probably indicates that the tumour is not a paraganglioma but represents one of the classes of neuroendocrine carcinomas. Attention to the clinical behaviour as well as the light microscopic features and immunohistochemical antigenic profile should prevent incorrect diagnosis and classification.

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Polymorphous low-grade adenocarcinoma (PLGA) of the tongue

Dear Sir,

We read with interest the case report entitled 'Polymorphous low-grade adenocarcinoma of the tongue' by de Diego *et al.* (July 1996). We would like to share our experience with a case of PLGA arising from the glossotonsillar sulcus.

A 50-year-old female presented with history of foreign body sensation the right side of her throat for the past six months. There was no history of difficulty in swallowing or change in voice. On examination there was a 1.5 × 1.5 cm mucosa covered, firm mass on the right glossotonsillar sulcus with induration extending on to the right tonsil and adjacent base of the tongue. Biopsy under local anaesthesia was reported as low-grade adenocarcinoma. Chest X-ray, ultrasonography of the abdomen, thyroid scan (radioactive iodine^{131} uptake) and bone scan were normal. CT showed well demarcated mass on the right glossotonsillar sulcus with extension to the base of the tongue and the right tonsil. Subsequently the patient underwent wide excision of the tumour including partial mandibulectomy, neck dissection and reconstruction with pectoralis major myocutaneous flap. Post-operative recovery was uneventful. On gross examination there was a 3 × 2 × 2 cm greyish-tan mass. The final histopathological report was PLGA. Areas of prominent papillary pattern were noted. All the lymph nodes examined histopathologically were free of metastasis. No post-operative radiotherapy was given. Two years since her operation she remains asymptomatic and free of any evidence of recurrence.

The authors' comment on the role of prophylactic neck dissection in PLGA seems to be very much valid. Retrospectively we feel that in our case neck dissection could have been avoided. We are keeping our patient under regular close follow-up in view of worse clinical behaviour of PLGA with papillary elements.

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Erratum

Arytenoidopexy for bilateral vocal fold paralysis in young children. *JLO* **110 (11):** 1027–1031. Patients and Methods section read 'in a few cases there was intermittent abduction movement' this should have read 'in a few cases there was intermittent adduction movement'. We apologise for any inconvenience caused. ED.