

POLYPS OF THE DIGESTIVE PHARYNX

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POLYPS of the oro- and hypopharynx are of rare occurrence. Only four cases under this classification have been reported since 1920. However, in 1942 Samson and Zelman¹ reviewed the literature and found 25 reports of cases of "pedunculated tumors of the esophagus;" to these they added one of their own. In 15 of the 19 cases in which the area of attachment of the pedicle of the tumor was recorded in their report, it was at or above the level of the cricoid cartilage which anatomically makes them lesions of the hypopharynx. These 15, in addition to the four reported since 1920, bring the total number of recorded cases of polyps of the digestive pharynx to 19. An additional case will be reported here.

CASE REPORT

A 48 year old white man was first seen at the Cleveland Clinic on August 23, 1951, with a one year history of a lump in the left side of the throat which caused him to have a constant desire to clear his throat. Occasionally, he had been able to bring the mass

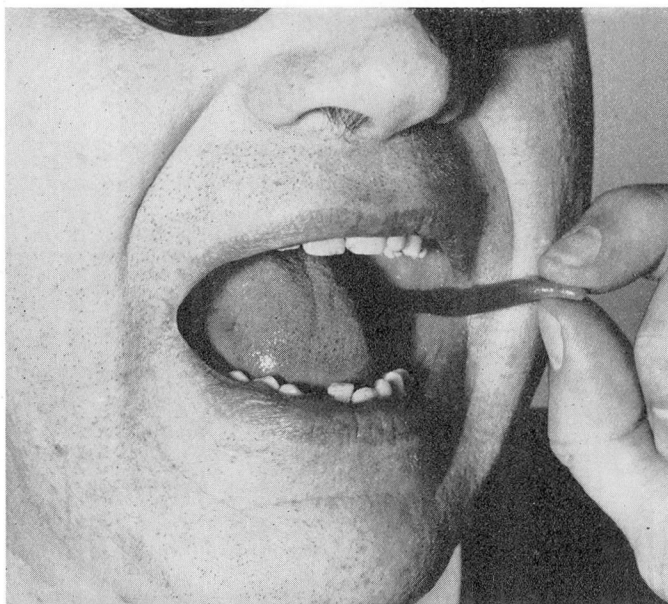


Fig. 1. Photograph of patient showing regurgitated polyp.

up into his mouth where it would protrude beyond his lips. On two occasions he had choked on the lump and had difficulty in getting his breath for a short period.

Examination, with the mass regurgitated into the mouth, revealed a slender pedunculated tumor apparently arising from the left pyriform sinus (fig. 1). After the patient re-swallowed the mass, it could not be visualized by mirror laryngoscopy.

On September 7, 1951, 15 days after the initial examination, the patient was operated upon under pentothal and nitrous oxide anesthesia using a naso-tracheal airway. The hypopharynx was exposed with a David-Crowe mouth gag. The pedicle of the polyp, approximately 1 cm. in diameter, was found to be attached to the left lateral pharyngeal wall at the level of the arytenoid cartilage. The lesion was removed flush with the pharyngeal wall using a tonsil snare. Bleeding was controlled by coagulation diathermy.

The postoperative course was uneventful and the patient was discharged the following day. When last seen on December 24, 1952, approximately 15 months after operation, he had remained symptom-free.

The specimen after fixation measured 4.5 cm. in length and 1 to 1.5 cm. in diameter (fig. 2). The surface was smooth and glistening. One section at the tip revealed a surface



Fig. 2. Operative specimen. Some shrinkage from fixation.

ulceration containing purulent exudate. The bulk of the specimen was formed by hyaline and edematous connective tissue with islands of fat tissue. The surface was covered by well-differentiated squamous epithelium. The pathologic diagnosis was laryngopharyngeal polyp with ulceration and marked chronic inflammation (fig. 3).

COMMENT

In the 20 cases, including those already reported and that presented here, the pathologic diagnoses have been: lipoma, myxoma, fibroma, fibro-epithelial polyp, and benign fibromatous polyp. In two instances the lesions were multiple.

Symptoms reported have included: regurgitation of the polyps, intermittent dysphagia, lump in the throat, throat clearing, cough, dyspnea, hoarseness, wheezing, nausea and vomiting. Three patients have died of asphyxia due to aspiration of polyps.

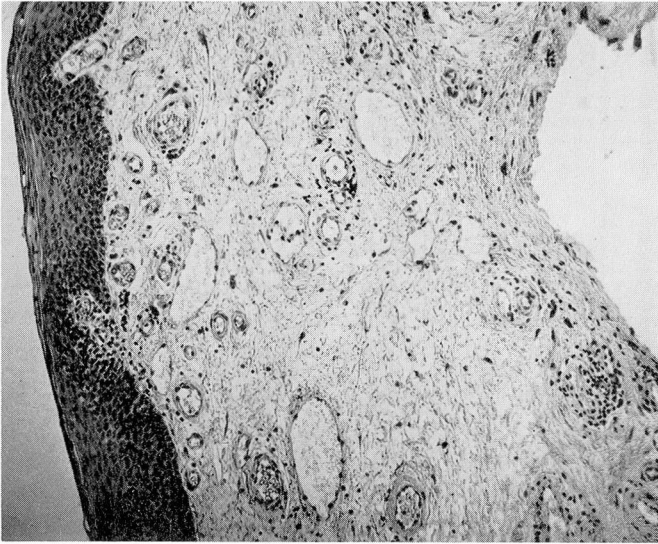


Fig. 3. Laryngopharyngeal polyp. (See text.)

The ages of these 20 patients ranged from 26 to 81 years. Only two were women.

Malignancy in these tumors must always be excluded. In a recent unreported case of an apparently benign polyp arising from the pyriform sinus, sections through the pedicle revealed epidermoid carcinoma. Barium esophagram may or may not show an elongated filling defect of the upper esophagus. Mirror laryngoscopy might easily fail to reveal any abnormality. If the pedicle is not easily visible, such a lesion is sometimes overlooked on esophagoscopy due to blending of the polyp with the normal esophageal mucosa.

Considering the preceding factors and the frequent absence of the symptom of regurgitation of a mass into the mouth, one might wonder how many patients with lesions of this type are diagnosed as having complaints of a functional nature.

Although polyps of the digestive pharynx are rare, as witnessed by the paucity of available reports, they achieve importance because occasionally aspiration of the tumor causes asphyxia which results in the patient's death.

References

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