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A Case of Nasopharyngeal Chordoma

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Chordoma is a rare tumor arising from the embryonic remains of the notochord, but it is possible for otorhinolaryngologists to encounter this tumor.

Recently, the authors encountered a case of the nasopharyngeal-cavity subtype of cranial-type chordoma. A probable diagnosis of nasopharyngeal adenoma was first made in this case by exploratory excision. When the tumor removed, it was found to be chordoma exactly. This case seemed to be the fifth one reported in Japan.

Case Report

A 55-year-old housewife complained of nasal obstruction and feeling of ear-obstruction on the left side since four months. Rhinorrhoea increased gradually after that. The patient suffered from neither headache nor sensation of the presense of foreign body in the pharynx. She has contracted nephrolithiasis, diabetes mellitus and hypertension up to this time. There is nothing worthy of note in her family history.

The bilateral ear drums were cloudy. Nothing abnormal was seen in the nasal or oral cavity or larynx. The nasopharyngeal cavity was occupied by a tumor, the surface of which was relatively smooth. Neither necrosis nor ulcer was found. The cervical lymph node was not palpable.

The results obtained from laboratory examinations were within an almost normal range. There were no systemic findings worth special mention, except essential hypertension and hypertrophy of the left ventricle caused by the hypertension.

Puretone audiometry revealed a hypacusis of 15 dB on both sides. There was no conductive hearing impairment.

Nasal X-ray film presented a diffuse faint shadow in the right maxillary sinus. Lateal X-ray film of the nasopharyngeal cavity exhibited an oval shadow 2×2 cm in size which had a distinct demarcation that was identical with that of the nasopharyngeal cavity (Fig. 1). No osteoclasia was found on the cranial base.

By the exploratory excision, the tumor was suspected to be adenoma.

The findings mentioned above led to the diagnosis of benign tumor of the nasopharyngeal cavity.