

Case Report

Unilateral Acrochordon of Tonsil: A Rare Case Report

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Abstract

Fibroepithelial polyps, which are rare, benign lesions arising from mesodermal tissue, are rarely seen in the oral cavity and upper airway. We report a case of a 55-year-old female who presented with dysphagia and sensation of a foreign body in the throat for five months duration. There was no history of change in voice, difficulty in breathing or history of trauma. Clinical examination revealed a 2x2 cm unilateral pedunculated mass over the superior pole of the left tonsil. The polyp was excised, and histopathological examination showed features suggestive of fibroepithelial polyp.

Keywords: Mesodermal Tissue, Pedunculated Mass, Fibroepithelial Polyp

INTRODUCTION

Fibroepithelial polyps of the tonsil are rare in adults. This pedunculated mass over the palatine tonsil is a benign polypoid lesion of the tonsil. It usually arises from mesodermal tissue and is rarely seen in the oral cavity and upper airway. Here, we report a rare case of an adult who was found to have a rare fibroepithelial polyp of the palatine tonsil.

CASE REPORT

A 55-year-old female presented with dysphagia and sensation of a foreign body in the throat for five months duration. There was no hoarseness of voice, difficulty in breathing or history of trauma. Examination of the oral cavity revealed a unilateral 2x2cm pedunculated mass arising from the superior pole of the left tonsil that was smooth and pinkish in colour (Figure 1). Excision biopsy was done under

local anaesthesia and the specimen was sent to the Department of Pathology for histopathological evaluation. Macroscopy showed a polypoid mass measuring 14x11x5mm, bisected entirely [Figure 1]. Microscopic examination showed polypoid tissue covered by stratified squamous epithelium [Figure 2]. The underlying fibrocollagenous stroma with scattered with thin walled vessels [Figure 3]. No evidence of dysplasia or malignant cells was seen. These features were suggestive of a fibroepithelial polyp. At 1year follow-up, the patient was asymptomatic and had no symptoms of recurrence.

DISCUSSION

Fibroepithelial polyps are benign polypoid lesions of mesodermal origin and are one of the most common cutaneous lesions. They are also known as soft fibromas or pedunculated lipofibromas or acrochordon. Prevalence of these polyps is



Figure 1: Operative specimen of left tonsil

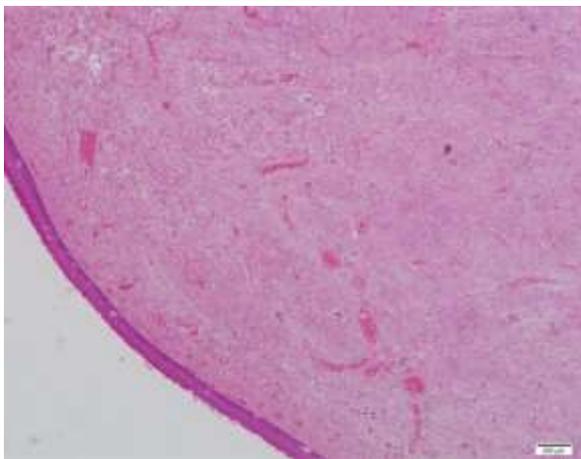


Figure 2: Microscopic examination shows a polypoidal tissue covered stratified squamous

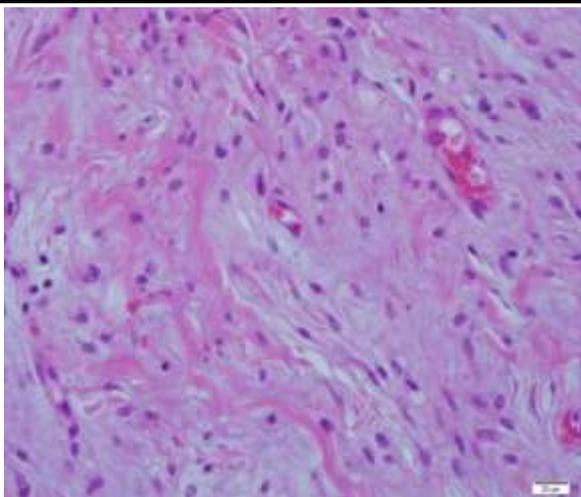


Figure 3: Histopathology showing reactive tonsillar tissue with underlying fibrocollagenous stroma with scattered thin walled vessels

approximately 1.2%, affecting predominantly males¹. They are primarily benign lesions with very low incidence of malignancy². They can present in various sizes. The common sites of fibroepithelial polyps are the skin and genitourinary tract. They may rarely present in the head and neck region at sites including the nasal cavity, oropharynx, hypopharynx, trachea, bronchus and external auditory canal³. Etiology of fibroepithelial polyps is unknown. However, it is said that it may be due to mechanical irritation, infection, trauma, allergic or developmental causes³.

The differential diagnosis of fibroepithelial polyps may include fibroma, giant-cell fibroma, mucocoele, peripheral giant cell granulomas, lymphangioma, lymphangiomatous polyps, juvenile angiofibroma of the oral cavity and tonsil⁴. To distinguish the fibroepithelial polyps from others as well as from malignancy, a proper histopathological evaluation is needed.

Microscopic examination features of fibroepithelial polyps include fibrovascular cores covered by squamous epithelium. The smaller lesions may present with seborrheic keratosis-like changes or epidermal hyperplasia while the larger lesions may present with flattened epidermis. The findings of loose collagen with increased blood vessels are usually found within the central core. On the other hand, the larger lesions may have a central core of adipose tissues. However, the lesion may also have ischemic necrosis due to manipulation or torsion⁵.

Recurrence rates for fibroepithelial polyps are very low and may occur due to repetitive trauma at the site of the lesion. Surgical excision is the treatment of choice for fibroepithelial polyps.

CONCLUSION

Fibroepithelial polyps of the tonsil are rare, benign lesions with a very low incidence of malignancy. They can cause airway obstruction if large as well as depending on the location of the lesion. Surgical excision is the treatment of choice.

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