The Palate: Malignant Lymphoma

Wilson I B Onuigbo*

Department of Pathology, Medical Foundation & Clinic, Africa

Submission: March 21, 2018; Published: April 26, 2018

*Corresponding author: Wilson I B Onuigbo, Department of Pathology, Medical Foundation & Clinic, 400001, Africa,
Email: wilson.onuigbo@gmail.com

Abstract
Indian authors emphasized that palatal swellings are a challenge. This was confirmed in Turkey. Therefore, personal experience in the Nigerian setting is brought in here with special reference to palatal lymphoma.

Keywords: Palate; Malignancy; Lymphoma; Literature; Nigeria

Introduction
Lymphomas are so rare in the palate that Turkish authors investigated their CT appearances in order to improve diagnosis [1]. From India [2,3] two cases were reported recently. Therefore, the present paper considers two cases in the Nigerian setting.

Case reports
i. NB, a 60-year-old female presented at the ENT Clinic at Enugu with an ulcerative mass which included the palate for the duration of one year. Biopsy was carried out by Dr N. Mgbor. Two small masses each 0.5 cm across were submitted to the author. One mass exhibited squamous mucosa and a thickly infiltrated submucosa containing mitotically active cells of the lymphoma class.

ii. ED, a 65-year-old man, also attended the ENT Clinic at Enugu. On examination by Dr Ibekwe, a huge ulcerative lesion in the nasopharynx was destroying the soft palate. Dr PU. Nze received a biopsied whitish piece of tissue 1x1x1cm. The cut surface was firm in consistency. On microscopy, the author found the invading cells which were typically small, round, hyperchromatic and mitotically active, thereby indicating malignant lymphoma.

Discussion
Indian authors recently reported a case of primary lymphoma affecting the anterior part of the hard palate. The patient was 76 years old and he complaint of swelling in the palate since 2 months [2]. In another Indian aged 40 years [3], the illness had been on for 4 months and measured 3x4.5 cm in size. There was no habit of chewing tobacco or betel nut. Incidentally, among the Igbo [4], there is no such betel nut chewing while smoking is relatively rare. In fact, the medical history was noncontributory locally.

Incidentally, the two Indian patients had been ill for only a few months. On the contrary, the local patients were suffering for over a year or more. This indicates the need for health education in this developing community. On the positive side, the community has gained by the establishment of the Enugu histopathology data pool, since it was upheld that, when such exists, epidemiological analysis becomes enhanced [5].

References