International Journal of Otorhinolaryngology and Head and Neck Surgery
Kumari D et al. Int J Otorhinolaryngol Head Neck Surg. 2022 Jul;8(7):614-616
http://www.ijorl.com
pISSN 2454-5929 | eISSN 2454-5937

DOI: https://dx.doi.org/10.18203/issn.2454-5929.ijohns20221655

Case Report

Gigantic fibroepithelial polyp of the tonsil: a unique case

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Received: 26 May 2022
Revised: 06 June 2022
Accepted: 07 June 2022

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ABSTRACT

Being a benign lesion of mesodermal origin, the fibroepithelial polyps (FEPs) are a rare clinical entity arising from tonsil. It is also known as acrochordons with an exceptionally low incidence of malignant change. We present a rare case of huge FEPs of the right tonsil in a 15 years old female of the low socioeconomic group which was a subject of magic for society unless it created a significant problem in alimentation. It is one of the largest FEPs of the oropharynx reported till now to the best of our knowledge. The tumour attained such a gigantic size within the period of 8 years of negligence. The lesion was surgically removed by right side tonsillectomy as the lesion was attached to its lower pole. The strengthening of the health care system in rural areas is required for prompt management of such lesions and to prevent any form of catastrophe.

Keywords: Tonsils, Polyps, Fibroepithelial

INTRODUCTION

Fibroepithelial polyps (FEPs) also known as acrochordons are benign lesions of mesenchymal origin with an exceptionally low incidence of malignant change. The most commonly arise from the skin and rarely from the mucosa of the neck, face and trunk and are more common in females.[1]

The symptoms range from being completely asymptomatic and discovered during normal routine examinations to symptoms of dysphagia, odynophagia and foreign body sensation in the throat and mouth.[2,3] The present case was negligence for health, and poor health care system in rural areas resulting in the gigantic size of the mass was attained in the course of 8 years. The family members used this lesion of the child as fun and magic as they belonged to the low-income group. This is an interesting case to understand the disease progression in the downtrodden society.

CASE REPORT

15 years old girl of a low socioeconomic group presented to us with a mass in the oral cavity noticed for 8 years. Since the mass began to produce swallowing difficulty for solid and voice change, they took the medical consultancy to us. The mass could move inside the mouth as per the will of the patient (Figure 1). The lesion was flashy, firm, multi-branch, smooth-surfaced, pedunculated and was attached to the lower pole of the right tonsil (Figure 2). Unaware of the danger of choking off the airway, the parents utilized it to show magic to the neighbours. The patient was advised for contrast computerized tomography (CT) which revealed a mild enhancing mass attached to the right side of the oropharyngeal wall with a tonsil (Figure 3). Since the rest of the medical examinations and history were not significant. It was surgically removed by right side tonsillectomy as the lesion was attached to its lower pole.

Histopathology revealed a FEP of the tonsil (Figure 4). It was the largest FEP arising in the oropharynx, which attained a gigantic size of 7×4×2 cm. The patient is doing well without any residual or recurrence.

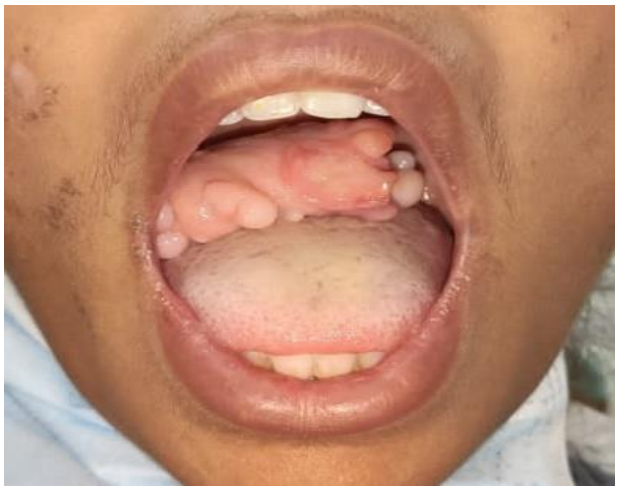

Figure 1: Showing mass filling within the oral cavity.

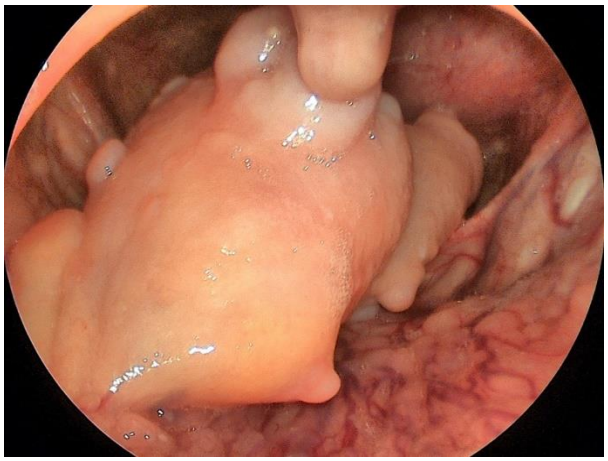

Figure 2: Flashy, multi-branched mass in the oropharynx.

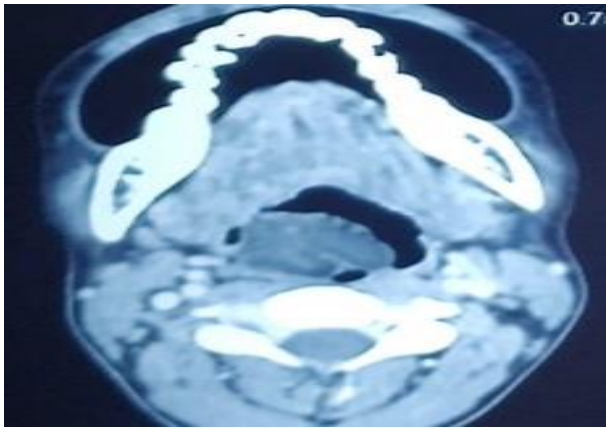

Figure 3: Contrast CT scan revealed mass attached in the right tonsillar region.

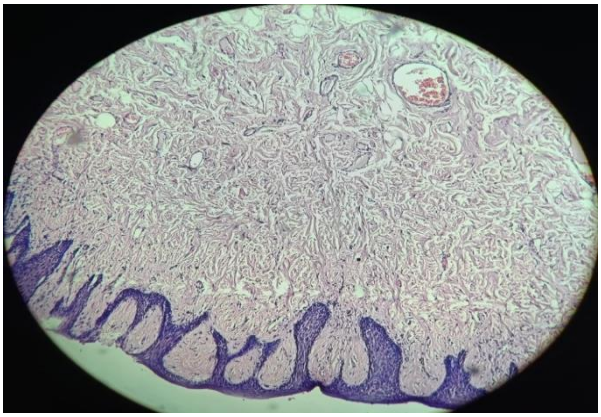

Figure 4: Histopathological examination revealed a polypoidal tissue lined by the stratified squamous epithelium (non-keratinizing) and subepithelial tissue comprising fibrous tissue, thin-walled vessels and lymphocytic infiltration around the vessel walls.

DISCUSSION

The FEP is regarded as a pseudotumor consisting of a variable amount of stroma covered by squamous epithelium. Giant polyps represent a mixture of fibrous elements, adipose tissues and vessels lined by normal squamous epithelium.[4] Pathologically, tonsillar FEPs may represent a type of hamartoma.[5] They are usually solitary and reports of multiple, bilateral polyp are extremely rare.[3] FEPs arise from the lower pole of tosil and can be sessile and pedunculated. The pathogenesis of tonsillar FEPs remains unclear. The pedunculated forms of polyps are probably due to continuous movement of the oropharynx during breathing, swallowing, or speech.[5] Although most cases of FEPs of tonsils have been detected in adults.[1] we present the polyp in a female child which is rare. The symptoms of tonsillar FEPs range from being asymptomatic to mild symptoms like foreign body sensation in the throat or oral cavity or symptoms like dysphagia, odynophagia, cough, abnormal nasal tone, stridor, snoring or even respiratory difficulty if they are large in size and cover the airway. The growth rate is generally slow and the mass increases in size gradually. In our reported case, the patient reported late as she was taking indigenous medicines for a long time, unaware of the danger of choking, they believed it a matter of fun for the neighbors and a source of magic. This showed false beliefs about indigenous medicine, a lack of medical awareness and a poor health care system in rural areas.

CONCLUSION

The FEP is a rare tumour arising from the wall of the oropharynx. The pedunculated nature makes it mobile inside the pharynx, which may cause serious respiratory obstruction by blocking the laryngeal inlet. Hence, early diagnosis and prompt surgical management are required. To strengthen the infrastructures in rural areas, strengthening the medical education system and periodic surveillance are necessarily required for timely

intervention. This is a unique and interesting case to understand the disease progression in the downtrodden society.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

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Cite this article as: Kumari D, Singh RK. Gigantic fibroepithelial polyp of the tonsil: a unique case. Int J Otorhinolaryngol Head Neck Surg 2022;8:614-6.