

Benign Fibroepithelial Polyp of Nasal Tip Mickmicking Hemangioma

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Abstract: *Benign fibroepithelial polyp is a lesion originating from the mesodermal lining usually comprising of squamous epithelium. Often these polyps are found in urinary tract or respiratory system, however, it's occurrence on the nasal tip is poorly documented. Fibroepithelial polyp shows characteristic stromal tissue polymorphism including adipose and hemangiomatous tissue. This case report highlights the rare occurrence of a benign fibroepithelial polyp originating from the nasal tip mimicking in a 10 year old female patient with clinical and radiological features of hemangioma.*

Keywords: hemangioma, Benign fibroepithelial polyp, hamartoma

1. Case Report

A 10 year old female patient presented to our outpatient department with complaints of swelling over the tip of nose. The patients parents gave history of a swelling since 6 months of age. Patient had a history of fall at 9 months of age following which the swelling which was pea sized gradually grew in size to approximately 2 x 1 cm. (Figure 1) After the fall, patient had a severe episode of epistaxis which was managed by nasal packing. There was no further episode of epistaxis. On inspection, a sessile lesion was noted extending from the mid dorsal surface of nose involving the columella extending to the right alar region showing mild bluish discolouration of the skin. On palpation, lesion was tender and there was no sign of bleeding. Previously taken ultrasonography was suggestive of hemangioma. At 6 years of age patient had consulted a local doctor and a single dose of Injection triamcinolone 40mg was administered, however, there was no improvement in terms of reduction of swelling. Patient was advised MRI angiography which showed that the lesion was 3.6 x 2.1 x 2.7 cm and was consistent with features of hemangioma showing feeder vessels. The patient was planned for complete lesion excision under general anesthesia. The lesion was excised in toto and primary closure was done. The specimen was excised and sent to the laboratory for histopathological examination which showed skin covered benign polypoid lesion with hyperkeratosis. The stroma composed of sheets of adipocytes and loose collagen with dilated blood vessels which was suggestive of benign fibroepithelial polyp. (Figure 2) Patient was followed up for a period of 6 months and no recurrence has been noted. (Figure 3)

2. Discussion

The occurrence of benign fibroepithelial polyp is attributed to infection, irritation of tissues and allergies.^{5,6} Previously, fibroepithelial polyps were thought to occur as a result of mucosal trauma. Our patient had a history of trauma due to fall at 6 months of age following which the lesion grew rapidly. Firat et al. reported a case of fibroepithelial polyp arising from inferior turbinate as a result of trauma to the nasal mucosa by nasopharyngeal tube. Fibroepithelial polyps comprise of a mixture of various tissue elements that resemble a hamartoma.⁴ Similarly, in our patient, all the

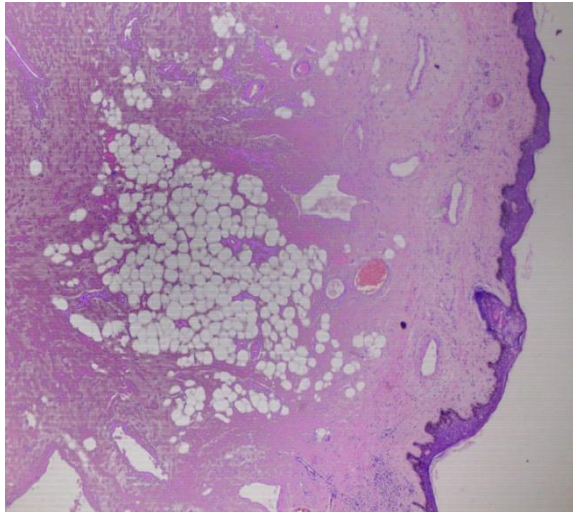
clinical features were consistent with that of a vascular lesion, hemangioma.

Fibroepithelial polyp shows characteristic stromal tissue polymorphism including adipose and hemangiomatous tissue.⁶ In our patient, the stroma composed of sheets of adipocytes and loose collagen with dilated blood vessels and skin covered benign polypoid lesion with hyperkeratosis which was suggestive of benign fibroepithelial polyp.

A case of an aggressive squamous cell carcinoma arising from a huge fibroepithelial polyp, pedunculated to the skin of the lower limb has also been reported.⁷ Therefore, these polyps require complete excision and histopathological examination. In our patient, a complete excision of the lesion was done in toto and no unusual bleeding was encountered during the procedure.

We propose that the formation of a hamartomatous polypoid lesion could be as a result of eosinophilic inflammatory factors which might have induced proliferation of fibroblasts and epithelium, thereby resulting in stromal and epithelial metaplasia.





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Figure 1: Nasal tip swelling

Figure 2: Microscopic view showing features of benign fibroepithelial polyp

Figure 3: Postoperative image following excision of mass

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