

Lymph proliferative Disease in the Pediatric Airway (Lungs) Contributing to Obstructive Sleep Apnea

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Abstract

This is a case report of an 18-year-old male with a history of lymphoproliferative disease who presented to the otolaryngology head and neck surgery service with signs and symptoms of Obstructive Sleep Apnea (OSA). The patient had undergone a tonsillectomy and adenoidectomy 12-years prior, but current imaging demonstrated asymmetric tonsils and an enlarged left tonsil. The patient underwent drug-induced-sleep-endoscopy to further investigate the source of obstruction and was found to have obstructive tissue at the supraglottis and base of tongue. The tissue was likely a result of the patient's lymphoproliferative disease and was a primary contributing factor to the OSA. Clinical suspicion for pharyngeal lymphoid tissue should be high in patients with this disease who are showing clinical signs of OSA.

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