

**Introduction**

Hamartoma : benign tumor most frequently involving various organs such as the skin, lungs, and colon. However, nuchal development is rare, potentially posing a risk of neurological impairment due to its location at proximity of nerve structures.

**Results**

**Gender:** ♂ , **Age:** 48 years-old , **Medical history:** No prior history

**Chief complaint:** left laterocervical swelling progressively increasing for one month

**Physical examn:** Sensory-motor deficit of the left upper limb + Left spinal mass measuring 4cm long, poorly limited, with a stony consistency

**Ultrasound:** Hypoechogetic, heterogeneous 45mm spinal mass, poorly vascularized, with mobile echogenic content, infiltrating fat, suggestive of **necrotic adenopathy** (Figure 1)

**CT SCAN:** Poorly limited paravertebral tissue mass at C3-C4-C5 level (Figure 2), at the expense of the semispinous muscle, with heterogeneous enhancement (Figure 3), suggestive of a **sarcoma**

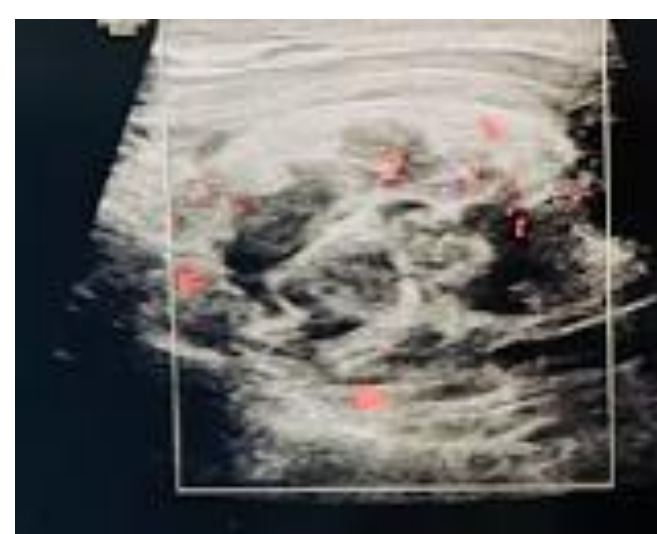


Fig1: Ultrasound revealing hypoechoic heterogeneous mass

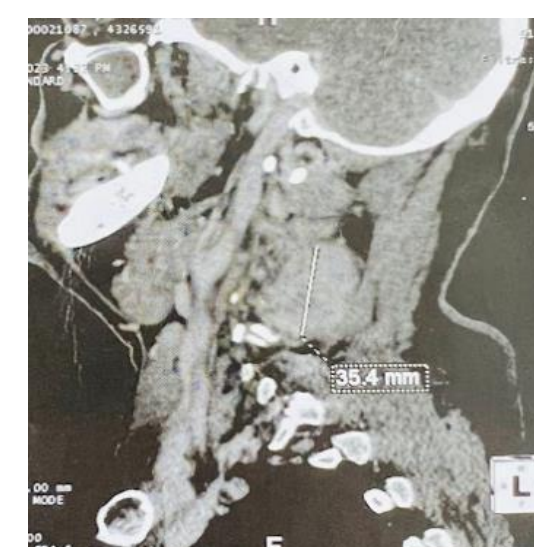


Fig2: Sagittal CT scan revealing poorly limited paravertebral mass

**MRI:** Subaponeurotic paravertebral mass insinuating between the muscles, poorly limited, isosignal on T1, moderate hypersignal on T2 and diffusion, intense and homogeneous enhancement after injection, with a plateaued enhancement curve (Figure 4), suggestive of a sarcoma

**Exploration under general anaesthesia:** Rigid, whitish mass adherent to muscle

**Frozen section:** Benign lesion

**Pathology:** Mesenchymal proliferation involving muscle bundles: adipose + fibrous contingent around thickened vessels. confirming the diagnosis of a hamartoma

**Treatment:** Exclusive radiotherapy with no deterioration in neurological damage

**Objective**

- The aim of this work is to report a case of a rare hamartomatous localization, to illustrate its clinico-radiological presentation, and to highlight its particular histological aspect.

**Discussion**

Hamartomas are benign tumors characterized by a disordered arrangement of normal non carcinomatous cells.

This lesion can become locally aggressive through compressive functional complications.

The most common sites are the skin, lungs and colon.

Cervico-facial localization is rare, and mainly involves the oral cavity, cavum and nasal cavities.

Latero cervical and nuchal localization is exceedingly rare, with only one case reported in the english literature.

Management depends on size, and the presence of neurological impairment due to brachial plexus compression.



Fig3: Axial CT scan revealing heterogeneous enhancement of spinal mass



Fig4: Sagittal MRI T2 weighted revealing hypersignal paravertebral mass

**Conclusion**

- Hamartomas are benign lesions, often causing local compression. While common in the skin, lungs, and colon, they're rare in the head & neck region, mainly affecting oral and nasal cavities. Treatment depends on size and potential neurological complications.

**References**

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