Angiomyolipoma is a benign tumour usually located in the kidney, with presentation at the head and neck level being extremely rare.

We present the case of a 92-year-old patient who was admitted to the Internal Medicine Service at our hospital due to respiratory failure. A cervical CT scan performed on admission showed growth of the right thyroid lobe, larger than 6 cm in diameter and extending towards the superior mediastinum, which caused tracheal deviation and oesophageal compression (Fig. 1a). In addition to this, we also observed a solid lesion, 37 mm × 20 mm in size, which originated at the level of the right lateral wall of the pharynx and descended to contact the free edge of the epiglottis (Fig. 1b). In the oropharynx, there was a bright, pinkish mass that rose when the tongue base was depressed. Cervical palpation was compatible with goitre. The fibroscopy performed (Fig. 2) revealed a large mass that appeared to flap from the right lateral wall of the pharynx in the area of the right pharyngoepiglottic fold and contacted the uvula and epiglottis, occluding the glottic lumen in about 80%-90%.

Figure 1 Cervical CT scan. (a) Goitre. (b) Angiomyolipoma.
Given the advanced age of the patient, we decided to act on only the hypopharyngeal mass. Laryngeal suspension microsurgery was performed, completely resecting the lesion from the implantation base in the lateral wall of the pharynx, cutting with CO\textsubscript{2} laser.

The anatomopathological description was a well-defined tumour, composed of smooth muscle bundles, vessels of variable size and mature adipose tissue debris, with no epithelioid smooth muscle cells and absence of reactivity to HMB-45. The definitive diagnosis was mucocutaneous angiomyolipoma.

**Conflict of Interests**

The authors have no conflicts of interest to declare.