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CASE REPORT
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A CASE OF FIBROEPITHELIAL POLYP OF RIGHT TONSIL IN ADULT

Authors: K.V.K Sudhakar (1), Chhavi Gupta (2), Swati Pant *(3)

Authors Affiliations: (1) Professor and Head (2) Associate professor (3) Senior resident, Department of ENT, Graphic era institute of medical sciences, Dehradun, Uttrakhand

ABSTRACT

INTRODUCTION

Fibro epithelial polyp are a rare presentation seen in palatine tonsil, which is a frequent cutaneous lesion of mesodermal origin, and has an incidence of 1.2%.

MATERIAL AND METHODS

We present a rare case of a 34-year-old male with a diagnosis of fibro epithelial polyp presenting in palatine tonsil.

CONCLUSION

Although having a low potential for malignancy, these lesions should be dealt with a high degree of suspicion.

KEYWORDS

Fibroepithelial polyp, tonsil, capsule, benign, lesions.

INTRODUCTION

Palatine tonsils which are symmetrical bodies of lymphoid tissue are a part of Waldeyer's lymphatic ring and are located in between the palatoglossal and palatopharyngeal muscle arches. Benign tumours of the tonsil are rarely seen. The aetiology of unilateral enlargement of the palatine tonsils includes infections, anatomical variations, and neoplasms. Amongst the benign neoplasms of palatine tonsil, the most commonly reported ones are angiomas, myxoma, papillomas, fibromas, lipomas, chondromas, inclusion cysts and teratogenouscysts[1].Fibroepithelial polyps (FPs) which are benign tumours have a very low rate of malignant transformation [2]. These tumours are most commonly due to hyperplasia of fibrous connective tissue [3]. Fibroepithelial polyps, which are also called fibromas or acrochordons, are mesothelial in origin and most commonly arise from the skin and rarely from the mucosa of the neck, face and trunk. They are also seen to arise from mucosa of the oral and nasal cavity, the oropharynx, and the hypopharynx. [4].

Fibroepithelial polyp can be sessile or pedunculated. Pedunculated polyps of palatine tonsils are rare. Patients may have a varying presentation to the clinician. Fibroepithelial polyp may compromise the airway and hence should be treated with the utmost importance to secure the airway. There are various other unusual locations of FPs´growth such as bronchi, genitals and ureteropelvic system .However, very few reports describe palatine tonsils as the place of origin, even though a great variety of benign lesions arise from them.

Review Process: Double blind Peer Reviewed by Reviewer Board Members

CASE REPORT

A 34 year old male presented to our ENT outpatient department with chief complaints of foreign body sensation for 3-4 months. The foreign body sensation was continuous and associated with throat pain on and off. Patient did not have any comorbidities and there was no history of addiction. On clinical examination the patient had grade II tonsillar hypertrophy with a cystic swelling in the left tonsil, arising from the capsule of tonsil with no congestion. On palpation the selling was firm, non-tender, attached to capsule of tonsil and did not bleed on touch, with no induration.

On further evaluation, patient was advised for CECT Oral cavity and neck which was suggestive of bulky left tonsillar fossa and measuring 34x19mm in size with a soft tissue attenuation of a smooth marginatedpolypoid thickening in the left tonsillar fossa region, involving uvula and lingual tonsils. The lesion was seen abutting the posterior part of tongue and had mild patchy enhancement on post contrast imaging. All the rest of the routine investigations were normal.

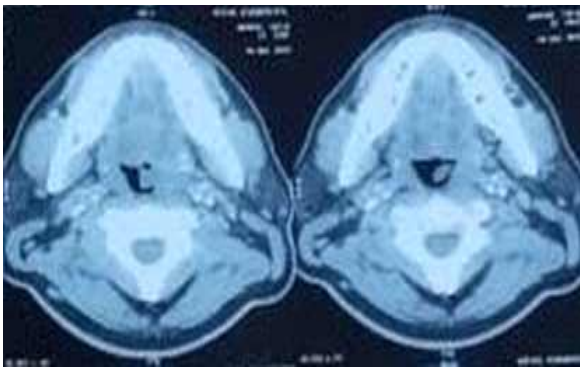

Figure 1: Showing CECT Oral cavity images of 34x19mm in size with a soft tissue attenuation of a smooth marginated polypoidal thickening in the left tonsillar fossa region.

Patient was then planned for tonsillectomy along with cyst excision. Intraoperatively, the cyst was seen arising from the capsule of tonsil in the supratonsillar cleft. The cyst was excised in toto and sent for histopathological examination which was suggestive of fibroepithelial polyp measuring 2 cm x1 cm protruding from the left tonsillar capsule.. Fibromuscular tissue with congested blood vessels lined by matured stratified squamous epithelium with no granuloma/atypical cells were seen.

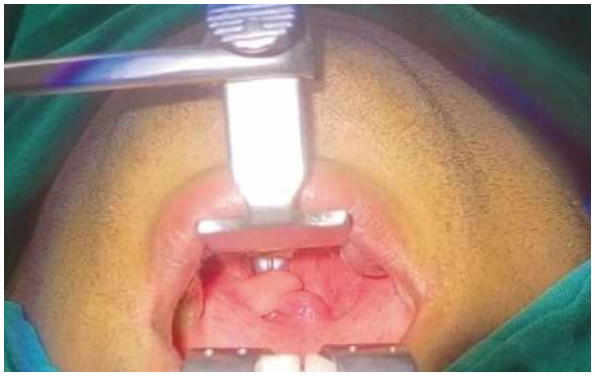

Figure 2: Showing in picture of left tonsilla

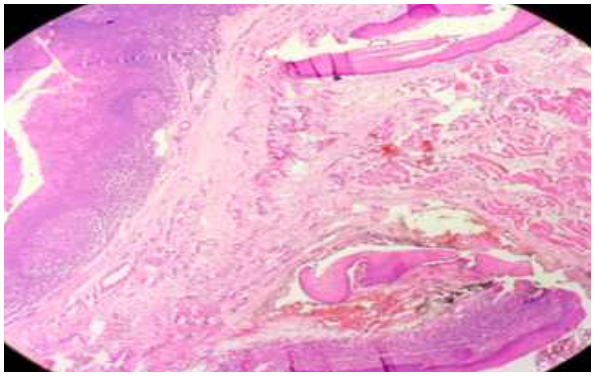

Figure 3: Showing fibromuscular tissue with congested blood vessels lined by matured stratified squamous epithelium with no granuloma/atypical cells were seen.

Post-operative period was uneventful and the patient was kept on regular follow up and is asymptomatic till date.

DISCUSSION

Fibroepithelial polyp are benign lesions arising from mesoderm. The synonyms of fibroepithelial polyp are acrochordons, soft fibroma or pedunculated lipofibroma [4]. They are most commonly unilateral but can also have a bilateral presentation. The prevalence rate is around 12 per 1000 population having a male predominance [5].Coming to the etiopathogenesis of fibromatous polyp they have a unknown aetiology and is known to arise after mucosal trauma and represents reactive hyperplasia of fibrous connective tissue[2,6].

Fibro epithelial polyp must be differentiated from other benign tonsillar lesions, Table 1 shows the differentials of fibro-epithelial polyps[7].

Table 1: Different benign lesions seen in tonsil

1. Lymphangiomatous polyp
2. Lymphangiectatic fibro Lipomatous polyp
3. Hairy polyp
4. Hemangiomatous Hamartoma
5. Lipoma
6. Schwannoma
7. Neurofibroma Proteus syndrome
8. Fibroma
9. Plasma cell granuloma

Papilloma are the most common benign lesions seen in the oral cavity and thus must be differentiated from fibro-epithelial polyp. Papillomas are composed of squamous epithelium with a papillary like growth pattern along with exostosis and dyskeratosis, while looking at the histology of fibro-epithelial polyp they are lined by stratified squamous epithelium and are composed of underlying fibrocollagenous stroma [8]. Another common differential is Lymphangiomatous polyp which has fibroid lymphoma or adipose stroma along with dilated lymphatics. Fibroepithelial polyps, when enlarged, can result in stertor and airway obstruction and thus should be managed with surgical excision.

CONCLUSION:

Any mass in tonsil should be treated with suspicion as a high chance of malignancy is there. Although lymphoma is a common differential of unilateral tonsillar enlargement, any cystic lesion in tonsil should be managed as it can lead to airway obstruction.

DECLARATION

Ethics approval and consent to participate: No ethical approval is required

Author's contribution: All the authors contributed to the study conception and design.

Competing interests: The authors declare that they have no competing interests

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REFERENCES

1. Kardon DE, Wenig BM, Heffner DK, Thompson LD. Tonsillar lymphangiomatous polyps: A clinicopathologic series of 26 cases. Mod Pathol2000;13:1128-33.
2. Eads TJ, Chuang TY, Fabré VC, Farmer ER, Hood AF. The utility of submitting fibroepithelial polyps for histological examination. Arch Dermatol. 1996 Dec;132(12): 1459-62. PubMed| Google Scholar.
3, Barreto I, Costa AF, Martins MT, Furuse C, De Araújo VC, Altemani A. Immunohistochemical study of stromal and vascular components of tonsillar polyps: high endothelial venules as participants of the polyp's lymphoid tissue. Virchows Arch. 2011 Jul;459(1): 65-71.

PubMed| Google Scholar.
4. Lloyd S, Lloyd J, Dhillon R. Chondroid metaplasia in a fibroepithelial polyp of the tongue. J Laryngol Otol. 2001 Aug;115(8): 681-2. PubMed| Google Scholar
5. Bouquot JE, Gundlach KK. Oral exophytic lesions in 23, 616 white Americans over 35 years of age. Oral Surg Oral Med Oral Pathol. 1986 Sep;62(3):284-91.
6. Peric A, Matkovic-Jozin S, Vukomanovic-Durdevic B. Fibroepithelial polyp arising from the inferior nasal turbinate. J Postgrad Med. 2009 Oct-Dec;55(4):288-9. doi:10.4103/0022-3859.58938.
7. Farboud A, Trinidade A, Harris M, et al. Fibroepithelial polyp of the tonsil: case report of a rare, benign tonsillar lesion. J Laryngol Otol. 2010 Jan;124 (1): 111-2. doi:10.1017/S0022215109991198. Epub 2009 Dec 3.
8. Dudda R, Gurulingu L.Y, Hanumanth Prasad M, Balaji N.K, Rangaiah S.T. Fibroepithelial polyp of tonsil – a rare case report. Trop J Ophthalmol Otolaryngol.2019;4(2):174-177.doi:10.17511/jooo.2019.i02.18

***Corresponding Author:**
Dr. Swati Pant
Senior resident,
Department of ENT, Graphic Era Institute of Medical Sciences, Dehradun, Uttarakhand
Email: swatipant00@gmail.com
Orcid ID: 0009-0006-3456-2804

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