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Case Report

Hanging Polyp: A Rare Entity in Oral Pathology

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Abstract

The oral cavity is the first most important part of the gastrointestinal system. In which both types of pathology occurs that may be benign, which are more than malignant, which occurs more frequently in tobacco chewers, smokers, and alcoholic than a person who is non smokers and non-alcoholics. In the oral cavity where most of the diseases presented as the benign lesions may transform into malignancy that's why any pathology in the oral cavity we have to be careful in handling such pathology. One such case of 45 yr old male smokers presents with difficulty in swallowing due to the enlarged oral hanging polyp for one year.

Keywords: Oral; Polyp; Fibroepithelial Lesion

Introduction

The oral lesions are more interesting to otorhinolaryngologists, oral physician, and dentist depending on their presentation we have to do the clinical examination and a provisional diagnosis of the pathology. There are many benign lesions in the oral cavity few of which are premalignant which may turn into malignant if missed to diagnose in the initial period of presentation. This type of oral polyp is very uncommon at present. Most of the cases of oral swelling are mucous retention cyst, papilloma, pleomorphic adenoma of minor salivary glands, and a palatal cyst. A few fibroepithelial lesions also present in the head and neck region, but on hard palate their presentation is rare, they present in the nasopharynx may hang like angiofibroma. The Fibroepithelial polyp is a benign lesion of mesodermal origin and is one of the most common cutaneous lesions but is rarer in the head-and-neck region. The estimated prevalence of fibroepithelial polyps is 1.2% with a male predilection [1].

The chronic inflammatory process has been suggested in the etiology of the fibroepithelial polyp. The fibroepithelial polyps may have congenital, infectious, and traumatic origins [2]. The skin and genitourinary tract are common sites for fibroepithelial polyps. The skin and genitourinary tract are common sites for fibroepithelial polyps. The fibroepithelial polyps in the head-and-neck region are documented in the external auditory canal, nasal cavity, oropharynx, epiglottis, hypopharynx, trachea, and bronchus [2,3]. Here, we discuss one rare case of fibrous epithelial polyps of the hard palate presented for one year in 45–year-older male patient.

Care Report

The 45 yrs. male patient presents with a history of a mass in the oral cavity with difficulty in swallowing and difficulty in speech for one year to our ENT OPD. The patient is having a history of smoking, no history of trauma, no history of hypertension, and no history of diabetes mellitus. No history of contact with any infectious communicable disease.

On detail oral examination, there was pinkish red, hanging, a pedunculated mass of approx. 3cm x 2cm from the hard palate extending to the posterior part of the dorsum of the tongue. On palpation it's soft to firm in consistency, nonbleeding on touch with the smooth globular surface as shown in figure 1.

An endoscopic examination of the nose and nasopharynx was normal. The cardiovascular and respiratory systems were normal on auscultation. After that, we admitted the patient to the ENT ward for operation. The routine investigation did CBC, Hb, KFT and LFT were within normal limits, and the blood group was RhB positive. X-ray chest was normal.

The patient was taken into Operation Theater under local anesthesia with sedation. In the supine position, Boyle Davis gag applied as shown in figure 1. Local infiltration of 2% Xylocaine with adrenaline given at the base of a pedunculated swelling after doing a Xylocaine sensitivity test. We cut the base of the pedunculated polyp with unipolar cautery as shown in figure 2. Well, hemostasis achieved wound sutured with absorbable suture Vicryl 3-0 materials. Specimen removal is done in toto and the sample sends for histopathology as shown in figure 3. After 7 days reports come as a fibroepithelial tumor. The histopathological picture of the specimen is shown in figure 4.

Figure 1: Oral hanging polyp.

Figure 2: Base of polyp cauterized using unipolar cautery.

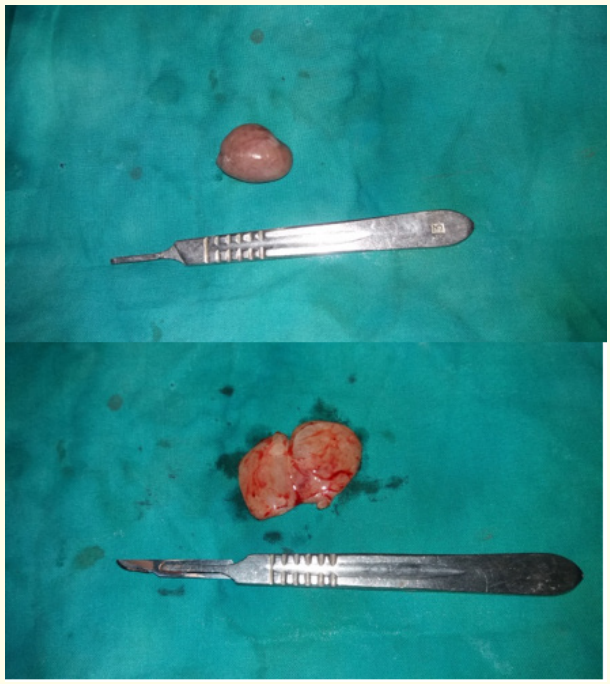

Figure 3: Hanging polyp specimen and cut section.

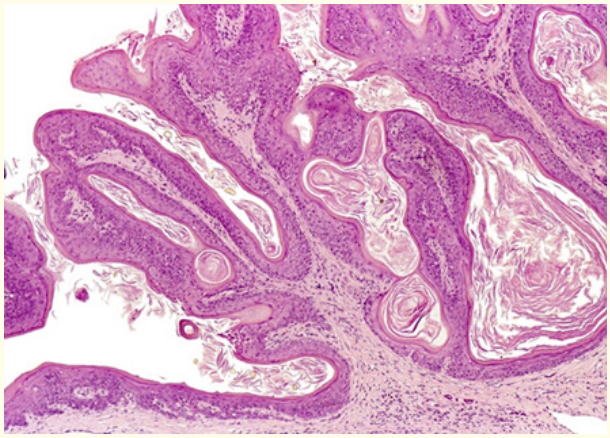

Figure 4: Histopathology of cut section using H&E stain.

Discussion

There are different types of polyp present in the aerodigestive tract, depending upon histological component they can be classified as fibroma, fibrous lipomas, angiolipoma, and fibroepithelial polyp. The fibroepithelial polyp is very rare in aerodigestive pathways, which is a benign lesion, made up of mesodermal tissue, and consist of stroma covering the squamous epithelial cell. Their prevalence is 12/1000 population with male predominance between 40 to 70 years. These polyps are benign, there are very few incidences of malignancy in such polyp. Fibroepithelial polyp infrequently occurs in the ureter pelvic system, genitals, or bronchus. Cases of the head and neck polyp occur very rarely sites include the oropharynx, tongue, inferior nasal turbinate, and external auditory canal [4,5].

The etiology of fibroepithelial polyp is unknown. There are a few theories regarding the cause of these tumors. The first one is a theory of development secondary to focal losses of elastic tissue; however, there is inadequate proof to support this hypothesis [6]. The second theory is that the fibroepithelial polyp is a mixture of different tissue elements which could represent hematoma of the lamina propria that slowly enlarge or a fibroma that exhibits the features of a benign lesion [7].

The Prevalence of malignancy in lesions clinically diagnosed as fibroepithelial polyps is extremely low. Conventionally, fibroepithelial polyps have been thought to occur after mucosal trauma [8]. This type of oral polyp in oropharynx causes difficulty in swallowing, chewing, and also for speaking. Some polyp may bleed on minor trauma during chewing causes bleeding and apprehension to the patient to consult a doctor.

This type of oral polyp presentation is rarely occurring in an oral cavity it's hanging from the hard palate to the tongue. As per previous literature cases, there is various polypoidal swelling present in the oral cavity rises from the cheek, gums, the floor of the mouth, hard palate, and tonsil. This case was unique in presentation structurally and causing disturbance to the patients which draws attention to seek the treatment

Conclusion

The oral cavity pathology is always interesting to the ENT surgeon's, dentist, and oral physician. They present in different ways, hence basic knowledge of these lesions is necessary to rule out malignancy and to give early treatment to prevent more complications in the later stages. In this case, it's hanging polyp which was being in nature on histopathology, it's different in a presentation so we need to know its histopathological nature for further treatment and follow up for recurrence.

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Declarations

Funding

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Conflict of Interest

None declared.

Ethical Approval

This study approved by the institutional ethical committee.

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