Obstructive Sleep Apnoea caused by a Pleomorphic adenoma: a case report

Abstract

Background: Sleep apnoea syndrome is a condition characterised by excessive daytime somnolence, hypnagogic hallucinations, personality and sexual behaviour changes and hypertension. Most commonly, sleep apnoea syndrome is secondary to upper airway obstruction as a result of intermittent hypotonia of the soft palate and tongue musculature. In rare occasions, obstructive sleep apnoea can result from anatomical abnormalities such as a mass in the upper aerodigestive tract.1

Case summary: A 40 year old gentleman was referred in view of obstructive sleep apnoea syndrome. On examination, a large right sided lesion was seen in the oropharynx. Further investigations with nasalendoscopy, computed tomography (CT) and magnetic resonance imaging (MRI) of the neck were carried out which confirmed a large mass most likely arising from the right tonsillar bed. Surgical excision was carried out via a transoral approach. Histology was re-ported as pleomorphic adenoma.

Conclusion: It is widely accepted that management for obstructive sleep apnoea involves treating the un-derlying cause together with conservative and lifestyle measures are adopted initially. The majority of patients do not require surgery but a thorough assessment, including the upper aerodigestive tract, should be carried out to exclude rare causes of obstructive sleep apnoea.2

Keywords: Obstructive sleep apnoea, pleomorphic adenoma

Abbreviations: CT, Computed tomography; MRI, Magnetic resonance imaging; OSA, Obstructive sleep apnoea

Literature review

Obstructive sleep apnoea is a condition involving intermittent collapse of the pharynx. On usual examination, a large right sided lesion was seen in the oropharynx. Further investigations with nasalendoscopy, computed tomography (CT) and magnetic resonance imaging (MRI) of the neck were carried out which confirmed a large mass most likely arising from the right tonsillar bed. Surgical excision was carried out via a transoral approach. Histology was re-ported as pleomorphic adenoma.

Case summary: A 40 year old gentleman was referred in view of obstructive sleep apnoea syndrome. On examination, a large right sided lesion was seen in the oropharynx. Further investigations with nasalendoscopy, computed tomography (CT) and magnetic resonance imaging (MRI) of the neck were carried out which confirmed a large mass most likely arising from the right tonsillar bed. Surgical excision was carried out via a transoral approach. Histology was re-ported as pleomorphic adenoma.

Case summary: A 40 year old male, with no previous medical history was referred...
department at Mater Dei Hospital with Obstructive Sleep Apnoea (OSA) symptoms. The patient admitted to a few year history of such symptoms. During examination, a large right sided lesion was seen in the oropharynx which seemed to be arising from the soft palate. This lesion was seen to be crossing the midline and most likely contributing to his obstructive symptoms. The patient underwent a flexible nasoendoscopy which showed a large lesion extending to the lateral nasal cavity. Subsequently the patient underwent urgent imaging with computed tomography (CT) (Figure 1) of the neck and thorax which showed a large mass with the most likely site of origin being in the right tonsillar bed. A dedicated magnetic resonance imaging (MRI) (Figure 2) of the neck was recommended for staging, to better assess the extent of the lesion. Two hypoechoic intra-hepatic liver lesions were discovered were also noted. A biopsy of the lesion arising from soft palate was taken under local anaesthesia which was reported as adenomatoid acinar hyper-plasia.

The patient underwent a MRI of the liver and spleen which showed signs of iron overload and reported the liver lesions as benign haemangiomas. Long discussions were undertaken with the patient and his wife with the proposed surgery with particular focus on the eventuality of tracheostomy as well as open approach.

A transoral approach was used using a Boyle Davies gag and cheek retractors to aid with access and exposure. Cheek retractors proved to be handy for better exposure. The lesion was 4 x 5 cm in diameter, partly cystic and unfortunately the capsule was breached during the manipulation of the tumour. After resection, the defect was closed primarily with absorbable su-ture in an interrupted fashion (Figure 4) (Figure 5).
Obstructive Sleep Apnoea caused by a Pleomorphic adenoma: a case report

The patient was sent to Intensive Care Unit for overnight monitoring and was discharged on second postoperative day. The final histology was reported as pleomorphic adenoma.

The patient is being followed up regularly at the outpatients’ clinic.

Acknowledgments

Dr. Alexandra Betts Consultant Histopathologist and Dr. Edith Vassallo Resident Specialist Radiologist.

Conflict of interest

None declared.

References