

Hairy polyp of the nasal vestibule

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Accepted 20 May 2021

DESCRIPTION

A male infant was born with a pendulous fleshy mass attached to the right nasal vestibule (figure 1A). The mass caused nasal deviation and interfered with feeding. Bilateral preauricular skin tags, bilateral clefts, a lip pit under the left nostril and dermoid on the limbus of the left eye were also seen on clinical examination. MRI of the head to investigate for intracranial extension revealed bilateral trigeminal nerve hypoplasia, as well as hypoplasia of the right internal auditory meatus with complete atresia of the right facial, cochlear and vestibular nerves. Surgical excision of the nasal mass was performed to alleviate feeding difficulty and for histopathological evaluation. Histology revealed a pedunculated polyp lined by epidermis (figure 1B), with the superficial stroma featuring numerous adnexal structures including hair follicles, sebaceous and eccrine glands and erector pili muscle (figure 1C). The central parts of stroma contained loose cellular fibrous tissue with spindle cells, many variably sized lymphatic spaces and fewer thick-walled blood vessels. Cartilaginous tissue was present near the pedicle (figure 1D). A histological diagnosis of hairy polyp arising from the nasal vestibule was reached. This site of presentation is unusual as most reported cases are within the oropharynx, nasopharynx and middle ear.^{1–3} In view of the other first and second branchial arch anomalies noted on clinical examination and on MRI, the features were considered

within the spectrum of Goldenhar syndrome (oculo–auriculo–vertebral spectrum). These findings further support the hypothesis that structures which develop from the first pharyngeal pouch or second branchial arch are possible sites for development of hairy polyps.⁴ In conclusion, hairy polyp is a developmental anomaly which can be isolated or occur in association with congenital malformations including first and second arch anomalies, facial hemihypertrophy, cleft palate, etc. Clinical suspicion of a congenital anomaly at this site should prompt imaging studies before management to ensure absence of intracranial extension.

Learning points

- ▶ Hairy polyp, also known as a teratoid polyp or dermoid polyp, is a benign polypoid lesion of developmental origin, composed of ectoderm and mesoderm.
- ▶ Depending on the location of a hairy polyp, the differential diagnosis can include but is not limited to teratoma, encephalocele, craniopharyngioma, dermoid cyst, hamartoma, glioma, etc.
- ▶ Histological examination is crucial in distinguishing hairy polyp from other congenital anomalies including teratomas, hamartomas, dermoid cyst and choristoma.

Correction notice This article has been corrected since it has been published online. The figure legends and part labels has been update to match the description in the text.

Contributors OKA, HK, JJ and AJ were involved in the surgical management, histopathological evaluation and preparation of the case report manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Parental/guardian consent obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

- 1 White LJ, Shehata BM, Rajan R. Hairy polyp of the anterior nasal cavity. *Otolaryngol Head Neck Surg* 2013;149:961–2.
- 2 Cone BM, Tawevisit M, Shenoda S, et al. Pharyngeal hairy polyps: five new cases and review of the literature. *Fetal Pediatr Pathol* 2012;31:184–9.
- 3 Tariq MU, Din NU, Bashir MR. Hairy polyp, a clinicopathologic study of four cases. *Head Neck Pathol* 2013;7:232–5.
- 4 Simmonds JC, Jabbour J, Vaughn JA, et al. Hairy polyps: a new case presentation and a pathogenetic hypothesis. *Laryngoscope* 2019;129:2398–402.

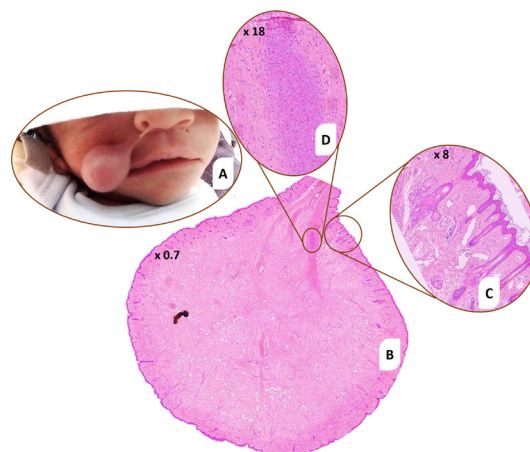


Figure 1 (A) Clinical image of smooth surfaced pendulous polypoid mass attached to the right nasal vestibule. (D) Histology images of pedunculated polyp lined by epidermis. (C) Overlying epidermis and adnexal structures including hair follicles, sebaceous and eccrine glands. (B) Cartilage near the pedicle.



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To cite: Adegun OK, Kanona H, Joseph J, et al. *BMJ Case Rep* 2021;14:e242554. doi:10.1136/bcr-2021-242554

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