An Usual Cause of Intermittent Dysphagia

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Question: A 58-year-old man presented with a 1-year history of intermittent dysphagia and globus sensation. Upper endoscopy revealed a huge, sausage-shaped mass originating from the cervical esophagus (Fig. 1A). The mass was pulled into the oral cavity during examination (Fig. 1B). Endoscopic ultrasonography revealed a heterogeneous hyperechoic lesion located at the submucosal layer of the esophagus (Fig. 1C). Endoscopic resection was performed using a snare without complications such as bleeding (Fig. 1D).

What is the most likely diagnosis?
Answer: Macroscopically, the mass was a 12-cm pedunculated polypoid lesion covered with normal esophageal mucosa (Fig. 1D). Histopathologically, the lesion was covered with benign squamous epithelium, and its core was composed of loose fibrous tissue, adipose cells, and blood vessels (Fig. 2). We diagnosed the patient with a giant fibrovascular polyp of the esophagus. Upper endoscopy 6 months later revealed no recurrence.

An esophageal fibrovascular polyp is a rare, benign, intraluminal, subepithelial tumor originated from the proximal esophagus.\(^1\) The treatment modality is chosen after assessing the origin, size, and vascularity of the pedicle. Generally, small polyps <2 cm in diameter with a thin pedicle can be removed endoscopically without many complications but this is not recommended in larger tumors (length >8 cm).\(^2\) However, after accurate evaluation of the origin of the polyp and the realm of its pedicle under endoscopic ultrasonography, endoscopic resection can be another treatment option for a giant esophageal fibrovascular polyp.

REFERENCES