Abstract. – Fibroepithelial polyps are benign polypoid lesions arising from the mesodermal tissue and composed of varying amounts of stroma covered by squamous epithelium. We report the unusual case of a 57 years old man who visited our Hospital with complains of airway obstruction and uneasy feeling like a foreign body deep in his throat. After medical examination we find a large mass on the right side of his hypopharinx and we resected tumour as an emergency procedure. Postoperative recovery was good. After two years patient came again in our Hospital with the same feeling and we found another lesion on the left side of his hypopharynx. We repeated the same surgical procedure like the first time. In medical review that is a rare lesion with small number of references. In this case, fibroepithelial polyps arose from the hypopharynx and these potentially fatal lesions may have resulted in complete airway obstruction.

Key Words: Fibroepithelial polyp, Airway obstruction, Hypopharynx.

Introduction

Benign neoplasms of the laryngopharynx are extremely rare. Fibroepithelial polyps are benign polypoid lesions arising from the mesodermal tissue and composed of varying amounts of stroma covered by squamous epithelium. Most of them present in males between 40 and 70 years of age. They can vary significantly in size. They may be lethal due to either asphyxiation if a large polyp is regurgitated or bleeding.

Here, we report a case of bilateral fibroepithelial polyps occurring on the both sides of the hypopharynx.

Case Report

A 57-year-old man was admitted to our Hospital after general practitioner examination with complains of uneasy feeling like a “foreign body” in his throat and which was occasionally reflected with airway obstruction during a sleeping and snoring period. During the coughing, he was able to saw a small part of the tumours mass. The patient was in a good health condition, anamnesis was nonspecific. There was no history of dysphagia.

On physical examination the patient was systematically well and was haemodynamically stable. There were no any symptoms or problems with a gastrointestinal tract. No other obvious abnormality was detected.

After the indirect laryngoscopy and patients coughing the mass was shown, and the surgical artery forceps were attached to the end of an elongated polypoid structure, under some tension from the right side of the hypopharinx (Figures 1 and 2). Surgical approach was in local anesthesia. Postoperative recovery was good.

After a two years patient came again in our Hospital with the same feeling and we found another lesion on the left side of his hypopharynx (Figures 3 and 4). We repeated the same surgical procedure like the first time. Postoperative recovery was without complications. After three years follow-up there was not relapse of disease.

Macroscopic examination revealed elliptical masses of homogenous fibrofatty tissue that seemed to be covered with healthy pharyngeal mucosa (Figures 2 and 4). After the operation they were dissected to reveal a solid fatty consistency without lumen. The first lesion was approximately $60 \times 20 \times 20$ mm in size, and the second lesion was approximately $95 \times 20 \times 20$ mm in size.
The microscopic histopathology report described they as being consistent with a fibroepithelial polyps. There was no focal oedema and there was no evidence of malignancy.

Discussion

Etiology of fibroepithelial polyp is unknown. There are a few theories regarding the cause of these tumours. The first one is a theory of development secondary to focal losses of elastic tissue. The second theory is that fibroepithelial polyp is a mixture of different tissue elements which could represent hamartoma of the lamina propria that slowly enlarge. They are also known as fibromas or acrochordon, representing a non-specific and benign growth pattern. A few authors described the cases of the development of metaplasia within a fibroepithelial polyp. Bouquot and Gunlach described them as having an estimated prevalence of 12 per 1000 population, as well as an increased male prevalence. A prevalence of malignancy in lesions clinically diagnosed as fibroepithelial polyps is extremely low. Traditionally, fibroepithelial polyps have been thought to occur after mucosal trauma.

To our knowledge, the present study is the first described case of the fibroepithelial polyps originating bilaterally from the piriform fossa, respectively. In our case, there was no history of mucosal irritation. Although fibroepithelial polyps are benign, slowly-growing tumours, they need excision and histopathological examination because of possibility of tissue metaplasia and malignant transformation. Fibroepithelial polyps of

Figure 1. View of polyp attached to surgical forceps from right side of oropharynx.

Figure 2. Macroscopic view of fibroepithelial polyp (from right side).

Figure 3. View of polyp attached to surgical forceps from left side of oropharynx.

Figure 4. Macroscopic view of fibroepithelial polyp (from left side).
the pharynx may cause difficulty during the breathing and may occlude the airway. In these cases the immediate treatment is needed because of possibility of the cerebral anoxia and death.

References


