

A Case of Giant Fibrovascular Polyp arising from the Hypopharynx

Hipofarinksten Kaynaklanan Dev Fibrovasküler Polip Olgusu

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ABSTRACT Fibrovascular polyps originating from the hypopharynx are very rare. Giant fibrovascular polyps originating from the hypopharynx are benign tumors and can usually reach giant sizes within a few years. They grow up usually asymptomatic for a long time. Globus sensation, dysphagia, stridor or weight loss symptoms can be seen. Fibrovascular polyps can be visualized by endoscopy, computed tomography scan, and magnetic resonance imaging for determining of originated place and surgical planning before surgery. Depending on the origin, pedicle vascularity and size, the tumor can be excised by transoral or cervical approaches. In this case report, we presented a patient with a giant fibrovascular polyp originating from the hypopharynx, that we excised transorally.

Keywords: Fibrovascular polyp; hypopharynx; esophageal neoplasm; surgery

ÖZET Hipofarinksten kaynaklanan fibrovasküler polipler çok nadir görülen tümörlerdir. Hipofarinksten kaynaklanan dev fibrovasküler polipler iyi huylu tümörlerdir ve genellikle birkaç yıl içinde dev boyutlara ulaşabilirler. Genellikle uzun süre belirti vermeden yavaş bir şekilde büyürler. Globus hissi, disfaji, stridor, kilo kaybı belirtileri hastalarda görülebilir. Fibrovasküler poliplerin kaynaklandığı yerin belirlenmesi ve ameliyat öncesi cerrahi planlamanın doğru biçimde yapılabilmesi için hasta endoskopi, bilgisayarlı tomografi taraması ve manyetik rezonans görüntüleme ile görüntülenebilir. Kaynaklandığı yer, pedikül vaskülaritesi ve fibrovasküler polibin boyutuna bağlı olarak, tümör, transoral veya servikal yaklaşımlarla eksize edilebilir. Bu olgu sunumunda, transoral olarak eksize ettiğimiz hipofarinksten köken alan dev fibrovasküler polipli bir hastayı sunduk.

Anahtar Kelimeler: Fibrovasküler polip; hipofarinks; özofagus tümörü; cerrahi

Giant fibrovascular polyps originating from the upper aerodigestive tract are benign tumors. They usually grow up to extreme sizes within a few years. They usually appear as pedunculated masses originating from the level of the cricopharyngeus.¹ Polyps that reach a large size are called commonly giant fibrovascular polyps.² Giant fibrovascular polyps are usually larger than 4 cm.³ Giant fibrovascular polyps of the hypopharynx are rarely encountered and asymptomatic in clinical practice.⁴ Fibrovascular polyps constitute approximately 1% of benign tumors originating from the esophagus and hypopharynx.⁵ Fibrovascular polyps are non-epithelial intraluminal benign tumors covered with normal mucosa and containing vascular, fibrous, and adipose tissue.²

In this case report, we presented a patient with a giant fibrovascular polyp originating from the hypopharynx, that we excised transorally.

CASE REPORT

A 62-year-old man presented to our clinic with complaints of arising mass from mouth after gagging (Figure 1a, Figure 1b). In the patient's history, the mass has come out in this way several times in the past, and patient has swallowed the mass. In examination, a red colored tumor was protruding from patient's mouth and distal of tumor was necrotic. In the esophagoscopy examination, it was observed that the mass has been originated from the

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FIGURE 1: a, b) The mass protruding out of the patient's mouth.

hypopharynx and thinned towards proximal side. In the neck computed tomography scan sections, mass was starting from the hypopharyngeal level and extending to the posterior part of the tongue. The mass was measured 30x17 mm at the level of the oropharynx and 68x28 mm at the tongue level and 13x8 mm at the origine of the mass (Figure 2a, Figure 2b).

The patient underwent transoral excision of the mass. After the patient was placed in the Rose position, a Davis-Boyle mouth gag was inserted into the patient's mouth. A suitable tongue retractor was used for visualization of mass origin. By manipulating the tongue retractor, the exact origin of

the mass was seen. The origin of mass peduncle was seen at the posterior wall of the hypopharynx and the mass was excised (Figure 3a, Figure 3b). In histopathological examination, the mass was described as giant fibrovascular polyp of hypopharynx. Informed consent was taken from patient.

DISCUSSION

Fibrovascular polyps most commonly arise from the cervical esophagus at the level of the cricopharynx.¹ Few cases have been reported originating from the hypopharynx and they were seen mainly in children.²

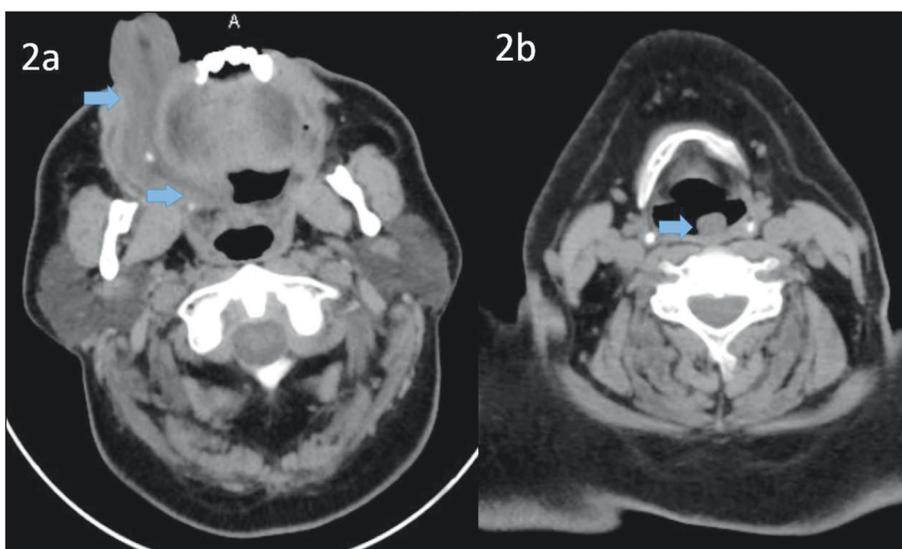


FIGURE 2: a) Giant fibrovascular polyp was shown with a blue arrow in the oral section of the computed tomography scan. b) The origin of giant fibrovascular polyp was shown with a blue arrow in the hypopharynx section of computed tomography scan.



FIGURE 3: a) A Davis-Boyle mouth gag was inserted into the mouth. b) Giant fibrovascular polyp (9x3.2x2.8 cm).

They are usually asymptomatic. Globus sensation, dysphagia, stridor, weight loss can be seen. After gagging, the polyp can cause sudden respiratory arrest due to laryngeal obstruction.⁶ In our case, the patient presented to our clinic with a mass protruding from his mouth.

Fibrovascular polyps can be visualized by endoscopy, computed tomography scan, and magnetic resonance imaging for determining the originated place and surgical planning before surgery.⁵ In our case, we examined the mass by esophagoscopy and computed tomography scan before surgery.

Depending on the location, pedicle vascularity, and size of the tumor, the tumor can be excised by transoral or cervical approaches. The diameter of the pedicle of the polyp is very important for successful removal of the tumor. Small polyps with thin pedicles less than 2 cm in diameter can be removed by the transoral approach.⁵ Since the pedicle of the polyp was located in the hypopharynx and pedicle diameter was thin, we preferred to excise the mass transorally.

Fibrovascular polyps originating from the hypopharynx are very rare. These tumors, can reach giant sizes and can be removed transorally in appropriate cases. In this case report, we presented a case of giant fibrovascular polyp, that we excised transorally.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

This study is entirely author's own work and no other author contribution.

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