Abstract:

Title: Epiglottic Autoamputation and Spontaneous Regression of Diffuse Large B-Cell Lymphoma After Biopsy

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Abstract Presentation on September 19, 2025, at the Research Associate Program in Emergency Medicine and Critical Care (RAP-EMCC) Mid-Atlantic Clinical Research Symposium, R Adams Cowley Shock Trauma Center/University of Maryland Medical Center and George Washington University School of Medicine

Objectives:

The objective is to describe an interesting case of spontaneous neoplastic regression and concurrent epiglottic autoamputation without surgery.

Methods:

Diffuse large B-cell lymphoma is an aggressive subtype of non-Hodgkin lymphoma that can have devastating consequences in the upper aerodigestive tract. Though chemotherapeutic regiments are becoming more curative, it is important to diagnose and treat as early as possible. This patient, when undergoing surgical resection for parotid gland basal cell adenoma, was concurrently diagnosed with epiglottic diffuse large B-cell lymphoma via direct laryngoscopy-guided biopsy. After surgical resection of the parotid gland neoplasm, the 79-year-old patient declined further treatment for the epiglottic neoplasm due to quality-of-life concerns with chemotherapy and elected to be observed.

Results:

On follow-up endoscopy, the epiglottic neoplasm was observed to be self-regressing. The patient continued improving with substantial regression of the epiglottic neoplasm, and at last follow-up 18 months post-diagnosis, she maintained complete spontaneous regression of the neoplasm with concurrent epiglottic autoamputation. The patient did not show usual symptoms of epiglottic resection, such as dysphagia, which may have been due to the gradual process of autoamputation, allowing for the larynx to adapt to the lack of an epiglottis.

Conclusion:

To our knowledge, this is the first reported case of a spontaneously regressing neoplasm that was concurrently associated with autoamputation of the epiglottis. Although the exact cause of the spontaneous regression and autoamputation is unknown, it is theorized the laryngoscopy-guided

biopsy caused an immune response that attacked the neoplasm without the need for direct surgical resection or chemotherapy.