

## Airway Fibroepithelial Polyp: An Incidental Bronchoscopic Finding

### Pólipo Fibroepitelial: Um Achado Broncoscópico Incidental

**Keywords:** Bronchial Neoplasms/diagnosis; Neoplasms, Fibroepithelial/diagnosis; Polyps/diagnosis

**Palavras-chave:** Neoplasias dos Bronquios/diagnóstico; Neoplasias Fibroepiteliais/diagnóstico; Pólipos/diagnóstico

Dear Editor,

Benign tracheobronchial tumors account for only 1.9% of pulmonary tumors<sup>1</sup> and airway fibroepithelial polyps are even rarer.

The authors describe a case of a 73-year-old man, former smoker, that presented with dry cough lasting several weeks. There was no previously known history of asthma, chronic obstructive lung disease, sinusitis, rhinitis, bronchiectasis, gastroesophageal reflux disease, cardiac, respiratory infections or other respiratory conditions. In addition, the patient was not taking any previous medicines and lung function tests were normal.

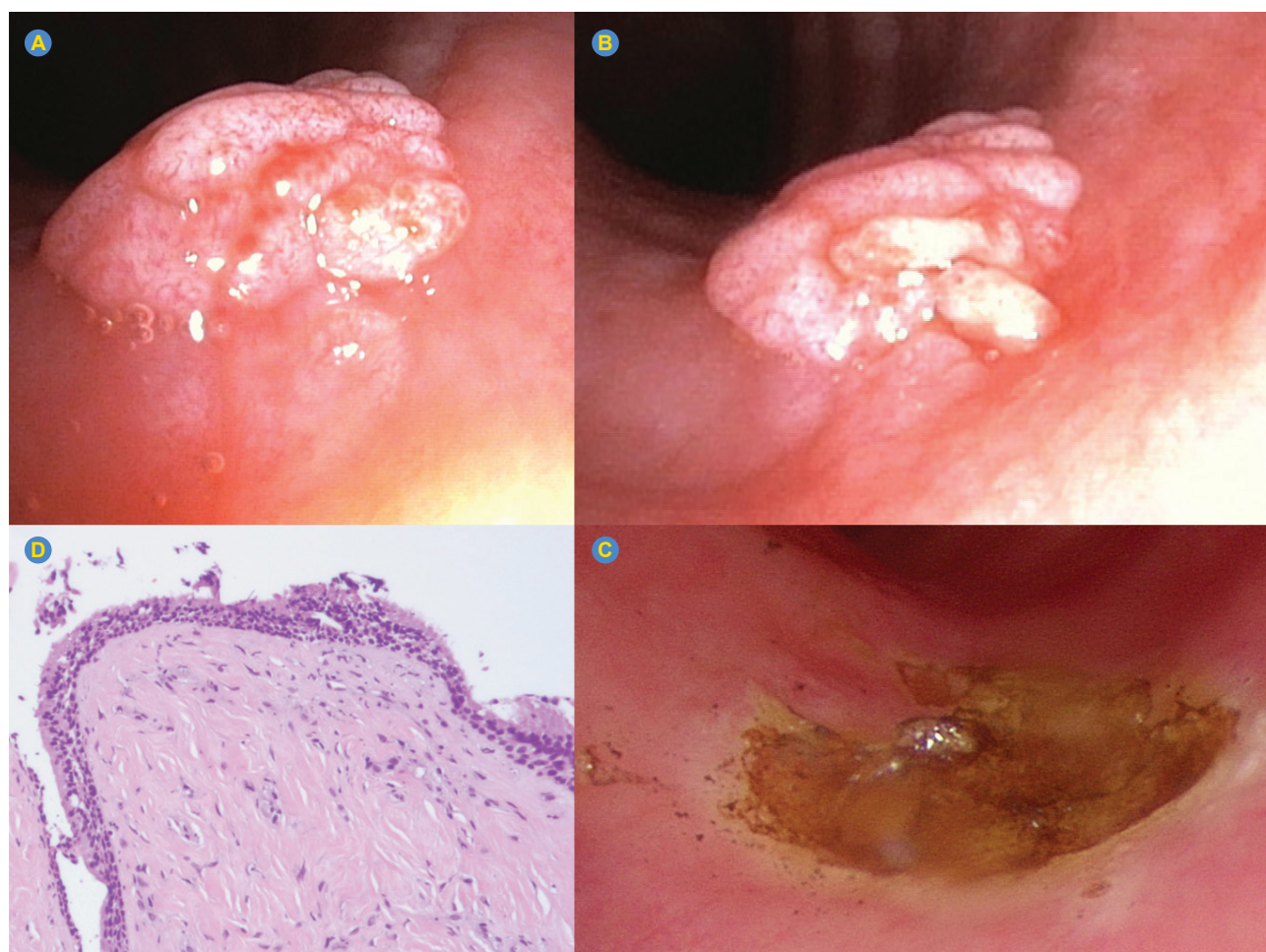
On chest computed tomography (CT) no changes were

observed but since symptoms progressed a bronchoscopy was performed. At bronchoscopic examination, a 1.5 cm pedunculated lobulated endoluminal lesion with a glossy surface and hard consistency was arising from the anterior wall of the proximal portion of the trachea and resulting in luminal narrowing (Figs. 1A, 1B). The lesion was biopsied and fully removed with Diode Laser during a rigid bronchoscopy (Fig. 1C). At gross examination, it measured 1.2 x 1.0 cm with a lobulated contour and a glossy surface (Figs. 1A, 1B). Histopathologically, it had lobulated contours with marked papillary projections and consisted of fibrovascular stroma covered by normal respiratory epithelium (Fig. 1D).

A recent review of the literature found only 24 reported cases.<sup>2</sup> Intratracheal tumors may be asymptomatic but can present with wheezing, cough or dyspnea.<sup>3</sup> Size and location vary widely, and most cases are in located in the right bronchial tree.<sup>3</sup>

The etiology remains unclear, but it is thought to be associated with chronic inflammatory processes. There are reports of cases associated with smoking, asthma, thermal injury and foreign body aspiration.<sup>4</sup>

Histologically, it consists of fibrovascular stroma covered by normal respiratory or squamous epithelium, and



**Figure 1** – Lobulated endoluminal lesion with a glossy surface (A, B); Resection of the polyp with laser (C); Lobulated contours with marked papillary projections consisting of fibrovascular stroma covered by normal respiratory epithelium (D).

macroscopically many are lobulated, resembling a blackberry.<sup>5</sup> Fibroepithelial polyps are histologically different from papillomas, which are related with human papilloma virus, affect mainly the vocal cords and trachea and have malignant potential.<sup>3</sup>

There is no consensus on the best treatment approach. Some authors advocate that small scarce symptomatic lesions should be treated with corticosteroids and antibiotics.<sup>2</sup> However, the treatment of choice may be endobronchial resection through mechanical debulking, laser or electrocautery. Surgery is rarely necessary and is an option when endobronchial resection is difficult or when pathological findings are controversial.<sup>2</sup>

We have not found any reports on recurrence or malignant transformation.<sup>6</sup>

The fibroepithelial polyp is a rare benign tumor that should be included in the differential diagnosis of all tracheobronchial tree lesions, especially in smokers and among patients with chronic obstructive pulmonary disease.<sup>1</sup>

#### AUTHOR CONTRIBUTIONS

MJS: Writing of the manuscript.

JNM: Writing of the manuscript.

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#### PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

#### DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

#### PATIENT CONSENT

Obtained.

#### COMPETING INTERESTS

The authors have declared that no competing interests exist.

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