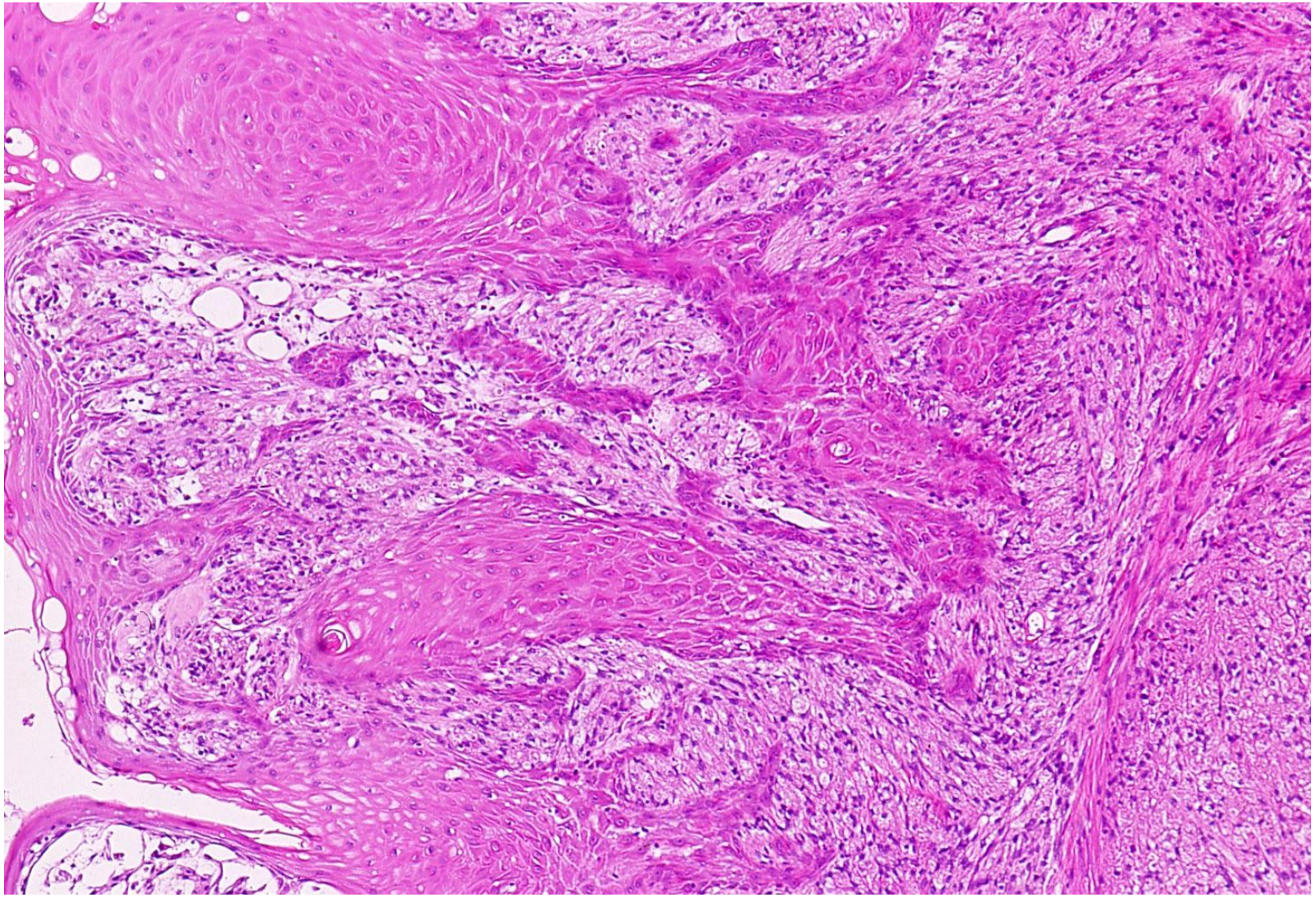
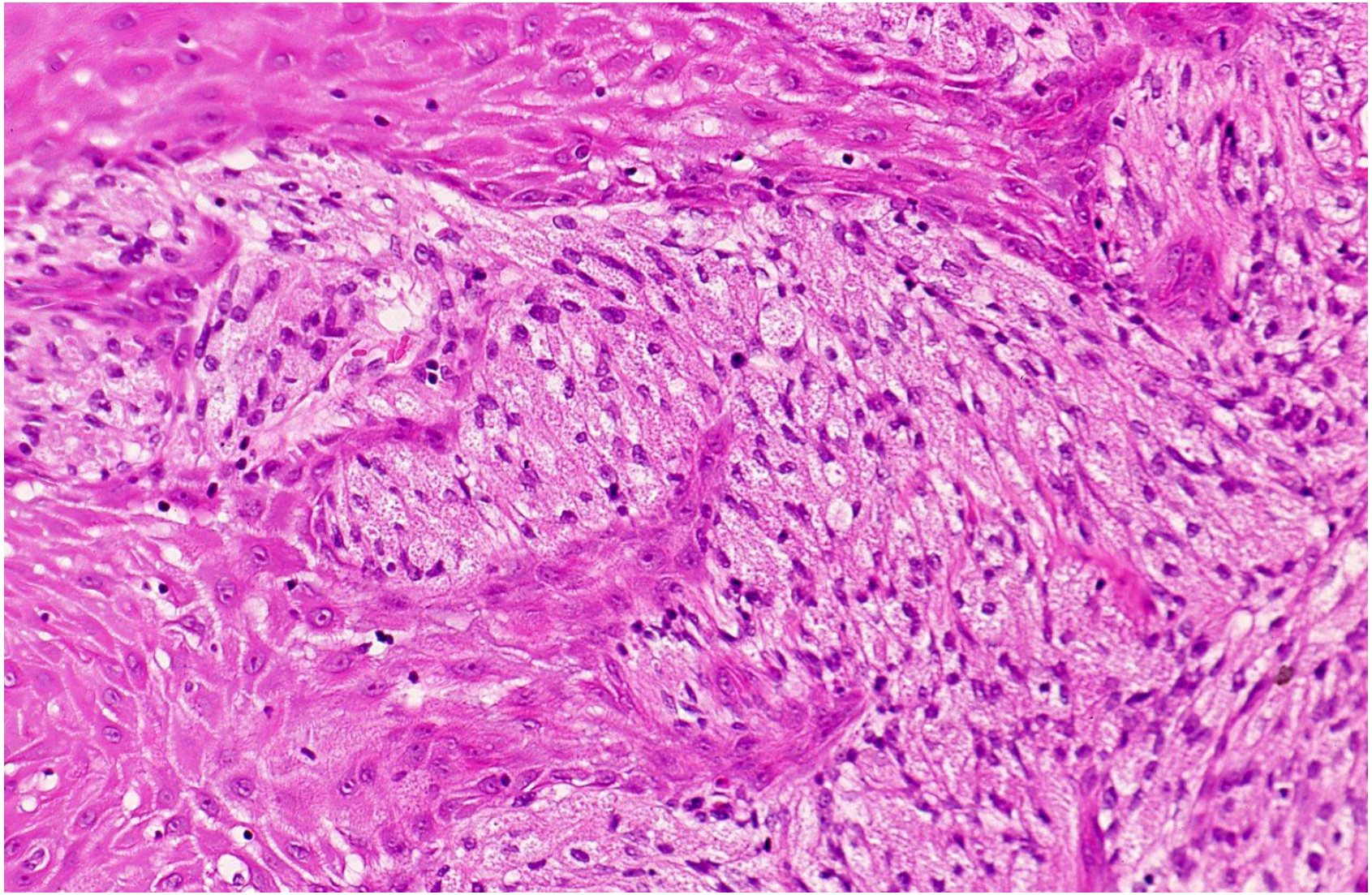
Granular cell tumor of the vocal cord

Granular cell tumor, a benign indolent tumor of Schwann cell origin, predominantly occur in the skin, soft tissue, tongue and esophagus. It may be seen in the vocal cord. The vocal cord tumor provokes long-term dysphonia without dyspnea or dysphagia. The tumor cells possess abundant eosinophilic cytoplasm with coarse granularity, and immunohistochemically express S-100 protein, SOX10, TFE3, EMA, calretinin, CD56 and CD68. The overlying squamous epithelium may show pseudoepitheliomatous hyperplasia.

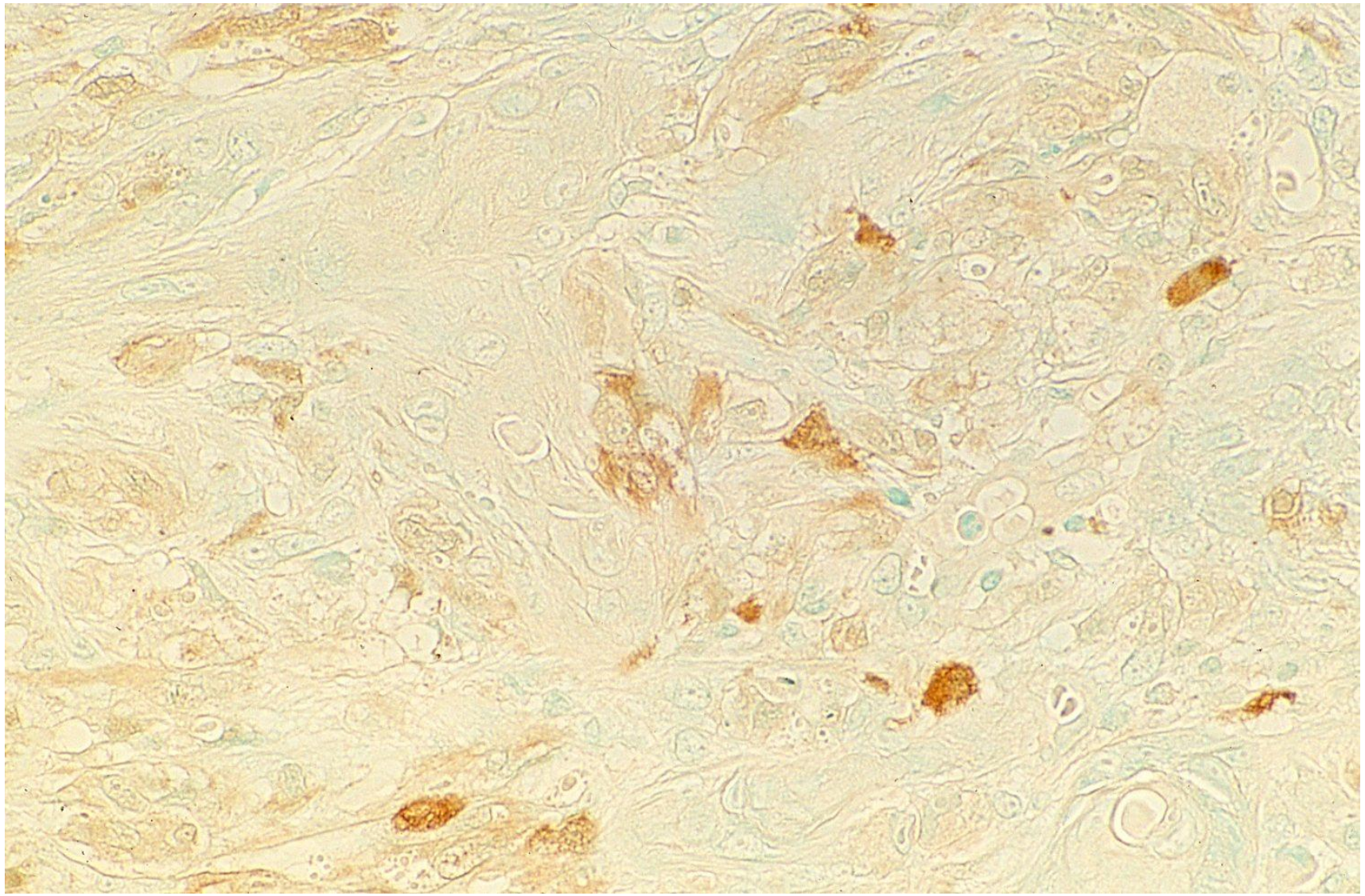
Ref.: Cura MB, et al. Granular cell tumor of the vocal cord: case report and literature review. Int J Surg Case Rep 2022; 95: 107193. doi: 10.1016/j.ijscr.2022.107193



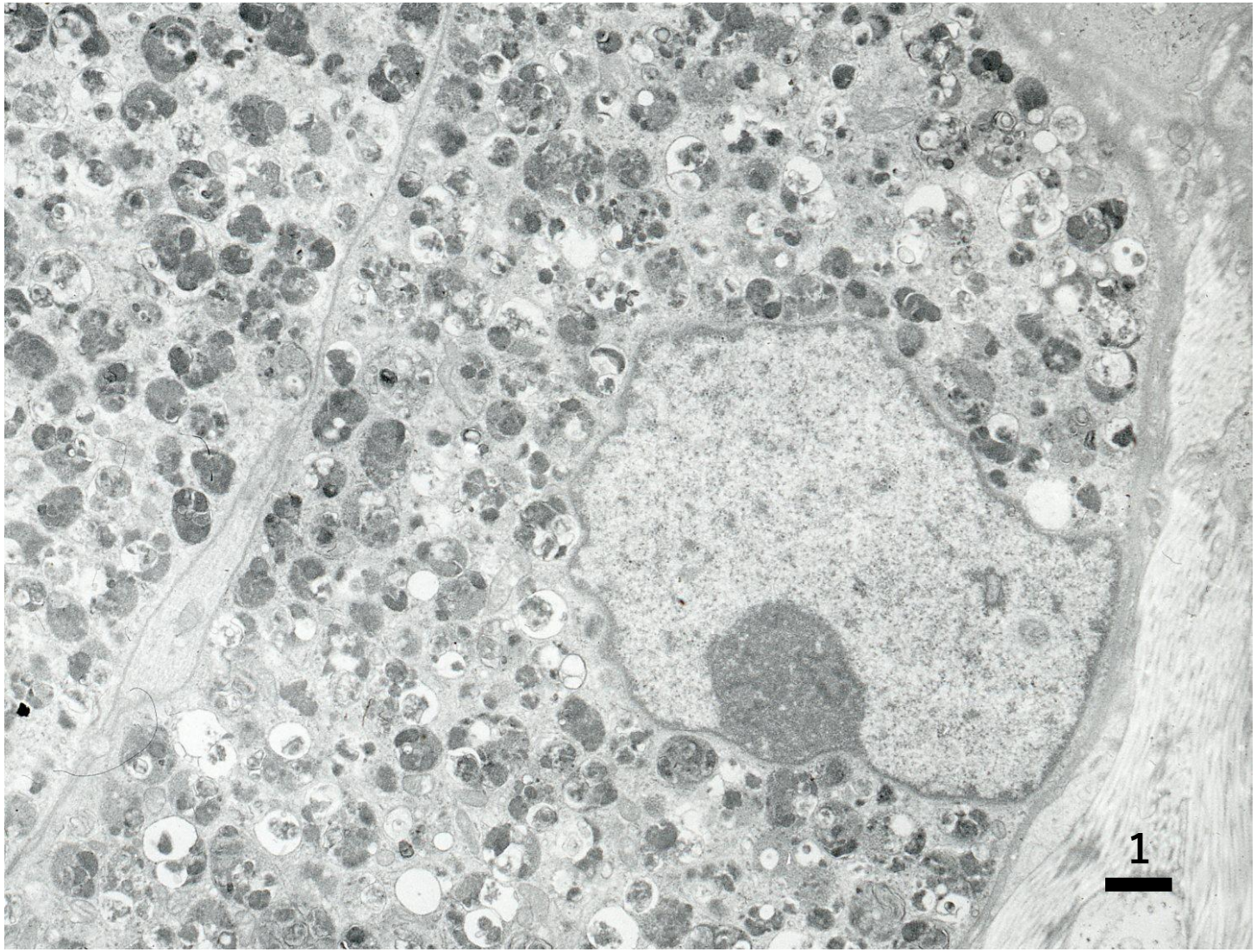
Granular cell tumor of the vocal cord seen in a female patient aged 60’s. Monomorphous cohesive cells grow in the stroma. The covering squamous epithelial cells reveal pseudoepitheliomatous hyperplasia (H&E-1).



Granular cell tumor of the vocal cord seen in a female patient aged 60’s. Monomorphous cohesive cells with plump granular cytoplasm grow in the stroma with a sheet-like arrangement. The covering squamous epithelial cells reveal pseudoepitheliomatous hyperplasia (H&E-2).



Granular cell tumor of the vocal cord seen in a female patient aged 60’s. Monomorphous cohesive cells with plump granular cytoplasm are immunoreactive for S-100 protein (immunostaining for S-100 protein).



Ultrastructure of granular cell tumor of the vocal cord seen in a female patient aged 60’s. The presence of coarse granules with uneven electron density in the cytoplasm causes the cytoplasmic granularity at the light mnicroscopic level (TEM).