

Fibroepithelial polyp of the tonsil: case report of a rare, benign tonsillar lesion

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Abstract

Objective: We report the case of a man presenting with a tonsillar mass causing difficult breathing, snoring and disturbed sleep.

Method: Case report.

Results: The patient was found to have a fibroepithelial polyp of the left tonsil.

Conclusion: To our knowledge, this is the first case of its type to be presented in the English-language literature. The case is presented and the tumour and its management are discussed.

Key words: Tonsil; Tonsil Neoplasms; Polyp; Airway Obstruction

Introduction

Fibroepithelial polyps of the adult pharynx are rare.¹ To our knowledge, this case represents the first English language report of a fibroepithelial polyp arising from the tonsil.

Case report

A 33-year-old, Asian, male taxi driver presented to our ENT clinic with a three month history of difficult breathing, snoring and disturbed sleep. He also complained of feeling something in his mouth, especially after a bout of coughing, when he would have the sensation of something resting on his tongue. This would affect his swallowing and cause him some discomfort. He had no other medical problems, was not taking any regular medications, and suffered no allergies. He smoked 20 cigarettes a day, but did not consume alcohol.

On examination, the patient was mildly stertorous but comfortable at rest. Oropharyngeal examination revealed a finger-like, polypoidal mass arising from the left tonsil (Figure 1).

On flexible nasendoscopy, the mass was seen to hang posteriorly near the vallecule. Coughing dislodged it forwards onto the patient's tongue, impairing speech and swallowing.

The rest of the ENT examination was normal.

A tonsillectomy was performed using 'cold steel' dissection, and the specimen was sent for histological analysis (Figure 2).

Macroscopic evaluation of the specimen revealed a single piece of tonsillar tissue measuring 3 × 2 × 1 cm, bearing an encapsulated, exophytic, firm, grey-white nodule measuring 3 × 1.5 cm. Microscopic evaluation showed reactive tonsillar tissue with an overlying, epithelial-covered, fibrofatty lesion, representing a fibroepithelial polyp (Figure 3). There was no evidence of dysplasia or malignancy.

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FIG. 1
Fibroepithelial polyp of left tonsil.

The patient was discharged and made a full recovery. He suffered no further complications or disturbed sleep.

Discussion

Fibroepithelial polyps are also known as acrochordons or, if large in size, soft fibromas or pedunculated lipofibromas. Their aetiology remains largely unknown.² They are benign lesions with an extremely low incidence of malignancy.² Fibroepithelial polyps are thought to have a prevalence of approximately 12 per 1000 population, with a male predisposition.³

A wide variety of benign tonsillar lesions is described in the literature, all rare (Table I). Most are thought to represent a type of tonsillar hamartoma.



FIG. 2

Operative specimen of left tonsil with attached fibroepithelial polyp.



FIG. 3

Photomicrograph showing reactive tonsillar tissue with an overlying, epithelially covered, fibrofatty lesion representing a fibroepithelial polyp (H&E; $\times 100$).

TABLE I

BENIGN TONSILLAR LESIONS REPORTED⁴⁻¹⁵

Fibroma
Lymphoid polyp
Lymphangiomas
Lymphangiectatic fibrolipomatous polyp
Hairy polyps (dermoids)
Haemangiomas
Fibrovascular polyp
Lipoma
Neurofibroma
Schwannoma
Plasma cell granuloma
Proteus syndrome

- **Fibroepithelial polyps and other benign tonsillar lesions are rare; when they do arise, management is usually straightforward**
- **Although malignancy is rare, excision biopsy is always advisable**
- **Fibroepithelial polyps can cause upper airway obstruction and should be managed as a medical emergency, with securing the airway of paramount importance**

Although usually not life-threatening, fibroepithelial polyps of the pharynx may present as an acute medical emergency, causing upper airway obstruction. Management involves first securing the airway.¹

Conclusion

Fibroepithelial polyps and other benign tonsillar lesions are rare. When they do arise, management is usually straightforward. Although malignancy is rare, excision biopsy is always advisable. Fibroepithelial polyps can occasionally cause upper airway obstruction and should be managed as a medical emergency, with securing the airway of paramount importance. Pathologically, tonsillar fibroepithelial polyps may represent a type of hamartoma.

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