

# 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.

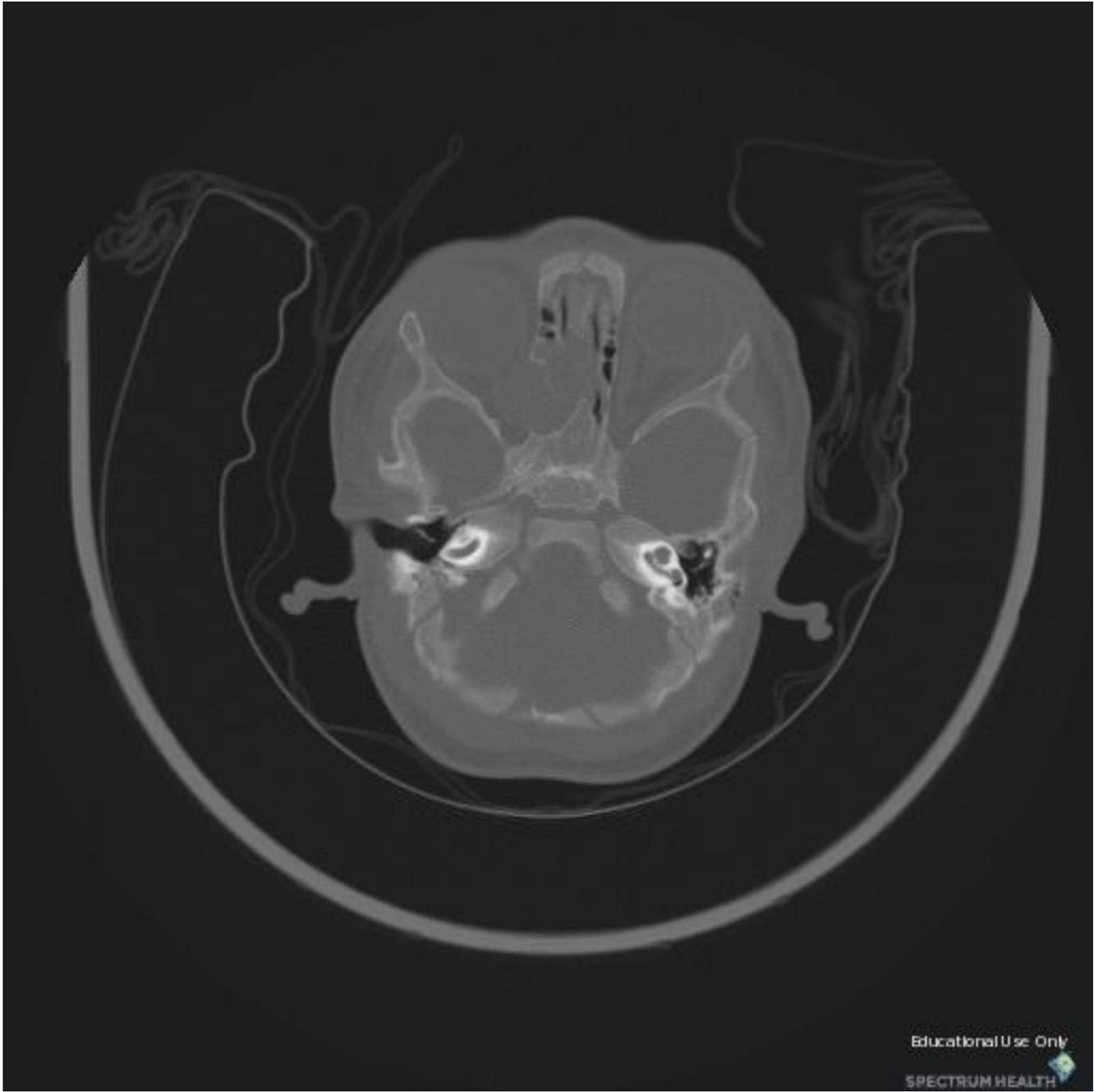
MRI-Non-enhancing right laryngeal mass which is isointense to cartilage on all sequences.

## 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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