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A Giant Fibrovascular Oesophagus Polyp : Imaging Finding

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Absract
The fibrovascular polyp is a rare benign intraluminal lesion of the esophagus, this lesion can remain asymptomatic until it becomes voluminous, its diagnosis is usually evoked in endoscopy and confirmed by barium esophagogram and CT scan. We report a case of a fibrovascular polyp of the esophagus in a 82-year-old man, the polyp is composed of dense fibrous tissue, in which there are thin-walled blood vessels and predominant amount of adipose tissue, the diagnosis was confirmed by an endoscopic biopsy.

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I. Introduction

The fibrovascular polyps of the esophagus are rare, benign tumors that characterized by developement of pedunculated intraluminal masse (1). Histologically, these lesions are composed of various amounts of dense fibrous tissue, vascular tissue, and variable amount of adipose tissue, which may be predominant. We report a case of a fibrovascular polyp of the esophagus which is symptomatic by the presence of regurgitation and progressive deterioration in general condition.

II. Case Report

A 82-year-old man, was referred to our emergency due to history of regurgitation and progressive deterioration in general condition since two months. The clinical examination finds an epigastric sensitivity. The patient underwent an endoscopy which revealed a very dilated esophagus with the presence of a tissue formation of under mucosa appearance of the lower third of the esophagus partially stenosing. The oesophagogram was not performed, but a CT scan was performed for the extension assessment, which reveals aendoluminal polypoid mass occupying the thoracic esophagus and extending to the cardia, it has a triple component, dense fibrous tissue, a predominant fats tissues and vascular structures (Figure 1).This soft tissue polypoid mass caused a marked dilatation of the proximal and mid esophagus (Figure 2).The diagnosis was confirmed by an endoscopic biopsy.

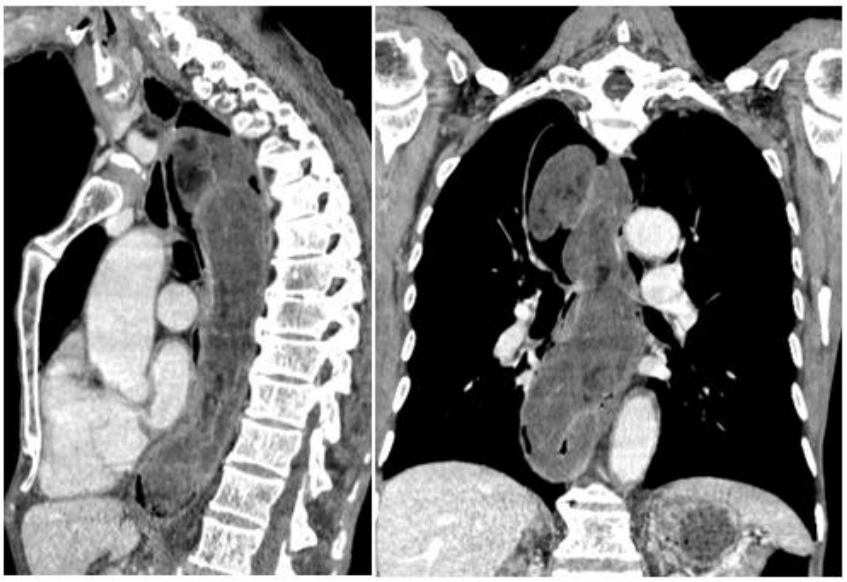

Figure 1 : CT reveals a endoluminal polypoid mass occupying the thoracic esophagus and extending to the cardia, it has a three component, densefibrous tissue, a predominant fats tissues and vascular structures

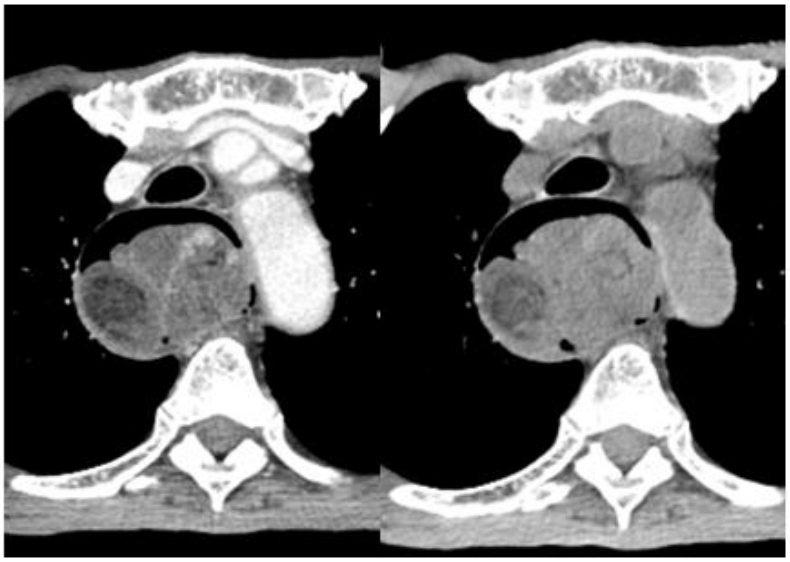

Figure 2 : This polypoid mass caused a marked dilatation of the proximal and mid esophagus

III. Discussion

The fibrovascular polypsisa rarebenign lesionof the osophagus which accounts for 0.5- 1% of all benign esophageal tumors (2, 3). Thepolypischaracterized by developementof pedunculated intraluminal masse, andoccursin particular from the upper third of the esophagus and are corvered with normal esophageal mucosa. Histologically,the polyp is composed of loose or dense fibrous tissue, in which there are thin-walled blood vessels. A variable amount of adipose tissue, which may be predominant (4),these lesions have been termed, fibromas, lipomas,fibrolipomas or fibroepithelial polyps (5). however, they have all been classified as FVPs by the World Health Organization‘s international histological classification of tumors (6). Usually asymptomatic, except for polyps having a large size, the most common clinicalsymptomsare represented by the regurgitation of the fleshy masse into the pharynx or even into the mouth, dysphagia, respiratory symptoms and asphyxiation when the polyp regurgitates and occludes the larynx(7,8)The growth in size of this polypis very progressive over a period of years but gradually it can reach the distal part of the esophagus or even prolapsing into the stomach (9). And if the polyp is very large, it can compress the trachea and be responsible for dyspnea, wheezing, and choking spells.In the majority of cases, initial diagnosis is made by barium esophagogram (10). This typicallyshows a smooth, sausage-shaped intraluminal masses in the upper or upper and middle thirds of the esophagus (11).When the endoscopy is perfomed alone, il can miss the diagnosis because of the normal squamous epithelium lining the polyp. At CT,depending on the proportions of adipose and fibrovascular tissue in the polype. Areas of fibrous tissue show soft tissue attenuation, whereas areas of adipose tissue show fat attenuation. In our case, the lesion has predominantly fat density and a minor proportion of areas of fibrous tissue. Generally these lesions have a heterogeneous appearance. the vascular component is important component of the fibrovascular polyp, as the name implies. The CT finding of feeding vessels within a polyp can be more readily visualized at an early arterial phase of contrast-enhanced CT **(Figure 1, 2).**some cases of the literature have also been explored by MRI and show a hyperintense T1 signal of the fatty component and the intense enhancement after contrast. When the diagnosis is made, the curative treatment of the polyp is excision. The resection method is determined according to volume, location, and avscularity of the polyp. If the polype is small and accessible, endoscopic resection is recommended, but large masses should be approached surgically because the risk of bleeding is high inthe case of endoscopic resection

IV. Conclusion

The fibrovascular polyps is a rare begnin tumor of the esophagus,usually it consists of varying proportions of fatty, fibrous and vascular tissue. Its diagnosis can be suspected clinically and confirmed by exploration such as esophagography, CT scan and possibly MRI, the treatment is either endoscopic or surgical excision

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