A 41 year old man with a history of politrauma presented with a nodular mass of the left false vocal cord, associated with progressive dysphonia, dyspnoea, and dysphagia. A computed tomography scan of the neck region showed a rounded and circumscribed mass without infiltration of the surrounding tissues. Histological investigation of the nodule revealed the presence of fibroelastic cartilaginous tissue, surrounded by a thin rim of fibrous tissue, with rare hypercellular areas, occasional binucleated cells, slight hyperchromasia, and an irregular nuclear profile. Mitotic activity was absent. The patient’s history of laryngeal trauma, with the subsequent progressive onset of clinical symptoms, helps to distinguish the chondrometaplastic nature of this nodule from true laryngeal cartilaginous tumours, such as chondroma and low grade chondrosarcoma.

"The recognition of nodular chondrometaplasia is important because of its occasionally troublesome differential..."
diagnosis from true cartilaginous neoplasms of the larynx, such as chondroma and low grade chondrosarcoma."

In our present case, in addition to other cases, the histological features of laryngeal nodular chondrometaplasia, in particular the focal increase of cellularity and the mild nuclear atypia, may simulate a chondroma or a low grade chondrosarcoma. Chondroma, although extremely rare in the larynx, shares with chondrometaplasia a homogeneous and lobular growth pattern, low cellularity, and occasional cytological atypia. In addition, low grade chondrosarcoma may be characterised by a minimal increase of cellularity and nuclear atypia, so that the differential diagnosis at the microscopic level may be very difficult. Moreover, laryngeal chondroma and low grade chondrosarcoma may cause displacement, rather than invasion of adjacent structures, making the distinction practically impossible on the basis of radiological findings only. We believe that, in addition to the histological features, a careful consideration of the patient’s history, in this case a laryngeal trauma with subsequent progressive onset of symptoms, may help in recognising the chondrometaplastic nature of the lesion and in distinguishing it from true laryngeal cartilaginous tumours.

**Take home messages**

- Nodular chondrometaplasia can arise in laryngeal tissues, but very rarely becomes clinically relevant.
- A patient’s history of laryngeal trauma helps to differentiate nodular chondrometaplasia from true cartilaginous tumours, such as chondroma and low grade chondrosarcoma.

**Authors’ affiliations**

A Orlandi, S Fratoni, L G Spagnoli, Institute of Anatomic Pathology, Tor Vergata University, Rome, Italy

W Hermann, Otorhinolaringoiatry, European Hospital, Rome, Italy

Correspondence to: Professor A Orlandi, Institute of Anatomic Pathology, Department of Biopathology, Tor Vergata University, Via Montpellier 1, Rome, Italy; orlandi@uniroma2.it

Accepted for publication 11 May 2003

**REFERENCES**

Symptomatic laryngeal nodular chondrometaplasia: a clinicopathological study

A Orlandi, S Fratoni, I Hermann and L G Spagnoli

J Clin Pathol 2003 56: 976-977
doi: 10.1136/jcp.56.12.976

Updated information and services can be found at:
http://jcp.bmj.com/content/56/12/976

These include:

References
This article cites 7 articles, 0 of which you can access for free at:
http://jcp.bmj.com/content/56/12/976#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections

- Ear, nose and throat/otolaryngology (39)
- Oesophagus (32)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/