An Unusual Lymphoma of the Palate*

BRIAN L. WOLFWITZ, F.R.C.S. EDIN. AND ARTHUR SCHMAMAN, M.B. B.CH. UNIV. RAND, D.C.P. UNIV. LOND., M.C.PATH., Department of Otorhinolaryngology and School of Pathology, Baragwanath Hospital and University of the Witwatersrand, Johannesburg

SUMMARY

An unusual lymphoma of the hard palate is presented, in which the histological features were similar to those seen in macroglobulinaemia. The tumour responded well to radiotherapy. The literature on lymphomas in this rare situation is reviewed.


With the exception of the malignant lymphoma first described by Burkitt in Uganda in 1958, lymphomas of the palate are rare. Dockerty et al. stated that any one of the varieties of malignant lymphoma may occur in any part of the oral cavity. Steg et al. demonstrated the difficulty in determining the exact site of origin of lymphomas involving the maxilla. They studied 35 cases of malignant lymphomas affecting the maxilla, many of which presented major involvement of the maxillary sinus without alveolar destruction. Single cases of lymphosarcoma involving the hard palate or maxilla were reported by Christiansen, Salman and Darlington, Burford, Chipps et al., Cook, Freedman, Fanale and McCauley, Calman and Hecht. Single cases of reticulum cell sarcoma of the palate or maxilla have been reported by Chaudhry and Vickers, Seldin et al., Kennedy, Bernier and Goldman. A giant follicular lymphoma of the maxillary vestibular fornix was reported by Archer.

CASE REPORT

A 42-year-old Bantu male presented with a swelling of the right half of the hard palate, of 2 months' duration. The swelling measured 5 cm x 4 cm and was firm, and covered by normal palatal mucosa. X-rays of the sinuses showed no abnormality. There was no cervical or systemic lymphadenopathy, and the liver and spleen were not enlarged. The white cell count, red cell count, differential count and sedimentation rate were all normal.

An incision biopsy was performed on two occasions, and both specimens showed the features of a lymphoma, most probably a lymphosarcoma. There were two unusual features; a fair proportion of the cells resembled plasma cells, and many contained intranuclear inclusions (Fig. 1). This appearance was similar to that seen in macroglobulinaemia, but the blood tests showed no evidence of abnormal proteins. The patient was treated with cobalt teletherapy (4000 rads) and the palatal swelling disappeared entirely, 6 weeks after the conclusion of the therapy. Repeated blood investigations were consistently normal. He remains well and without recurrence after two years.

*Date received: 26 September 1972.

REFERENCES