

Tonsillolith

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Key Clinical Message: Small tonsilloliths are usually asymptomatic, whereas large tonsilloliths are sometimes associated with recurrent sore throat and odynophagia.

A 68-year-old woman developed sudden right-sided sore throat and odynophagia, 3 weeks after she presented to our hospital. She visited an otolaryngologist and underwent fiberoptic laryngoscopy, which did not reveal any abnormalities, including a foreign body. She denied any past medical history, was concerned about her halitosis or bad breath. Physical examination revealed no tonsillar abnormalities. Detailed evaluation showed a firm, nodular mass in the tonsillar crypts. Laboratory data showed normal serum calcium levels. Computed tomography revealed a dense calcified mass in the right palatine tonsil (Figure 1). The mass was excised under local anesthesia; it measured 6 mm × 4 mm in size and appeared hard, with an irregular surface (Figure 2) and was diagnosed as a tonsillolith. The patient showed no recurrence of the tonsillolith at 3-month follow-up.

Tonsilloliths are products of calcified accumulates of food, cellular debris, and microorganism aggregates in the crypts of palatine tonsils.¹ Small tonsilloliths are usually asymptomatic, whereas large tonsilloliths are sometimes associated with recurrent sore throat and odynophagia.^{1,2}

Informed consent

We have obtained the consent of the patient for publication.

Contributors KS: cared for the patient and wrote the report. KS and MI: read and approved the final version of the report.

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Figure Legends

Figure 1 Computed tomography revealed a dense calcified mass in the right palatine tonsil (arrow).

Figure 2 Tonsil stone. 6 mm × 4 mm in size and appeared hard, with an irregular surface.



