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Case Report

Ear, Nose and Throat Section

Fibroepithelial Polyp in the Oropharynx: A Case Report

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ABSTRACT

Fibroepithelial polyps are uncommon, benign hyperplastic lesions resulting from chronic irritation, typically found in the oral cavity but rarely in the tonsillar region. We present the case of a 21-year-old male with an 8-day history of a foreign body sensation in the right throat, insidious in onset and varying in intensity. The sensation was exacerbated by cold weather and spicy or oily foods. On clinical examination, a 1 cm soft, non-tender, fluctuant mass was identified in the right tonsillar fossa. Videolaryngoscopy corroborated the localised nature of the lesion, and a Computed Tomography (CT) scan of the neck and chest revealed no significant abnormalities. Given the benign presentation, surgical excision was performed using a tonsillar snare under general anaesthesia. Histopathological analysis confirmed a fibrovascular polyp lined by hyperplastic stratified squamous epithelium, with no evidence of malignancy. The patient recovered uneventfully post-surgery. Although rare in the tonsillar region, fibroepithelial polyps should be included in the differential diagnosis of benign oropharyngeal masses. Surgical excision remains the definitive treatment, with Histopathological Examination (HPE) essential for diagnostic confirmation.

Keywords: Hyperplastic lesions, Stratified squamous epithelium, Tonsillar fossa, Video laryngoscopy

CASE REPORT

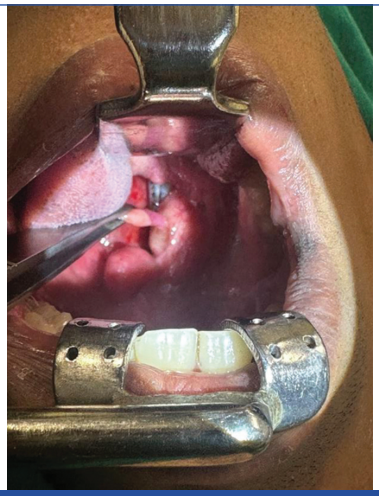
A 21-year-old male presented to the ENT outpatient department with an 8-day history of a foreign body sensation in the right-side of his throat. The sensation had an insidious onset with intermittent exacerbations. He reported dysphagia, worsened by cold weather or consumption of spicy or oily foods. Additionally, the patient had a history of dyspepsia and mild epigastric discomfort, suggesting a possible link to Gastroesophageal Reflux Disease (GERD).

There was no history of voice changes, trauma, recurrent upper respiratory tract infections, throat pain, fever, speech difficulties, or cough. The patient denied weight loss, generalised weakness, or other systemic symptoms. No similar symptoms were reported on the left-side, and no other ENT-related complaints were noted, aiding in refining the differential diagnosis and supporting GERD as a potential underlying cause.

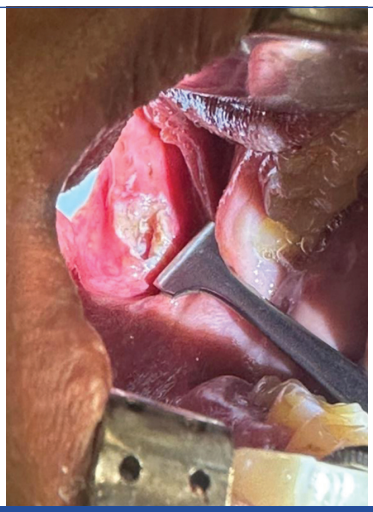
On throat examination, a 1×1 cm pedunculated mass was observed in the right tonsillar fossa [Table/Fig-1]. The mass was soft, mobile, non-tender, non-bleeding on touch, and matched the colour of the oral mucosa. It was localised and fluctuant. The left tonsil appeared normal with no abnormal growths. Nasal examination revealed no abnormalities, and otoscopic examination showed both tympanic membranes to be intact and normal.

Video Laryngoscopy (VDL) confirmed the presence of a mass in the right tonsillar fossa, consistent with the findings from the clinical examination. A CT scan of the neck and chest showed no significant abnormalities, supporting the likelihood of a benign lesion.

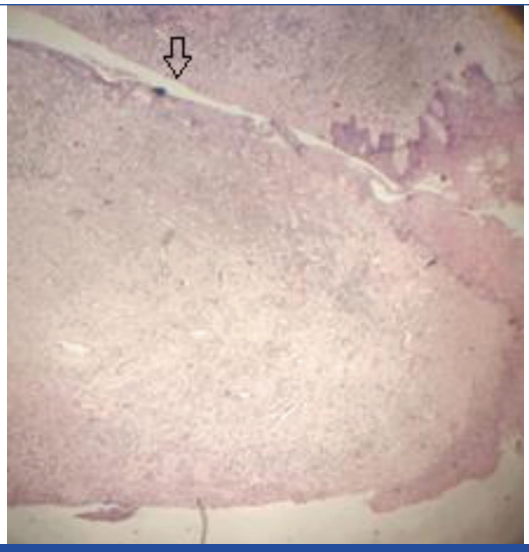
Given the patient's symptoms and the possibility of a benign growth, surgical excision was planned. The procedure was performed under general anaesthesia using a Boyle-Davis mouth gag, secured with Magauren plates to ensure a clear and stable airway. Upon visualisation, a growth was identified on the right tonsil. The mass was meticulously excised using a tonsillar snare [Table/Fig-2], and the specimen was sent for Histopathological Examination (HPE). HPE of the excised mass revealed a fibrovascular core composed of loose connective tissue stroma interspersed with scattered fibroblasts and blood vessels. The polyp was covered by stratified squamous epithelium, showing areas of hyperplasia. No evidence of malignancy was observed, with an absence of nuclear pleomorphism, increased mitotic activity, or other atypical features. Mild inflammation was present, characterised by scattered inflammatory cells, a typical feature of such polyps [Table/Fig-3,4]. The surgery was completed without complications, and the patient was discharged without any active bleeding or complications. On follow-up after two weeks, bilateral tonsillar fossa was clear.



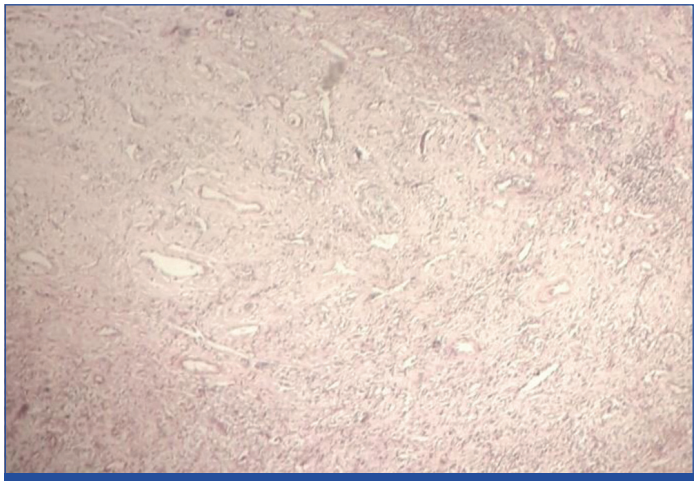
[Table/Fig-1]: Plain forceps holding tonsillar polyp.



[Table/Fig-2]: Post snaring right tonsillar area.



[Table/Fig-3]: 100x magnification of HPE showing connective tissue lined by stratified squamous epithelium (arrow).



[Table/Fig-4]: 400x magnification showing stroma containing fibrocollagenous tissue, containing ectatic vessels with lymphocytic and neutrophilic infiltrates.

DISCUSSION

Fibroepithelial polyps are rare, benign lesions arising from epithelial and stromal components, most commonly found in the skin, oral cavity, or genitourinary tract [1]. Their occurrence in the tonsillar region is exceptionally uncommon with an estimated prevalence of 1.2% in the general population, making their identification and reporting noteworthy in clinical practice [2].

Fibroepithelial polyps are typically characterised by a smooth, pedunculated, or sessile mass, often discovered incidentally during routine examinations or investigations for unrelated complaints [3]. They are usually asymptomatic but may cause symptoms such as discomfort, foreign body sensation, or dysphagia in the tonsillar region, depending on their size and location. The most common clinical presentation is a painless swelling, typically measuring 1.5 cm or less, which may be sessile or pedunculated and usually matches the surrounding mucosa in colour (pink), though infection can cause a reddish appearance [4].

In our case, the patient presented with an eight-day history of foreign body sensation on the right-side of the throat, with insidious onset and fluctuating lesion size. The lesion, located in the right tonsillar fossa, was 1 cm in size, soft, non-tender, fluctuant, and matched the colour of the oral mucosa. Similarly, Dudda R et al., reported a case with foreign body sensation but no associated voice changes, dyspnea, or dysphagia [5].

An aetiology of fibroepithelial polyps remains poorly understood but is often linked to chronic irritation, inflammation, or trauma. These polyps are considered inflammatory hyperplastic lesions that develop in response to persistent irritants [6]. In the oral cavity, common sites include the buccal mucosa and tongue, with contributing factors such as habitual lip or cheek biting, ill-fitting dentures, overhanging restorations, calculus, sharp tooth edges, or other oral prostheses. These lesions are more frequently observed in females, typically between the second and fourth decades of life [6]. While usually asymptomatic, larger lesions may interfere with speech or mastication [7].

Histopathologically, fibroepithelial polyps consist of a fibrovascular stroma covered by stratified squamous epithelium, with no evidence of dysplasia or malignancy [8]. In our case, histopathology revealed a fibrovascular core with loose connective tissue, scattered fibroblasts, and blood vessels, lined by hyperplastic stratified squamous epithelium without malignant features. Similarly, in the study by Dudda R et al., microscopically, the polyp showed stratified squamous epithelium with underlying fibrocollagenous stroma displaying oedema, chronic inflammatory cell infiltrates, dilated lymphatics, and capillaries [5]. These findings confirm the benign nature of the lesion and are consistent with the reports in the literature. This case considered lymphoid polyp, lipoma, and fibroma as differentials. Lymphoid polyp was excluded due to fibrous stroma on histology. Lipoma was unlikely given the firm, non-fatty tissue. Fibroma was less probable due to the lesion's pedunculated nature. Histopathology confirmed fibroepithelial polyp with its characteristic fibrous stroma and vascular elements [9].

The treatment of choice for fibroepithelial polyps is conservative surgical excision, which is curative with exceedingly rare recurrence [10,11]. Alternative treatment options include electrocautery, laser therapy, cryosurgery, and sclerotherapy using agents such as ethanol, corticosteroids, or sodium tetradecyl sulphate [12].

CONCLUSION(S)

Fibroepithelial polyps in the tonsillar region are rare but clinically significant due to their potential to cause symptoms such as foreign body sensation. Their benign nature, confirmed by histopathological analysis, and low recurrence rate following surgical excision make them manageable with appropriate intervention. Awareness of their aetiology, clinical presentation, and histopathological features is essential for accurate diagnosis and effective management, particularly in atypical locations like the tonsillar fossa.

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