Case Report

Fibrovascular Polyp of the Esophagus in an Infant: A Rare Case Emerging from a Tribal Healthcare Setting.

Rajan Kumar[1], Akanksha Raj[2], Soumi Kundu[3], Nishat Ahmed Sheikh[4], Md Ehtesham Ansari[3]

From, [1]Associate Professor, [3]Assistant Professor, Department of Paediatrics, [4]Professor, Department of FMT, All India Institute of Medical Sciences, Deoghar, Deoghar(Jharkhand), India, [2]Senior resident, Department of Obstetrics and Gynaecology, ANMMCH Gaya, Gaya (Bihar), India

ABSTRACT

Fibrovascular polyp is a rare benign intraluminal submucosal lesion of the esophagus that usually arises from the proximal portion and, despite its non-malignant nature, can enlarge significantly and lead to life threatening complications, particularly in children where cases are exceedingly uncommon. We report a 7-month-old female infant who presented with progressive dysphagia, intermittent respiratory distress, and protrusion of a soft mass from the mouth during coughing. Imaging revealed a fat-attenuated lesion in the upper cervicothoracic esophagus, while endoscopy demonstrated a large pedunculated mass. Surgical excision was performed via left lateral pharyngo-esophagostomy, and histopathology confirmed fibrovascular polyp composed of myxoid, fibrofatty, and collagenous tissue with dilated vascular channels beneath squamous epithelium. The postoperative course was uneventful, with resolution of dysphagia and respiratory symptoms, and at three-month follow-up no recurrence was detected. This case underlines the importance of considering fibrovascular polyp in the differential diagnosis of infants presenting with unexplained dysphagia, recurrent respiratory compromise, or visible oropharyngeal masses. Although benign, delayed recognition may result in aspiration or fatal airway obstruction, making early diagnosis and prompt surgical intervention crucial. Reporting such rare pediatric cases enhances clinical awareness and contributes to timely recognition and management in future practice. Written informed parental consent was obtained for publication.

Key words: Fibrovascular polyp, infant, esophagus, Esophageal tumor

Fibrovascular polyps are rare benign intraluminal submucosal pedunculated tumours of the esophagus, usually arising from the proximal region and capable of significant growth [1]. Histologically, they consist of fibrous and vascular tissue covered by squamous epithelium. Most are located in the upper third of the esophagus and present with dysphagia, respiratory distress, or rarely with a mass protruding through the mouth during coughing [1, 2]. Large lesions may reflux into the airway, leading to fatal asphyxiation [2].

While documented in adults, fibrovascular polyps are exceedingly rare in infants, with only a handful of pediatric cases reported [3-5]. Their rarity often delays diagnosis. We report such an unusual case in a 7-month-old infant, emphasizing awareness, timely recognition, and management.

CASE REPORT

A 7-month-old female infant presented with progressive dysphagia intermittent protrusion of a soft mass from the mouth during coughing, occasionally accompanied by respiratory distress. Symptoms had persisted for two months. On examination, a soft tissue mass was visible during crying. Systematic examination was unremarkable. Laboratory tests and chest radiography were normal.

Endoscopy demonstrated a large pedunculated whitish lesion in the upper third of the esophagus. Biopsy revealed benign fibrofatty tissue but was inconclusive. Contrast-enhanced computed tomography showed a well-circumscribed, predominantly fat-attenuated submucosal lesion, 1-2 cm distal to the cricopharyngeal junction, narrowing the esophagus and causing scalloping of the tracheal wall. Ground glass opacities suggested recurrent aspiration (Figure 2).

Differential diagnoses included bronchogenic cyst, hemangioma, and other submucosal tumors. Based on imaging and endoscopy, fibrovascular polyp was suspected. The child underwent excision via left lateral parno-

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Correspondence to: Dr Md Ehtesham Ansari, Department of Paediatrics, All India Institute of Medical Sciences, Deoghar, Jharkhand, India

Email: dr.ehteshamnizami1987@gmail.com

esophagostomy under general anesthesia. Grossly, the mass was pedunculated with a smooth surface (Figure 3). Histopathology showed myxoid, fibrofatty, and collagenous tissue with dilated vascular channels beneath squamous epithelium, confirming fibrovascular polyp. Postoperative recovery was uneventful. Dysphagia and coughing resolved, and at three-month follow up-, no recurrence was observed. Written informed parental consent was obtained for publication for this case and images.

Figure 1: A large whitish mass prolapsing through the oral cavity

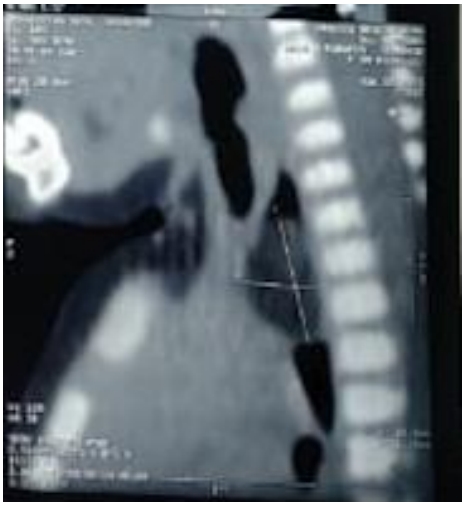

Figure 2: Sagittal CT image showing a fat-attenuated esophageal polyp arising from the anterior wall.

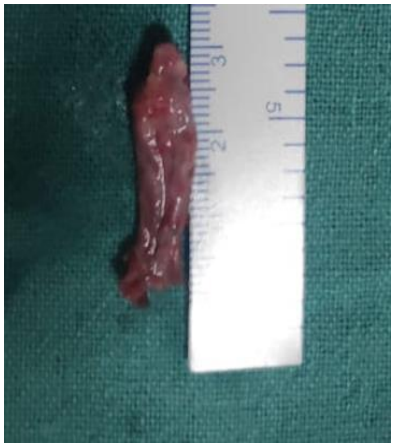

Figure 3: Gross specimen of excised fibrovascular polyps.

DISCUSSION

Fibrovascular polyps are rare benign tumors of the esophagus, with very few pediatric cases reported [3]. They consist of fibrous and fatty tissue covered by mucosa and may arise due to submucosal thickening and mechanical effects of peristalsis against circopharyngeal constriction [4].

In infants, nonspecific symptoms often delay diagnosis. Awareness is therefore critical. Imaging modalities such as endoscopy, CT, and MRI assist in localization and exclusion of differentials, including cysts and hemangiomans [5, 6]. Treatment depends on size and location. Endoscopic resection is feasible for small lesions (<2 cm), while large or high-risk lesions may require open surgery [7]. In our patient, open excision was chosen given the lesion's size, proximity to the cricopharyngeal junction, and aspiration risk.

Compared to earlier pediatric reports [5,8], our case underscores diagnostic challenges and the importance of prompt surgical management. However, limitations remain: it is a single case without long term follow up.

CONCLUSION

Fibrovascular polyps of the esophagus, although exceptionally rare in infants, should be actively considered in the differential diagnosis of unexplained dysphagia, recurrent respiratory compromise, or visible oropharyngeal masses. Despite their benign histology, these lesions can grow substantially and, if unrecognized, may lead to serious complications such as airway obstruction, recurrent aspiration, or even fatal outcomes. Timely diagnosis using endoscopy, computed tomography, or other appropriate imaging modalities, followed by prompt surgical excision, is crucial to prevent morbidity and ensure complete resolution of symptoms. Reporting such rare pediatric cases not only enhances clinical awareness but also contributes to the collective knowledge that can guide early recognition, risk assessment, and management strategies in future clinical practice.

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