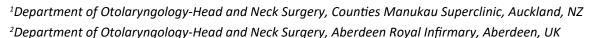
# Journal of Head and Neck Surgery

ISSN: 2689-8713

Case Report DOI: 10.36959/605/566

# Managing a Fibroepithelial Polyp of the Tonsil

S Han<sup>1</sup>, R Ho<sup>2</sup>, I Iqbal<sup>2</sup>, EYH Tong<sup>2</sup> and M Shakeel<sup>2\*</sup>





### **Case Report**

A 17-year-old man was noted to have a left tonsil mass when he attended his family physician with tonsillitis. Following treatment with a course of penicillin his tonsillitis resolved but the mass persisted albeit asymptomatic. Review by an ENT specialist confirmed a smooth oval pedunculated mass arising from the superior pole of the left tonsil (Figure 1 and Figure 2). The mass was freely mobile and rested at the tongue base. The rest of the ENT examination was normal. The management options discussed included observation, excision biopsy and a left tonsillectomy. The patient chose to be observed and was reviewed at three months. Due to the persistence of the tonsil mass, an excision biopsy under general anaesthetic was proposed. The procedure was straightforward and the patient recovered well (Figure 3). The final histology confirmed a benign fibroepithelial polyp with no dysplasia or malignancy. The patient was reassured and discharged from the clinic.

A number of benign growths can arise from the tonsil and those more frequently reported include Fibroma, Lymphoid Lymphangiomatous polyp, Lymphangiectatic polyp, fibrolipomatous polyp, Hairy polyps (dermoids), Haemangiomatous hamartoma, Fibrovascular polyp, Lipoma, Neurofibroma and Schwannoma [1]. A fibroepithelial polyp arising from the tonsil, in an adult, is extremely rare and we have noted only one other case published in the English literature [1]. The exact aetiology of this interesting benign



Figure 1: Left tonsil polyp.



Figure 2: Left tonsil polyp - close up.



Figure 3: Post-operative appearance of the oropharynx.

\*Corresponding author: Muhammad Shakeel FRCSED (ORL-HNS), Consultant ENT/Thyroid Surgeon, Department of Otolaryngology-Head and Neck Surgery, Aberdeen Royal Infirmary, Aberdeen, UK

Accepted: March 24, 2022

Published online: March 26, 2022

**Citation:** Han S, Ho R, Iqbal I, et al. (2022) Managing a Fibroepithelial Polyp of the Tonsil. J Head Neck Surg 4(1):180-181

**Copyright:** © 2022 Han S, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



pathology is unknown [2]. A large tonsil polyp can cause throat irritation, dysphagia, sleeping problems and potentially upper airway obstruction [3]. The surgical excision of the tonsil mass with or without tonsil is advisable for diagnostic and therapeutic purposes [4].

### **Learning Points:**

- 1. Patients can present with asymptomatic growths arising from the tonsil.
- 2. A number of benign growths can arise from the tonsil including a fibroepithelial polyp.
- 3. The surgical excision of the tonsil mass with or without tonsil is advisable for diagnostic and therapeutic purposes.

#### References

- Farboud A, Trinidade A, Harris M, et al. (2010) Fibroepithelial polyp of the tonsil: Case report of a rare, benign tonsillar lesion. J Laryngol Otol 124: 111-112.
- Eads TJ, Chuang TY, Fabré VC, et al. (1996) The utility of submitting fibroepithelial polyps for histological examination. Arch Dermatol 132: 1459-1462.
- Mangar W, Jiang D, Lloyd RV (2004) Acute presentation of a fibroepithelial pharyngeal polyp. J Laryngol Otol 118: 727-729.
- Balatsouras DG, Fassolis A, Koukoutsis G, et al. (2011) Primary lymphangioma of the tonsil: A case report. Case Rep Med 2011: 183182.

DOI: 10.36959/605/566

**Copyright:** © 2022 Han S, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

