A 24-Year-Old Woman With a Nasopharyngeal Mass

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A 24-year-old woman presented with a constant earache and intermittent popping in both ears for 2 months. The symptoms were more noticeable on the left side, without hearing loss, tinnitus, nasal obstruction, epistaxis, throat pain, dysphagia, or dysphonia. Her medical history was significant for 5 years of smoking and a congenital dermoid cyst in the nasopharynx during infancy.

Multiple computed tomography axial images were obtained. They demonstrated a soft tissue mass with a central area of hypodensity within the Rosenmüller fossa, mild right-sided cervical lymphadenopathy, and a small air-fluid level within the left maxillary sinus.

The patient underwent fiber-optic nasopharyngoscopy and laryngoscopy, which revealed a 1.7 x 1.5 x 0.9-cm, exophytic, irregular, polypoid mass obscuring the left lateral nasopharyngeal wall and the left eustacian tube orifice. The lesion was excised. The cut surface contained fat intermixed with fibrous tissue. Histologically, the mass consisted of adipose tissue comprising benign mixed salivary glands, sebaceous glands, mucinous glands, and skeletal muscle, surfaced by benign squamous and respiratory epithelium (Figure).

What is your diagnosis?
Pathologic Diagnosis: Benign Nasopharyngeal Hairy Polyp

Abstract

Hairy polyp of the nasopharynx is an unusual but well-recognized benign neoplastic entity that generally presents as a single mass at birth or within the first year of life. The presence of this lesion in older individuals is rare. Larger lesions produce symptoms because of airway obstruction. Smaller lesions create a ball-valve type of obstruction. We describe a 24-year-old woman who presented with a nasopharyngeal mass after experiencing associated symptoms for 2 months. Microscopically, hairy polyp is composed of skin and adnexal structures overlying benign adipose tissue. The histogenesis of hairy polyp is unknown. Controversy arises in how mixed germ layer tumors are classified. These lesions can be classified into the following 4 types of teratomatous lesions: teratomas, teratoids, epignathi, and dermoids. Nasopharyngeal hairy polyp is a benign lesion and can be cured by excision. Recurrences of this lesion have been reported.

The first reported case of hairy polyp was recorded in 1784. Congenital hairy polyp of the nasopharynx is a rare entity usually presenting at birth or in the first year of life. The oldest described patient with a nasopharyngeal hairy polyp was a 71-year-old man. There is a 6:1 female predominance. Polyhydramnios is a related complication that results from a ball-valve type of obstruction. Smaller lesions create a ball-valve type of obstruction and can be cured by excision. Recurrences of this lesion have been reported.

Microscopically, hairy polyp is composed of skin and adnexal structures overlying benign adipose tissue. Cartilage, muscle, nerves, lymph nodes, minor salivary glands, and bone are occasionally found. These lesions are rarely associated with other congenital malformations such as cleft palate, absent uvula, auricle deformities, facial hemihypertrophy, ankyloglossia, and atresia of the carotid artery. The nasopharynx is the most common site of teratoma formation in the head and neck, with the dermoid type being the most common form of presentation. In 1870, Arnold classified teratomatous lesions into the following 4 categories: teratomas, teratoids, epignathi, and dermoids. Nasopharyngeal hairy polyp is a benign lesion and can be cured by excision. Recurrences of this lesion have been reported.

In conclusion, hairy polyps are benign lesions that are cured by surgical excision. However, these lesions may recur.

References