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OTOLARYNGOLOGIST'S APPROACH TO ACUTE PURULENT TONSILLITIS AS AN EARLY SYMPTOM OF LYMPHOMAS

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INTRODUCTION

Lymphomas are a diverse group of malignancies originating from lymphoid tissue, often presenting with nonspecific symptoms that can mimic benign conditions. Lymphoma comprises 12–15% of head and neck cancer cases, and about 25% of head and neck lymphomas occur in the extranodal area.1 About half of extranodal head and neck lymphomas occupy Waldeyer ring, most commonly in the palatine tonsils, followed by the nasopharynx, oropharynx, thyroid, salivary glands, and paranasal sinuses. This case series highlights the diagnostic challenges encountered by otolaryngologists when purulent tonsillitis manifest as the initial symptom complex of lymphomas.

AIM

The aim of this article is to elucidate the diagnostic approach of otolaryngologists in identifying lymphomas as an underlying cause of purulent sore throats, particularly in cases presenting with exacerbation of chronic tonsillitis and cervical lymphadenitis.

METHOD

A retrospective analysis of 12 patients who came to Izmirlian Medical Center in the period 2018-2023y.y. with symptoms suggestive of exacerbation of chronic tonsillitis and cervical lymphadenitis is presented. This series of cases highlights the diagnostic problems faced by otolaryngologists during the manifestation of exacerbation of chronic tonsillitis as the initial symptom complex of lymphomas.

RESULTS

Among the 12 patients, the median age was 46 years (range: 29-63 years), with an equal distribution between genders. Common presenting complaints included recurrent sore throats, cervical lymphadenopathy, and constitutional symptoms such as fever and weight loss and have been noted for more than a month. All patients were also tested for Epstein Barr Virus and examined hematologists, however the test was negative and early symptoms suspicious for lymphoma were not identified. Recurrent lymphadenopathy and tonsillitis exacerbations persisted post-bacterial or viral infection treatment and tonsillectomy, prompting further investigations. Asymmetrical tonsillar enlargement, follicular tonsillitis, and persistent lymphadenopathy were noted. Further evaluation through imaging studies and tissue biopsy confirmed the diagnosis of Hodgkin's lymphomas.



Picture 1.
Acute tonsillitis diagnosed before symptoms characteristic of lymphoma were detected



Picture 2.
Lymphadenopathy in a patient with acute tonsillitis

CONCLUSIONS

This case series underscores the importance of considering lymphomas in the differential diagnosis of patients presenting with recurrent purulent tonsillitis and cervical lymphadenopathy, especially when accompanied by fever. Otolaryngologists play a pivotal role in early recognition and referral for appropriate diagnostic evaluation, facilitating timely initiation of treatment and optimizing patient outcomes.

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