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Giant fibrovascular polyp of the esophagus: a case report and diagnostic-therapeutic issues

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Dear Editor,

We present the case of a 62-year-old male who presented with odinophagia and heartburn of a five-month duration. Gastroscopy identified a subepithelial lesion that originated distal to the upper esophageal sphincter and extended downwards into the fundus. There were ulcerations at this level, which took up a large portion of the esophageal lumen, albeit without standing in the way of the gastroscope (Fig. 1A). A barium study identified a large radiolucent endoluminal lesion of 25-30 cm in size that extended from the upper third of the esophagus to the gastric fundus and resulted in an esophageal dilation (Fig. 1B). A computed tomography (CT) scan revealed an endoluminal mass that involved the entire esophagus and gastric fundus, with prominent intra-lesion blood vessels (Fig. 1C). The patient underwent a left lateral cervicotomy, laparotomy and gastrostomy. The surgical specimen revealed a giant fibrovascular polyp of 16 x 9 cm in size. The patient had a good outcome after the procedure, without obstructive or gastroesophageal reflux complaints.

Discussion

Fibrovascular polyps represent 1% of benign esophageal lesions (1). They are usually pedunculated intraluminal lesions lined by normal mucosa and made up of fibrous tissue, adipose tissue and blood vessels. They may grow to a large size and the distal portion is usually ulcerated. They may also induce nonspecific manifestations such as a cough or reflux suggestive symptoms; cases have been reported where the mass is regurgitated with secondary airway compromise (2). Diagnosis is usually endoscopic. Both CT and magnetic

resonance imaging (MRI) offer more options with regard to surgery planning (3). Lesions smaller than 1 cm with no complaints do not require a resection and endoscopic resection is recommended for lesions smaller than 2 cm with a thin stalk. Surgery via a transcervical approach is preferred for lesions larger than 5 cm with associated symptoms or with a large or highly vascular stalk.

References

1. García Pérez B, García Paredes R, Ono A, et al. Pólipo fibrovascular gigante esofágico. Visión endoscópica. *Rev Esp Enferm Dig* 2012;104-6.
2. Montes R, López M, Cascallana JL. Asfixia por un pólipo fibrovascular gigante de la hipofaringe. *Rev Esp Med Legal* 2014;40:39-42.
3. Yannopoulos P, Manes K. Giant fibrovascular polyp of the esophagus - Imaging techniques can localize, preoperatively, the origin of the stalk and designate the way of surgical approach: a case report. *Cases J* 2009;26:6854. DOI: 10.4076/1757-1626-2-6854

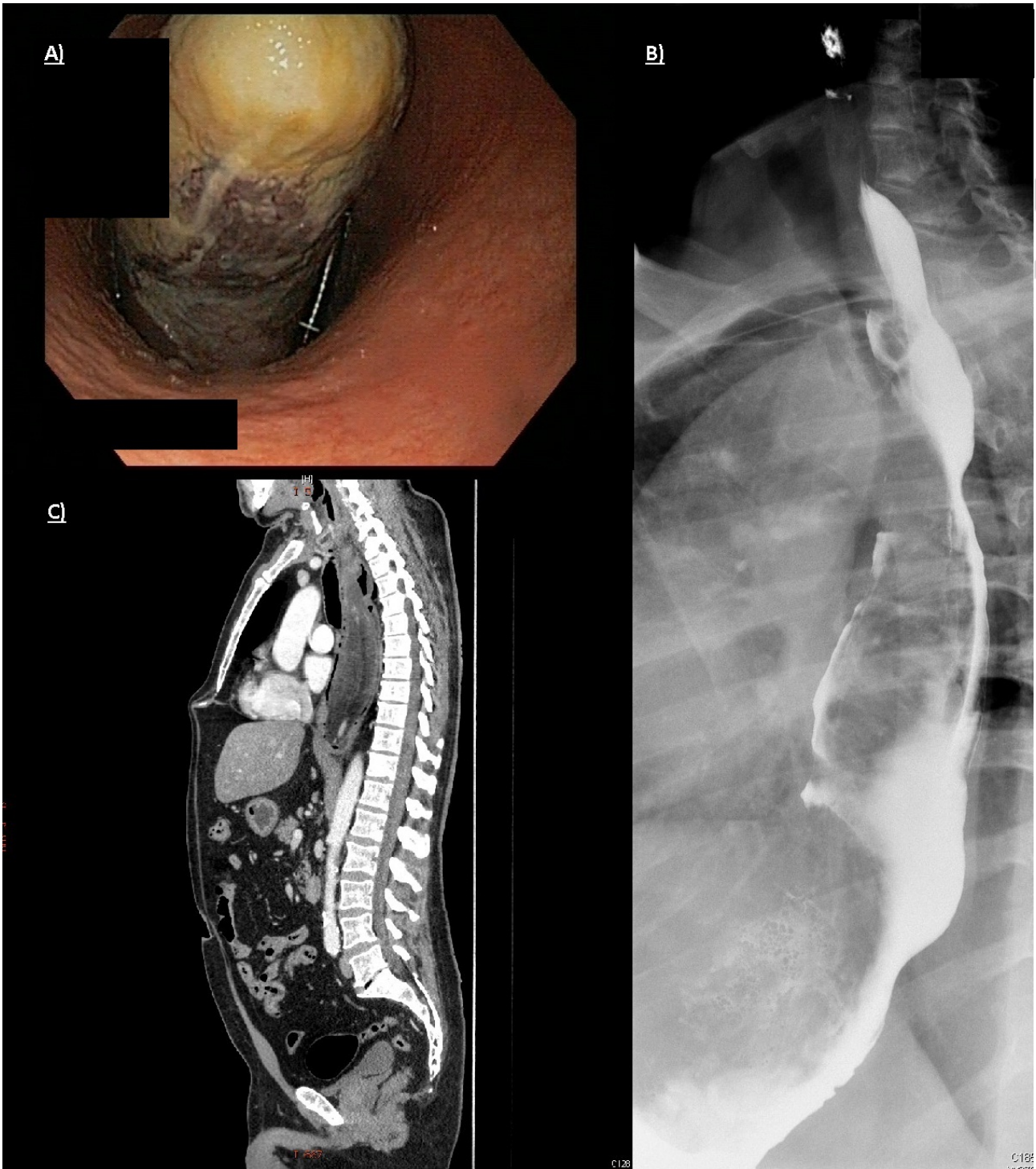


Fig. 1. A. Gastroscopy: an ulcerated fibrovascular polyp seen in retroversion from the gastric chamber. B. Barium study: a large radiolucent endoluminal lesion of 25-30 cm in size extending from the upper third of the esophagus to the fundus, resulting in an esophageal dilation. C. CT scan: an endoluminal mass involving the entire esophagus and gastric fundus, with prominent intra-lesion blood vessels.

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