

Dysphagia caused by an inverted papilloma

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DESCRIPTION

A previously healthy 57-year-old man presented with progressive dysphagia and sore throat with 1-month duration. Nasal obstruction was present but neglected. Examination revealed an enormous mass in the posterior wall of the oropharynx (figure 1) pending from the nasopharynx (figure 2), blocking the left nasal cavity and reaching the epiglottis. Differential diagnosis includes benign lesions such as antrochoanal polyp, inflammatory polyp, angiofibroma or encephalocele and malignant neoplasms like epidermoid carcinoma or adenocarcinoma.¹ At the beginning, for its clinical appearance, it was considered as an antrochoanal polyp. An office biopsy was performed, and the histopathological report confirmed a benign inverted papilloma with an exceptional presentation. A 14 cm inverted papilloma, arising from the left lateral nasal wall, was endoscopically resected, and no recurrence occurred after 1 year of follow-up. Unlike other benign lesions, close follow-up is mandatory in inverted papillomas because recurrence occurs in 12%–15% and malignant transformation in 7%–9%.^{2 3}



Figure 1 Papilloma in the posterior wall of the oropharynx.



Figure 2 Papilloma being pulled out from the back of the nose to the mouth with forceps.

Learning points

- ▶ Large inverted papilloma can be a cause of dysphagia.
- ▶ Inverted papillomas are macroscopically indistinguishable from other nasal lesions.
- ▶ This case exemplifies the importance of seeing beyond the obvious and keeping in mind a vast differential diagnosis.

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