FIBROEPITHELIAL POLYP ARISING FROM THE EPIGLOTTIS  
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ABSTRACT

Objectives: Fibroepithelial polyp, a common type of tumor in the skin, vulva, and the neck of uterus, is very rare in the respiratory tract. We describe clinical, radiologic, and histological features of a fibroepithelial polyp as a rare cause of epiglottis mass in a child.

Study Design: Case review

Methods: Chart of an 11-year-old female referred to a tertiary care pediatric hospital for assessment of epiglottic mass was reviewed. Data included relevant history and physical examination, diagnostic work up, and management.

Results: The child presented with a two month history of intermittent sore throat and discomfort with swallowing. The sore throat progressed without a history of fever, hoarseness, breathing difficulty, voice change, weight loss, night sweats, hemoptysis, and change in appetite. Physical examination revealed a mass located on the lingual surface of the epiglottis. MR imaging documented a non-lipomatous mass with no hemangioma or vascular malformation characteristics. There was no extension to the other laryngeal structures. The mass was removed using CO2 laser and histologic evaluation showed subepithelial fibroconnective tissue containing scattered blood vessels, occasional nerves, and mild mononuclear inflammation consistent with fibroepithelial polyp. Postoperatively, the surgical site was healed with no evidence of recurrent lesion.

Conclusions: Fibroepithelial polyp, although uncommon, should be considered in the differential diagnosis of epiglottic mass in children.

BACKGROUND

A fibroepithelial polyp is an inflammatory polyp commonly seen in the skin, vulva, and the neck of uterus, but fibroepithelial polyp is rarely seen in the head and neck region and respiratory tract. The etiology of fibroepithelial polyp seems to be related to chronic inflammatory process. Histopathologically fibroepithelial polyp is characterized with fibroinflammatory lesion with an edematous stroma.

To date fibroepithelial polyp in the head and neck region is documented in the hypopharynx, esophagus, trachea, and bronchus. Fibroepithelial polyp arising from the epiglottis has not been reported. Here, we describe clinical, radiologic, and histological features of a fibroepithelial polyp as a rare cause of epiglottis mass in a child.

METHODS

The medical record of an 11-year-old female with fibroepithelial mass of epiglottis was reviewed. Data included relevant history and physical examination, diagnostic work up and management.

RESULTS

The birth history was unremarkable; the patient had never been hospitalized and had never undergone surgery. Past medical history and family history also were unremarkable.

Physical Examination:
- well-appearing child in no respiratory distress.
- flexible laryngoscopic exam showed a dark blue mass with base attached to lingual surface of the epiglottis. Attachment of the mass appeared to involve the majority of the right side of the epiglottis. No attachment to the tongue base was noted. The remainder of the glottis was within normal limits with good mobility of true vocal folds.

Magnetic Resonance Imaging revealed
- a lobulated mass appearing hyperintense on T1- (Figure 1A) and T2-weighted images (Figure 1B).
- no intrinsic signal abnormality of the adjacent vallecula or tongue base was noted.
- post contrast administration, the mass showed no enhancement (Figure 1C).

Microsuspension laryngoscopy and bronchoscopy was performed 4 weeks after the clinic visit. The dark blue appearance of the mass has changed and pedunculated appearance of the mass has disappeared (Figure 2A). The mass was removed with the aid of the CO2 laser (Figure 2B).

CONCLUSIONS

- Fibroepithelial polyp may arise from the epiglottis.
- Otolaryngologists and pathologists should be aware of the occurrence of fibroepithelial polyp in the pediatric age group.