

Tracheal paraganglioma: a case report

Trakeal paraganglioma: Olgu sunumu

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Paragangliomas are neuroendocrine tumors that originate from extra-adrenal chromaffin cells. The trachea is an unusual site for paragangliomas. A 29-years-old female was admitted to our clinic with complaints of recurrent hemoptysis and dyspnea, and a 1.5x1.3 cm mass in the posterior wall of the trachea, which was subsequently diagnosed as a paraganglioma. In this report, we presented the 11th case of tracheal paraganglioma, a rare benign tracheal tumor, and reviewed the medical literature.

Key Words: Paraganglioma; recurrent hemoptysis; tracheal mass.

Paragangliomalar ekstra-adrenal kromafin hücrelerden köken alan nöroendokrin tümörlerdir. Trakea ise paragangliomalar için alışılmadık bir bölgedir. Yirmi dokuz yaşında bir kadın hasta tekrarlayan hemoptizi ve dispne yakınmaları ve trakea arka duvarında, daha sonra paraganglioma tanısı konan 1.5x1.3 cm'lik bir kitleyle kliniğimize başvurdu. Bu yazıda, trakeanın nadir bir benign tümörü olan trakeal paragangliomaya ilişkin 11. olgu sunuldu ve medikal literatür gözden geçirildi.

Anahtar Sözcükler: Paraganglioma; rekürren hemoptizi; trakeal kitle.

Paragangliomas are neuroendocrine tumors originating from extra-adrenal chromaffin cells. The vast majority of head and neck paragangliomas arise from paraganglionic systems, such as the carotid bifurcation, middle ear and ganglion nodosum of the vagus.^[1] The trachea is an unusual site for paragangliomas.^[2] In this report, we present the 11th case of tracheal paraganglioma, a rare benign tracheal tumor.

CASE REPORT

A 29-year-old female was admitted to our clinic with complaints of hemoptysis and dyspnea. She had hemoptysis two years ago and recurrent

hemoptysis for the last two months. She was referred to our clinic upon detection of a tracheal mass on computed tomography (CT) performed in another clinic. On the sagittal CT section of the neck and axial CT section of the thorax, a mass with a size of 1.5x1.3 cm narrowing the lumen was observed in the posterior wall of the trachea (Figures 1, 2). Direct laryngoscopy revealed a polypoid mass originating 4-5 cm below the vocal cords. Owing to the significant bleeding tendency of the mass, a biopsy was avoided. The red-purple appearance and bleeding tendency of mass led us to consider tumors like hemangioma and paraganglioma in the differential diagnosis. No abnormality was