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# Giant Tonsillolith Simulating Tumour Of The Tonsil —A Case Report

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*SUMMARY*

*A case of giant Tonsillolith simulating tumour of tonsil is reported. Two stones weighing 22.6 grams and 300 mgs were spontaneousiy expelled from the throat of a 40-year-old male who was provisionally diagnosed to have lymphoma of the tonsil. Radiograph of the larger stone showed a central nidus with concentric lines and speckles of radiolucency. The stones were found to be composed of 6.5% water, 11% organic matter (mainly cholesterol) and 82.5% inorganic content mostly calcium phosphate. Pre-operative differential diagnosis of tonsillar mass should always include tonsillolith.*

## INTRODUCTION

TONSILLOLITHS are considered to be rare and only a few cases have been reported (Ballenger, 1977; Elidan *et al,* 1980; Harding, 1962; Marson, 1979). The enlarged tonsil due to the embedded stone can simulate malignancy of the tonsil and clinically may raise the suspicion of lymphoma or lymphoepithelioma (Elidan *et al,* 1980). We describe here a case which was referred to us as a case of lymphoma of the tonsil.

## CASE REPORT

A 40-year-old Christian male reported to the ENT department of Medical College, Trivandrum with a history of swelling in left submandibular region of six years' duration. He also complained that he had been having recurrent swelling and pain in the throat for the last two years. The ENT surgeon noticed a swelling of the left tonsil and enlarged left submandibular node. A biopsy from the left tonsil was done and the case was referred to the Regional Cancer Centre with a provisional diagnosis of lymphoma of the tonsil, before the biopsy report was available.

On examination in the Regional Cancer Centre he was found to have a smooth and hard swelling of the left tonsil with a small ulceration on the summit which was considered to be due to the biopsy. He also had a enlarged left submandibular node, firm and non-tender. He had a full diagnostic work up as for a lymphoma, including bone marrow examination and X-ray of chest, which were normal.

Aspiration cytology of the left submandibular lymph node revealed chronic lymphadenitis. The tonsillar biopsy did not show any evidence of malignancy; it showed only lymphocytic infiltration and congested blood vessels. The patient was referred back to the ENT department to repeat the biopsy for which he was given a date and he was admitted in the

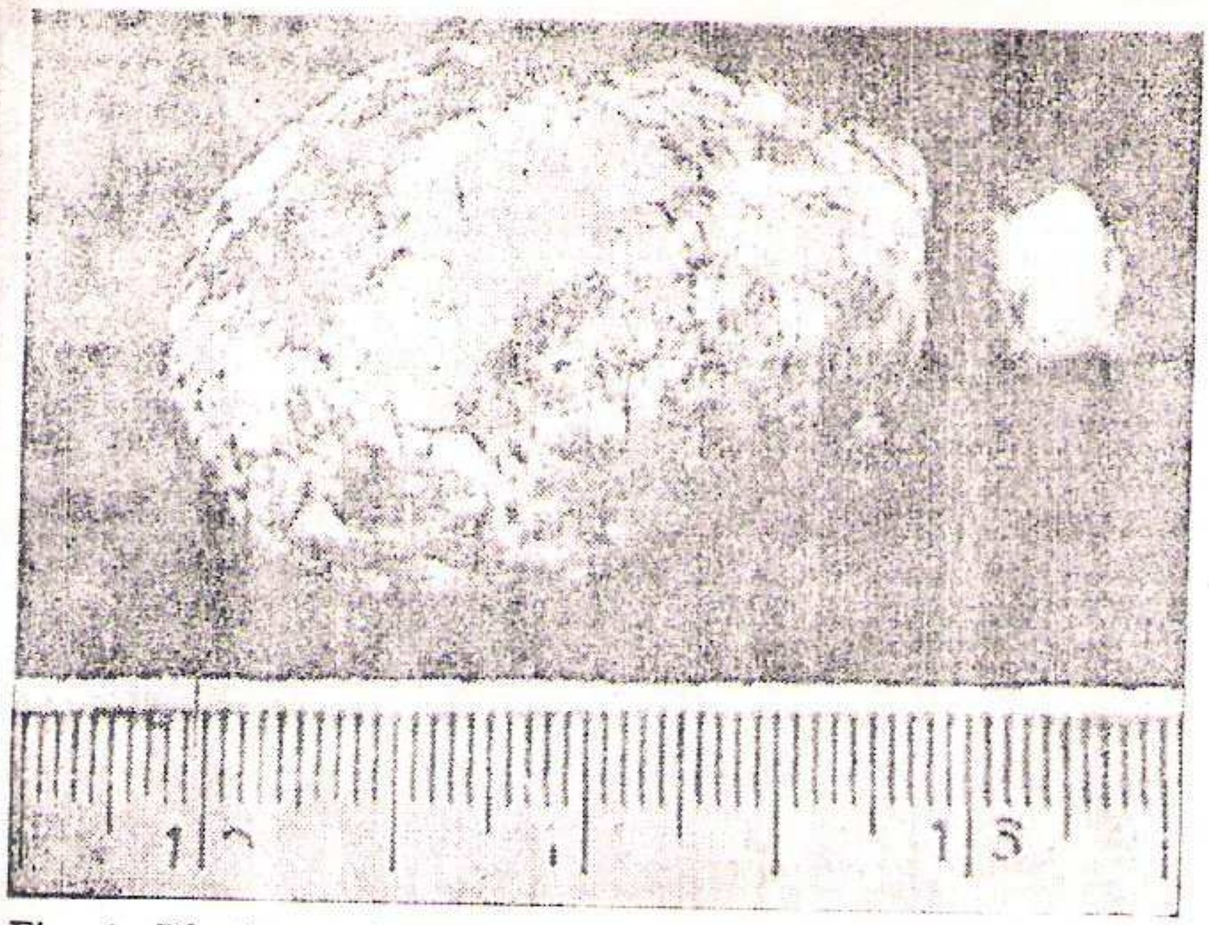

Fig. 1. Photographs showing the sizes of the 2 stones.

Radiotherapy ward. After two days, he reported that two stones had come from his throat. On examination, a deep crater in the region of the left tonsil with a few bleeding points was found. There was no induration or tumour and hence no biopsy was done. He was discharged on a course of antibiotics. When he reported after one month, the left tonsillar region had healed well. The crater was still present, but there was no ulceration or tumour. The submandibular lymph node had also regressed considerably. He was well without any evidence of malignancy after six months.

The two stones were greyish white in colour with a foetid smell. The surface was regular, but rough. The large one weighed 22.6 gm and the small one 300 mg. The size of the larger stone was 4 cm x 3 cm (Fig. 1). A radiograph of the stone showed a central nidus with concentric lines and speckles of radiolucency (Fig. 2). Chemical analysis of the large stone revealed 6.5% water; 11% organic matter, mainly cholesterol; and 82.5% inorganic content, mostly calcium phosphate.

## DISCUSSION

Tonsilloliths of large size are uncommon (Elidan *et al*, 1980). The process of stone formation in the tonsil is similar to the process elsewhere. Chronic infection in the tonsillar crypts leads to accumulation of inflammatory debris on which phosphates and carbonates of calcium and magnesium become deposited forming hard chalky masses (Mawson, 1979).

Even though usually surgical intervention is necessary, in some rare cases the tonsillolith may be expelled spontaneously. The stones may become large and the one we have reported here, seems to be the largest ever reported.

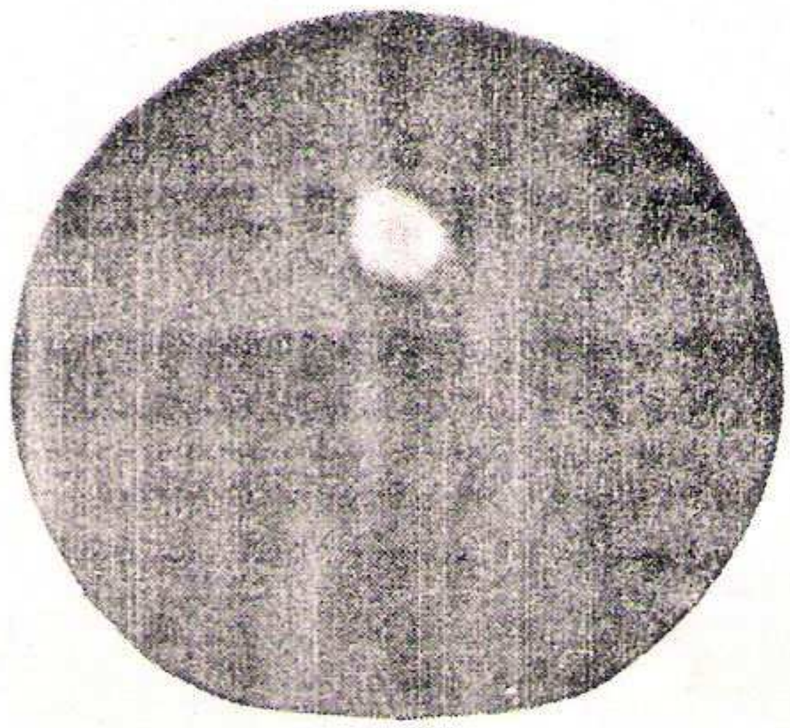

Fig. 2. Radiograph of the bigger stone showing the central nidus.

Tonsillolith simulating a tumour has already been reported (Elidan *et al*, 1980). A radiograph would have shown the stone, and would have helped in the diagnosis (Harding, 1962). Pre-operative differential diagnosis of a tonsillar mass should include tonsillolith (Elidan *et al*,

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