolutely benign behavior and never metastasize. Treatment - removal. Relapses are rare [3,4,5].

Symptoms are usually insidious and associated with local progression, including airway obstruction, stridor, and dysphagia. The recommended treatment is complete surgical resection, and the risk of recurrence of 10 to 40% has been reported in the literature [6].

From our own observations, we give an example of a rare localization of extracardiac rhabdomyoma of the larynx. Despite the inaccessibility of the area and the small size of the tumor, it was possible to radically remove it. clinical observation. Patient G., 31 years old, case history No. 2801/253, was admitted to the ENT department of the clinic of Samarkand State Medical University in March 2019 with complaints of discomfort in the throat, progressive hoarseness, difficulty breathing and swallowing. From the anamnesis: a feeling of discomfort in the throat appeared about 2 years ago and gradually increased. Didn't go to doctors. Approximately 6 months before hospitalization, hoarseness of voice, feelings of lack of air, suffocation appeared, which forced her to see a doctor. The general otolaryngological examination was normal. Endoscopy of the larynx showed a mass formation in the right infraglottic region, gray in color, with a smooth surface, measuring 12 x 21 mm, extending to the left half of this region. The right vocal fold was immobile, while the left was hypomobile, which reduced the respiratory space. Ultrasound examination of the soft tissues of the neck did not reveal enlarged altered lymph nodes in the neck. Computed tomography (CT) of the head and neck showed an enhanced contrast solid laryngeal neoplasm with well-defined edges, 18×12×8 mm, originating from the subglottic space. Other structures of the larynx were preserved. Taking into account the inaccessibility of the tumor, we decided to perform the operation in 2 stages: 1) imposition of a temporary tracheostomy, 2) removal of the tumor by external access. The tracheostomy was closed 22 days later. During the operation under the tumor is cut off at the base.

Discussion. Benign neoplasms of the larynx are rare and do not reach large sizes, but lead to pronounced functional disorders. In this case, the prolonged existence of the tumor led to its progressive growth and disruption of vital functions: respiratory and speech, which necessitated surgical intervention.

The final histological analysis of the removed preparation confirmed the preliminary diagnosis of rhabdomyoma of the larynx: the preparation consists of thin immature muscle elements with small oval nuclei, delicate transverse striation and grouping in places into thin bundles, there are poorly differentiated mesenchymal cells of various shapes. Along the periphery of the node, highly differentiated skeletal muscle fibers are found.

When examining the patient after 6 months, 1, 3, 10 years, there were no signs of tumor recurrence.

Conclusion. The clinical interest of this observation lies in the rarity of localization of rhabdomyoma in the larynx.

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