Chondromesenchymal hamartoma

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History
Infant with biphasic stridor and retractions requiring tracheostomy at birth.

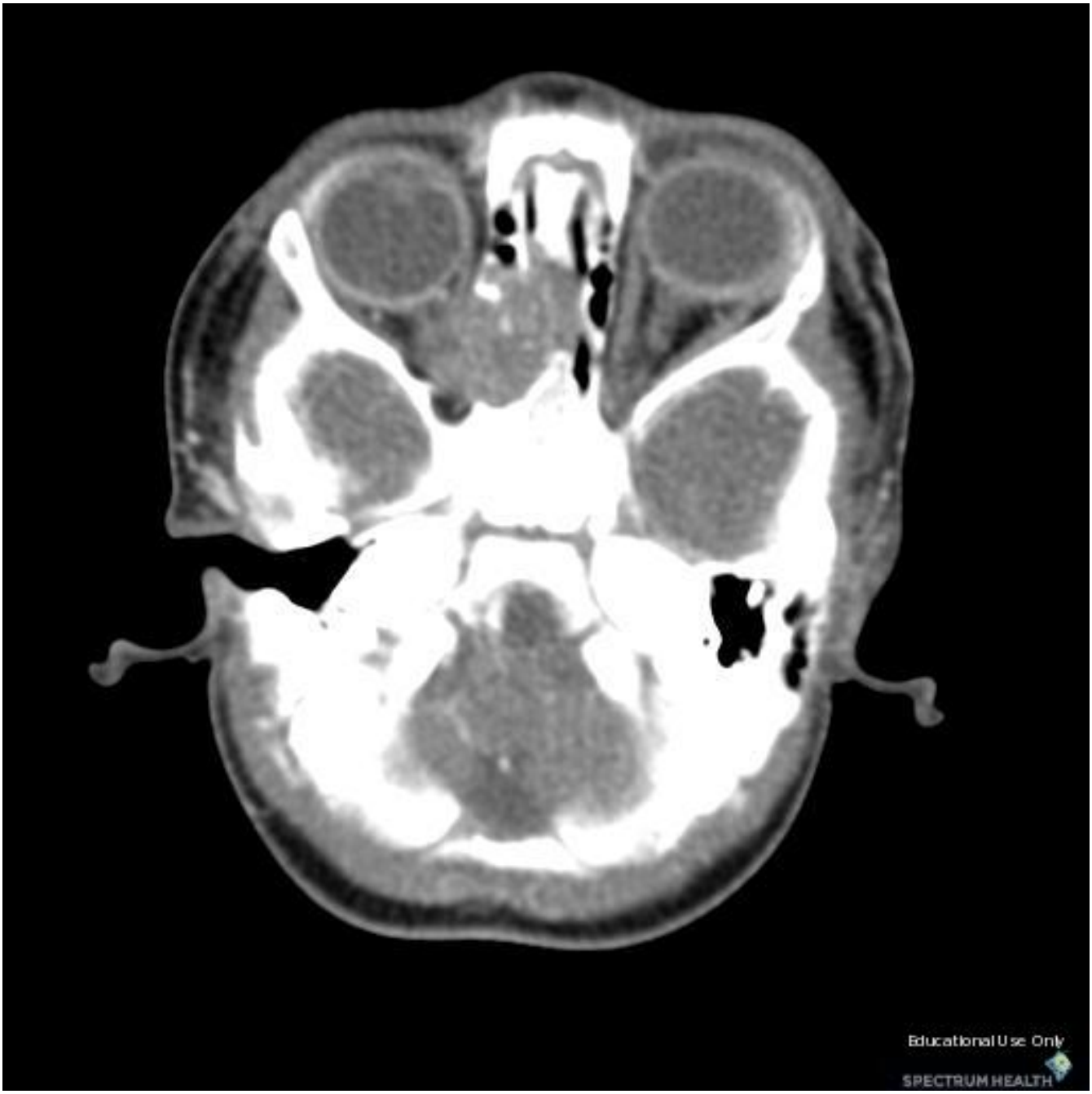
Diagnosis
Chondromesenchymal hamartoma

Additional Clinical
Paralyzed right vocal cord at laryngoscopy.

Discussion
Nasal hamartomas are either of epithelial (e.g., respiratory epithelium, salivary gland epithelium, or seromucinous epithelium) or mesenchymal origin (e.g., chondroid, lipomatous, or angiomatous); both are named by their predominant component.
Chondromesenchymal hamartomas (CH) are rare. CH usually present during infancy with nasal obstruction although may be occasionally seen in teenagers or adults. CH are likely congenital but genetic, endocrine and environmental factors may influence. While lesions can be locally destructive, surgical excision is curative.

Findings
CT-Soft tissue mass in right nasal cavity with few punctate internal calcifications associated with destruction of the the posterior nasal septum and medial right orbital wall.
MRI-Non-enhancing right laryngeal mass which is isointense to cartilage on all sequences.

Reference
Johnson C, et al. Nasal chondromesenchymal hamartoma: radiographic and histopathologic analysis of a rare pediatric tumor. Ped Radiol 2008; 37(1):101-104.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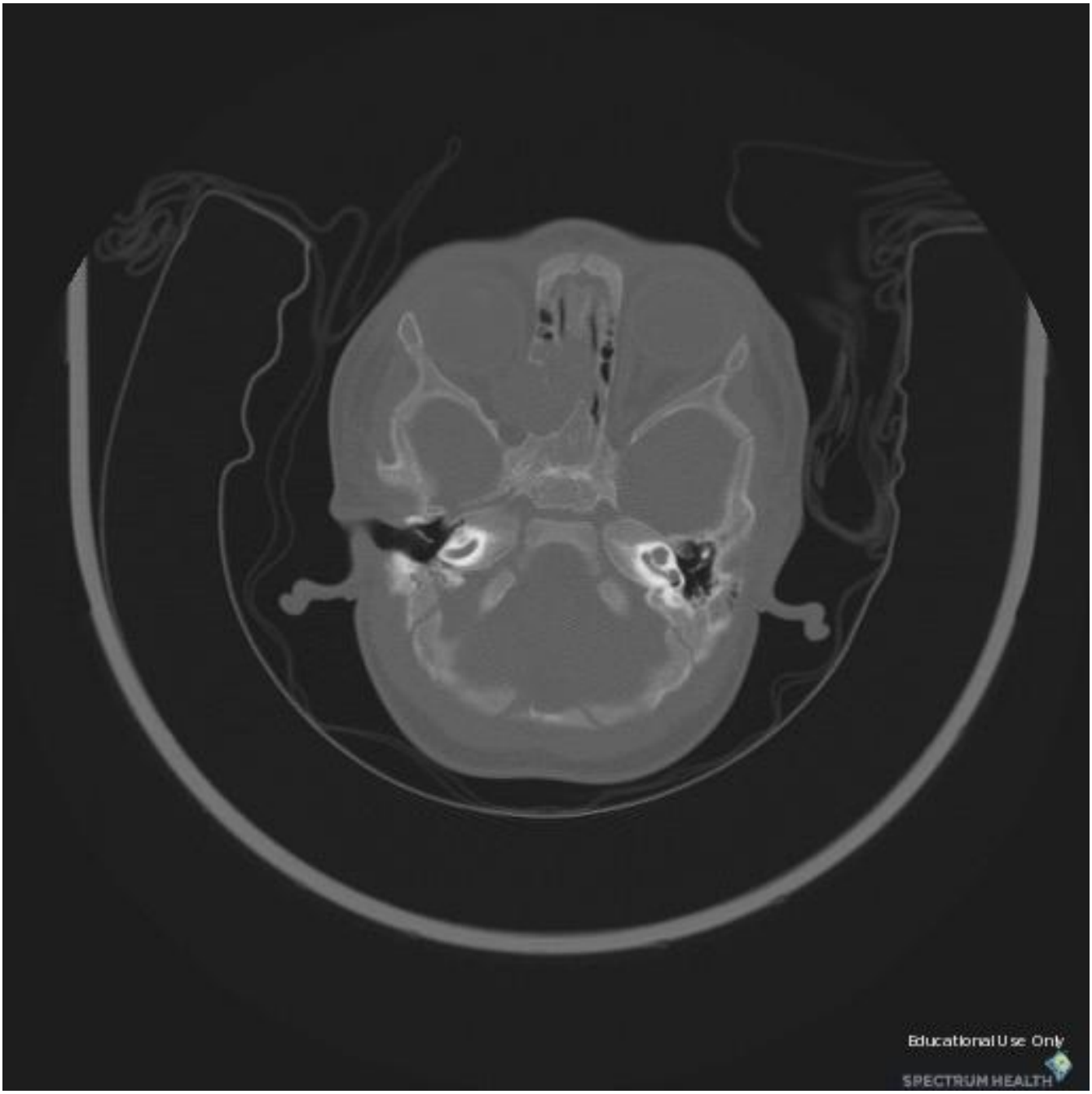
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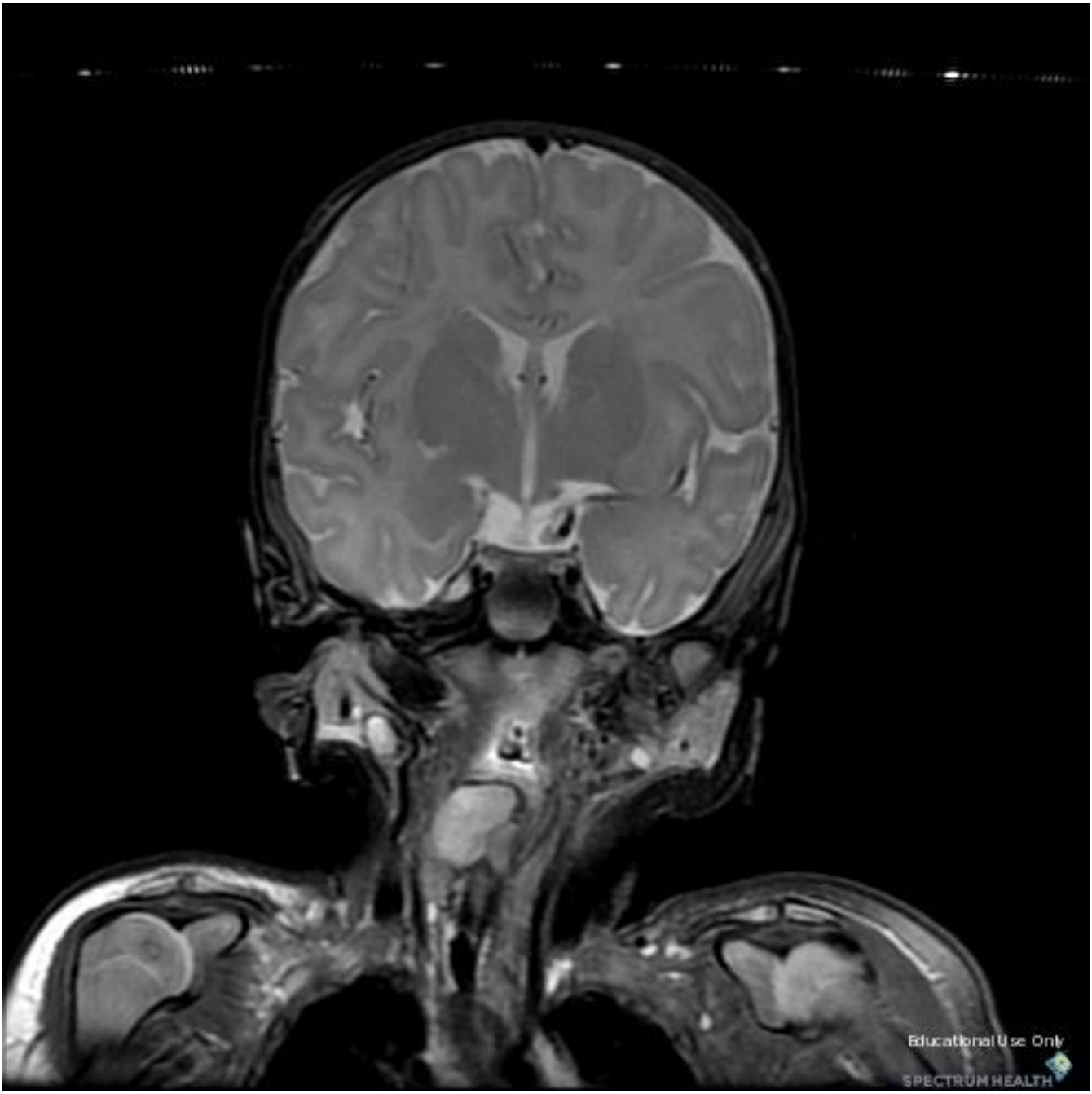
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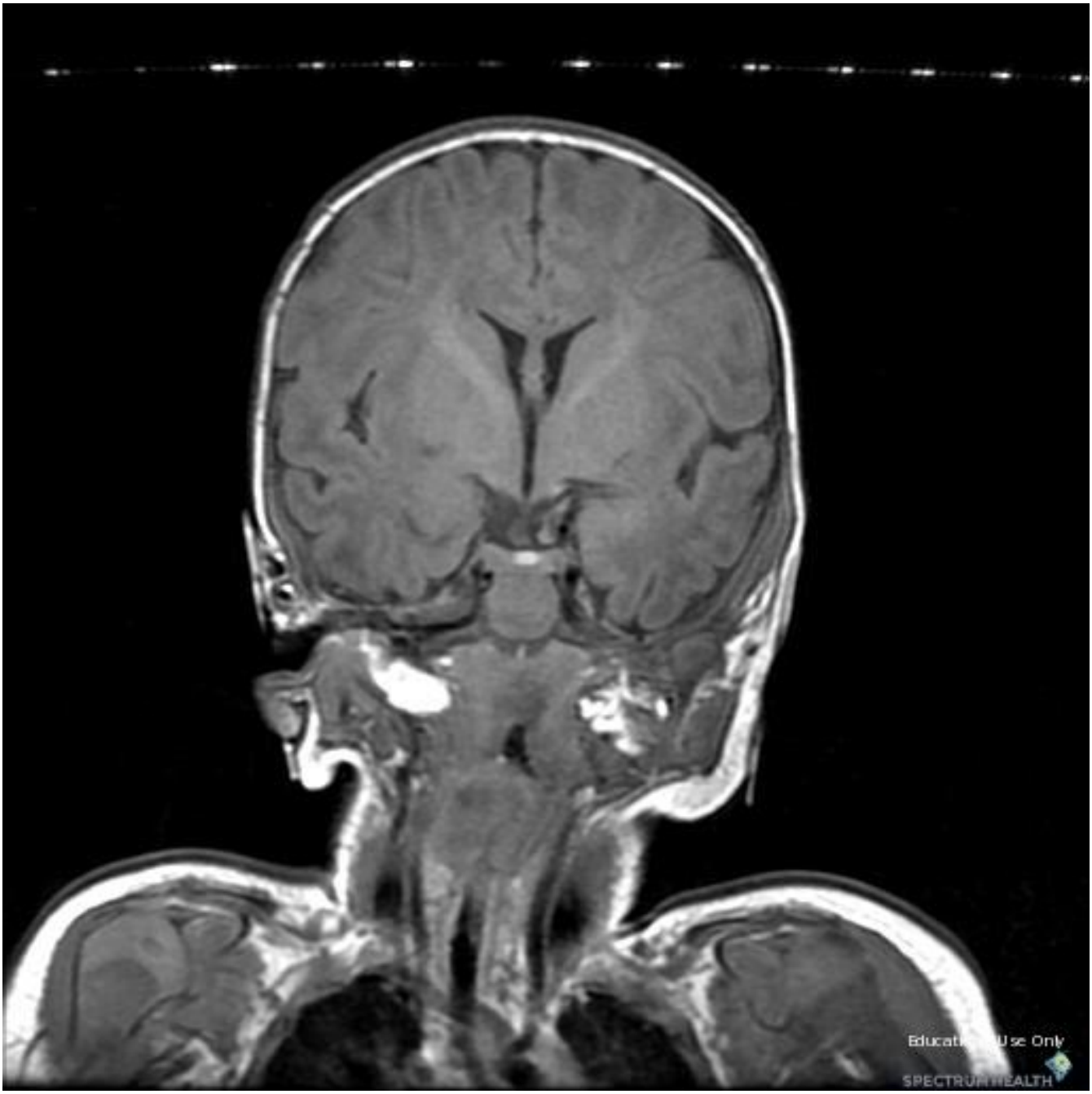
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