

## Case Report

# Hamartomatous Polyp of the Tonsil: A Case Report

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ABSTRACT

Hamartomatous polyps of the tonsil are rare. They have been described using various terms such as a lymphangiomas polyp, lymphangiectatic fibrous polyp, lipomatous polyp, or pedunculated tonsil; hence, the actual incidence is difficult to be quantified. Polyp of the palatine tonsils is an unusual benign lesion of the head and neck. It is a rare polypoidal mass that generally arises from a pedicle attached to the tonsil and projecting into the oropharynx. Polypoid lesions of the head and neck are likewise rare, and such tumors arising from the palatine tonsils are sparse. Tonsillar polyp is an uncommon hamartomatous lesion that generally arises from the tonsillar surface. It has rarely been reported in the medical literature. We present a case of hamartomatous polyp of the palatine tonsil in a 17-year-old male patient.

**KEYWORDS:** *Hamartoma, palatine tonsil, pedunculated polyp*

## INTRODUCTION

Hamartoma is a mass of disorganized tissue indigenous to the particular site, and has traditionally been considered to be a developmental malformation.<sup>[1]</sup> Hamartomatous polyps are uncommon, benign proliferations that generally arise from the surface of the palatine tonsils.<sup>[2]</sup> These commonly present as unilateral polypoidal masses that cannot be clinically differentiated from other benign tonsillar lesions. The polyp is covered by squamous epithelium and its stroma consists of different components that vary from loose to dense collagenous and adipose tissues, dilated lymphatic channels, and lymphoid tissues.<sup>[3]</sup> Hamartomas are simple and spontaneous growths composed exclusively of components derived from local tissue. The growths produce an excessive number of cells that reach maturity and cease to reproduce, hence, the growth is self-limiting. Hamartomas often present many clinical features of a neoplasm, although they are basically malformation. However, some genetic studies have shown the presence of acquired translocations, suggesting a neoplastic origin.<sup>[4]</sup> Hamartomatous polyp of palatine tonsil is rare. The actual incidence is not documented due to different names used by pathologists to describe this polyp, including lymphangiectatic fibrous polyp, hamartomatous polyp, lipoma, and pedunculated hamartomatous polyp.<sup>[5]</sup> The name given to it depends on the histological content of the polyp. Because of the unusual clinical and pathologic features of these polyps, pathologists and clinicians alike

may have difficulty in classifying them correctly.<sup>[6]</sup> The rare occurrence of hamartomatous polyp and varying terminologies used to describe it have made it difficult to accurately assess the true incidence, and hitherto the largest series being of 26 cases over a period of 20 years.<sup>[3]</sup> A review of the reported cases shows that patients usually present with symptom of recurrent tonsillitis, a mass in the throat, difficulty in swallowing, blood on coughing, and dysphagia. These are nonspecific symptoms due to mass effect.

We present a case of hamartomatous polyp to stress on the benign nature of this rare lesion, clinically diagnosed as neoplasm. We want to emphasize the hamartomatous nature of this lesion with review of literature.

## CASE REPORT

A 17-year-old male patient reported to the ENT outpatient department with complaints of dysphagia. He also gave a 1-year history of a mass in the left tonsillar region. The patient was relatively asymptomatic before 1 year when he noticed a small swelling in the left tonsillar region, which gradually and painlessly increased up to its present size. The mass was not associated with bleeding, pain,

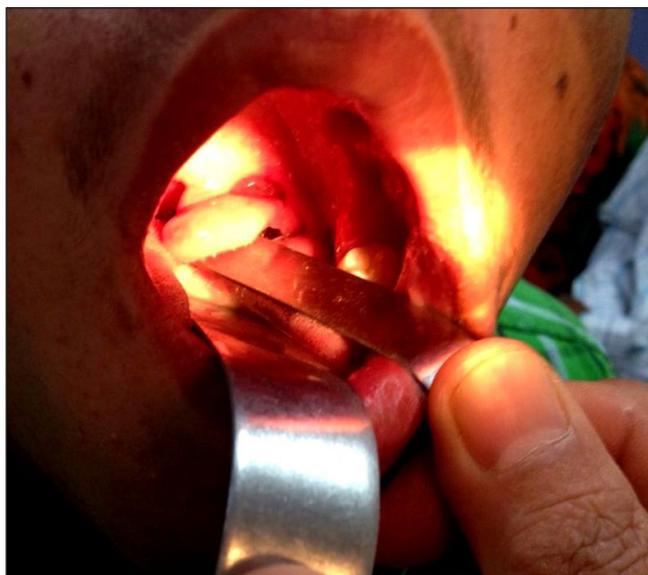
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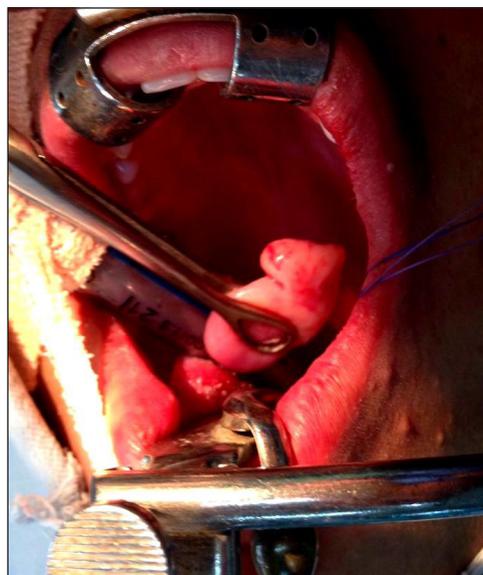
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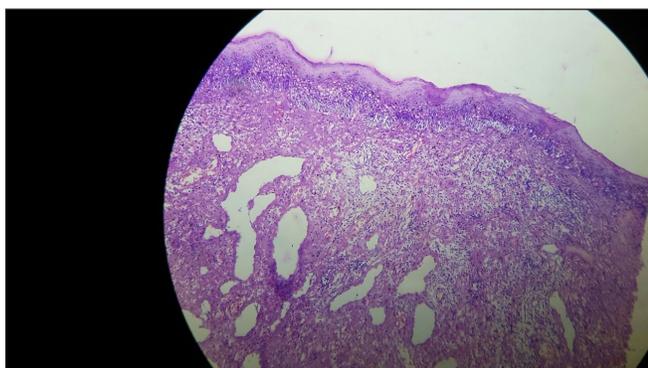
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**Figure 1:** Polypoidal mass extending from the left palatine tonsil into the oropharynx



**Figure 2:** Tonsillar polyp during excision



**Figure 3:** Microscopic picture of the specimen

or obstructive sleep apnea. However, he was otherwise healthy with no history of surgery or treatment. On physical examination, it was found that the patient had a smooth, elongated pink polypoidal mass extending from the left palatine tonsil into the oropharynx [Figure 1].

The mass moved with swallowing. On palpation, our findings were confirmed. The mass was pedunculated, nonwarm, nontender, soft-to-firm in consistency, mobile, and approximately  $4 \times 2 \times 1$  cm in size. Examination of the oral cavity revealed bilateral normal tonsils. The oral cavity was clinically normal. There was no evidence of cervical lymphadenopathy. Systemic examination did not reveal any abnormality. The results of all the routine blood investigations were normal. The polypoidal mass with its pedicle was excised under general anesthesia [Figure 2].

The specimen was sent for histopathological examination. On gross examination, it was found that there was a brownish white soft polypoidal tissue mass measuring

$2 \times 2 \times 1$  cm in size, which was firm in consistency. The cut section showed homogenous whitish-yellow smooth surface. Microscopic examination showed a pseudostratified columnar epithelial lining with a basal columnar cell layer. The underlying stroma was infiltrated by chronic inflammatory cells such as lymphocytes, plasma cells, and eosinophils. The stroma also showed edema and congestion of small blood vessels. The histological features were confirmatory of features of a polyp [Figure 3]. In the follow-up period of 1 year, the patient remained asymptomatic with no evidence of remnant lesion or recurrence of the lesion.

## DISCUSSION

Hamartoma is derived from a Greek word “hamartion,” which means a bodily defect. It is actually a tumor-like growth composed of mature tissues that are normally present at the site in which they develop, different with choristoma, another tumor-like growth of well-developed normal cells in abnormal location.<sup>[7]</sup> Although a hamartoma is not a tumor, malignant changes can develop.<sup>[4]</sup> Hamartomas are rare in the head and neck region, especially in the pharynx.<sup>[8]</sup> Different terms such as lymphangiectatic fibrous polyp, polypoid lymphangioma, angiofibroma, pedunculated squamous papilloma, hamartomatous tonsillar polyp, pedunculated tonsil, lipoma, lymphangiectatic fibrolipomatous polyp, and lymphangiomatous polyp have been used in the English literature for its classification.<sup>[9]</sup>

We agree with the assertion that these lesions are most likely hamartomatous because they consist of a haphazard proliferation of elements that are normally found in the tonsil.

Clinical features of tonsillar polyp are dysphagia, snoring, and a sensation of a foreign body with insidious progression.<sup>[8]</sup> According to the size of the tumor, swallowing disorders, cough, aspiration, and burping may occur. Usually, the morphological aspect of the tumor is similar to the one of a polypoid lesion attached to the tonsil, to the wall of the tonsillar bed, or to the lateral wall of the hypopharynx, pedunculated, with single or multiple lobulations, a smooth surface, and a bright red or pink color as the pharyngeal mucosa. Treatment is through surgical resection. Complete excision of the lesion including the stalk is usually successful. In adults, surgery can be performed under local anesthesia.<sup>[10]</sup> The tumor is grasped and tractioned to the oral cavity with forceps for further clamping of its stalk and total excision. The surgical excision of the mass can be performed alone or along with tonsillectomy, depending on the involvement of the surrounding tonsillar parenchyma or the presence of recurrent episodes of tonsillitis. Most authors recommend that tonsillectomy is the curative procedure of choice. However, an excision of the polypoid mass may be the only necessary procedure instead of a tonsillectomy.

In our case, because there was no history of any recurrent episodes of tonsillitis, we did not choose to perform tonsillectomy.

## CONCLUSION

In conclusion, we have reported a case of a polypoid lesion found in the left tonsil and given the name

hamartomatous polyp, indicating its non-neoplastic nature.

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## Conflicts of interest

There are no conflicts of interest.

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