

Fibroepithelial polyp of tonsil – a rare case report

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Abstract

Background: Fibroepithelial polyps are benign polypoidal lesion which arises from mesoderm. It is one of the most common cutaneous lesions. Fibroepithelial polyps are infrequently noted in the pharynx of an adult. We report a case of a 35 year old male patient who presented with foreign body sensation in the throat since 15 days. On examination a pedunculated polyp of about 3x1 cm was noted to arise from upper pole of left tonsil. Tonsillectomy was done under general anaesthesia and was sent for HPE which revealed fibroepithelial polyp of left tonsil. Fibroepithelial polyps of palatine tonsils are rare pedunculated benign lesions and have extremely low malignancy transformation.

Keywords: Fibroepithelial polyp, Tonsil, Pedunculated polyp of the tonsil, Tonsillar neoplasm, Tonsillar mass

Introduction

Fibroepithelial polyps are benign polypoidal lesion which arises from mesoderm [1]. They may be sessile or pedunculated. Pedunculated polyps of palatine tonsils are rare. Patients may have a varying presentation to the clinician.

We report a case of a 35 year old male patient with presenting complaint of foreign body sensation in the throat since 15 days. Examination of oropharynx revealed a pedunculated polyp of about 3x1 cm arising from upper pole of left tonsil. Tonsillectomy

was done under general anaesthesia. Histopathological examination revealed fibroepithelial polyp. Fibroepithelial polyp may compromise the airway and hence should be treated with the utmost importance to secure the airway.

The malignant transformation is extremely low and recurrence rate is also low [2]. A rare condition with atypical presentation has been discussed with its clinical and histopathological features.

Case Report

A 35-year-old male patient presented to our ENT outpatient department with the complaints of foreign body sensation in throat since 15 days. The patient had no history of change in voice, difficulty in breathing or difficulty in swallowing or fever. Also there was no history of trauma.

On examination, bilateral grade 2 tonsillar hypertrophy was noted. There was no congestion over tonsil.

A pedunculated mass of about 3x1 cm arising from the upper pole of the left tonsil was noted (Fig 1).

Indirect laryngoscopy was found to be normal. Rest of the examination was unremarkable. X-ray soft tissue neck lateral view was found to be normal. Routine investigations were within normal limits.

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Figure-1: Pictograph of polyp arising from superior pole of left tonsil

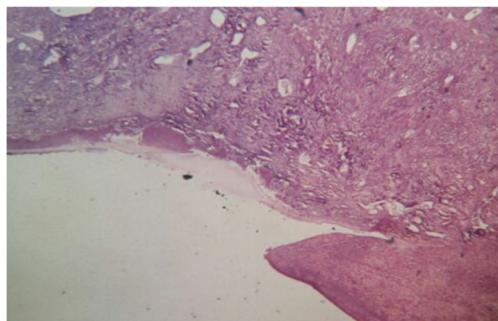


Figure-2: 4x view displaying portion of polypoid structure made up of varying size of lymphatic spaces in a fibrocollagenous stroma. Lined by keratinized squamous epithelium

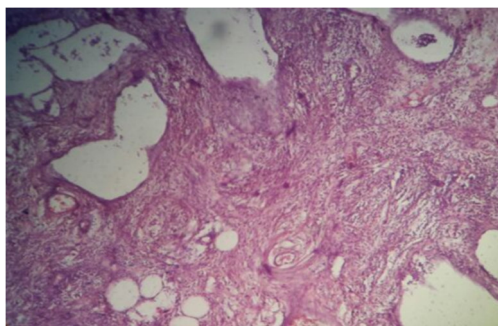


Figure-3: Low power 10x view displaying lymphatic spaces lined by endothelial cells in fibrocollagenous stroma

Tonsillectomy was done under general anaesthesia. The procedure was uneventful. The specimen was sent for histopathological examination. Gross-specimen consisted of two irregular grey-white to a brown soft tissue mass, left tonsil measuring 2.5 x 1.5 x 1.5 cm and showed an attached polyp measuring 3 x 1.5 x 0.5 cm. Cut section was grey-brown. Microscopically, section from the polyp showed stratified squamous epithelium with underlying fibrocollagenous stroma displaying edema, chronic inflammatory cell infiltrates with dilated lymphatics and capillaries (Fig 2). These features were suggestive of fibroepithelial polyp of the tonsil. No evidence of dysplasia was found. The postoperative course was uneventful and the patient was discharged. Patient is on regular follow up and asymptomatic till date.

Discussion

Acrochordons, soft fibromas or pedunculated lipofibromas are synonyms of fibroepithelial polyp of the tonsil. They are benign lesions which arise from mesoderm. They are usually unilateral but bilateral polyps are very rare [1]. Their exact etiology is not known [2]. Conventionally, fibroepithelial polyps are known to appear after mucosal trauma and represent reactive hyperplasia of fibrous connective tissue [3]. Prevalence rate is around 12 per 1000 population with male preponderance [4].

Case Report

Fibroepithelial polyps occur more frequently in buccal mucosa, labial mucosa, and tongue. Rarely these can occur in external auditory canal and bronchus [5].

Patients with fibroepithelial polyp may be asymptomatic or may present with foreign body sensation in throat, odynophagia, dysphagia, snoring or difficulty in breathing [6].

Histopathology reveals that, the fibroepithelial polyps are lined by squamous epithelium with lymphocytic infiltration, dyskeratosis, and few epithelial hyperplasia and collagen, smooth muscle, adipose tissue being the main component [6].

Fibroepithelial polyps must be differentiated from otherrare benign tonsillar lesions like lymphangiomatous polyp, lymphoid polyp, lipoma, fibroma, neurofibroma, schwannoma, plasma cell granuloma, hairy polyp (Table 1) [7]

Table-1: Differential diagnosis of fibroepithelial polyp of tonsil.

Lymphangiomatous polyp
Lymphangiectatic fibrolipomatous polyp
Hairy polyp
Hemangiomatous hamartoma
Lipoma
Schwannoma
Neurofibroma
Proteus syndrome
Fibroma
Plasma cell granuloma

Fibroepithelial polyps must be differentiated from papillomas. Papillomas are comprised of squamous epithelial cells in a marked papillary growth pattern with exostosis and dyskeratosis, whereas fibroepithelial polyps are lined by stratified squamous epithelial cells with underlying dense fibrocollagenous stroma.

A lymphangiomatous polyp is pedunculated polyp comprising of dense dilated lymphatics with fibrous lymphoid or adipose stroma.

Neurofibroma, microscopically, consists of cells arranged in fascicles and interlacing bundles of spindle cells containing a thin wavy nucleus and scanty cytoplasm intermixed with a dense bundle of collagenous fibres with neither an evidence of Antoni A nor Antoni B type.

Fibroepithelial polyps may cause obstruction of oropharynx leading to airway compromise. Surgical excision is the treatment of choice with prime importance to secure the airway.

Conclusion

Fibroepithelial polyps are rare benign lesions affecting the palatine tonsils. Patients with fibroepithelial polyp may be asymptomatic or may have airway obstruction.

Management is surgical excision of the lesion with utmost importance to secure the airway.

The fibroepithelial polyp has an extremely low malignant transformation. Recurrence rate is low.

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