

# A Rare Cases of Localised Nasopharyngeal Amyloidosis Presenting as a Nasopharyngeal Mass

## A Case Report

Thomson BJ, Bradley J  
Canterbury District Health Board

### Case Presentation:

An otherwise Healthy 86 year-old female presents to the Otolaryngology clinic with a complaint of reduced hearing and aural fullness in the left ear over the preceding 12 months.

She had no history of trauma, excessive noise exposure or other risk factor for hearing loss.

Pure Tone Audiometry and tympanometry revealed a mild to moderate conductive hearing loss and type B tympanogram in the left ear.

Examination revealed a bulging tympanic membrane and effusion in the middle ear space on the left.

Flexible nasoendoscopy revealed a smooth exophytic mass on the left nasopharyngeal wall. The remainder of the head and neck examination was normal. Systemic examination was unremarkable.

Under topical anaesthesia, biopsies were taken in clinic. The mass was solid and difficult to biopsy. Histology was consistent with amyloidosis.

The patient was offered myringotomy and ventilation tube insertion and referred to the rheumatology service for further advice regarding any systemic treatment, however given there was no evidence of further disease, she was followed up in clinic to monitor progression of the disease.

### Discussion:

Amyloidosis is a rare disorder which can affect a range of different organ systems. Histologically it is characterised by the extracellular deposition of proteinaceous material and be considered localised or systemic (1).

Amyloid deposits can be seen in almost any head and neck site, most commonly manifesting in the larynx and thyroid gland. Treatment of localised disease is typically excision and monitoring for recurrence (1)

Localised nasopharyngeal amyloidosis is extremely rare with only a handful of cases reported in the literature. The condition predominantly presents as nasal obstruction, with hearing changes, otitis media and Eustachian tube dysfunction as also frequently reported (1)

Differential diagnoses included nasopharyngeal carcinoma and lymphoma (2). Endoscopically the amyloidosis appears as a reddish smooth surfaced exophytic tumour.

The gold standard for diagnosis is a tissue biopsy and staining demonstrates amyloid as an extracellular, amorphous, acellular eosinophilic deposit, sparing the overlying epithelium (2).

### References

1. Sakagiannis G, Giotakis E, Thompson LDR. Localized Nasopharyngeal Amyloidosis: A Clinicopathologic Series of 7 Cases with a Literature Review. *Head Neck Pathol.* 2018;12(4):542-547.
2. Kim JS, Kwon SH. Localized nasopharyngeal amyloidosis mimicking malignancy: A case report. *Medicine (Baltimore).* 2017;96(30):e7615.