

CASE 1

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This 36 year old female was first seen with a chief complaint of a growth in the right side of her throat which apparently had been present for some time. Physical examination revealed a mass of about 4 x 4 cm., located in the area of the right tonsil. The mass was slightly hyperemic, nontender, and firm. The remainder of the physical examination and the laboratory findings were essentially within normal limits. A transoral biopsy was attempted but did not produce tumor tissue.

7 months later, the tumor now measured about 7 cm. and was located in the right retropharyngeal area immediately posterior to the right tonsillar pillar. Another biopsy was performed.

During the third admission a month later, it was noted that there was a Horner's sign on the right. Surgical excision of the tumor was carried out. During the operation it was noted that the tumor infiltrated and encircled the right internal carotid artery and seemed to arise from the ganglion nodosum. The tumor extended to the base of the skull and the vagus had to be cut at the foramen and below in order to be able to remove the tumor. Though the tumor shelled out easily from the retropharyngeal area it was difficult to remove around the vessels. The postoperative course was uneventful. However, she continues to have a Horner's sign and has developed atrophy of the trapezius and weakness of the right deltoid muscle.