

## Image Case :Esophageal Polyp in old man, is it common?

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Received :1/10/2011  
Accepted after  
revision: 30/10/2011

An esophageal polyp is a type of abnormal growth that protrudes from the lining of the esophagus. Esophageal polyps are rather rare in the general population, and in a broad-spectrum autopsy study were identified with a frequency of only 0.5%. Additionally, these growths are more common in men than women, and generally do not occur until middle age [1]. When esophageal polyps do result, they are most often asymptomatic and benign. However, it may present with bleeding, dysphagia, chest pain and sometimes respiratory manifestations including aspirations and even asphyxia especially with fibrovascular polyps [2]. Different types of polyps were described in the esophagus ; these includes, hyperplastic polyps, inflammatory fibroid polyps, squamous cell carcinoma, adenocarcinoma, gastrointestinal stromal tumors (GIST), fibrovascular polyps [2] and hamartomas e.g. Cowden's disease [3].

Squamous cell papilloma is usually considered benign, and does not usually correlate with the development of squamous cell carcinoma. Squamous cell carcinoma usually develop at several areas in the esophagus simultaneously, and form "frond-like" protrusions within the esophageal lumen [4]

Adenocarcinoma of the esophagus may develop following long history of Barrett's metaplasia of the lower esophagus following long history of GERD, or may develop in ectopic gastric mucosa [4].

The fibrovascular polyp grows into a large stalk form, up to 50 cm long, and is constructed of loose fibrous connective tissue, fat, and blood

vessels, covered by a layer of epithelium cells. These polyps usually develop in the upper third of the esophagus. In one study, 87% of patients with fibrovascular polyps reported dysphagia, 25% had respiratory problems, and 12% had experienced partial regurgitation of the top of the stalk into their mouth or throat. This type of esophageal polyps is also benign, but is very, very rare. [5]

Diagnosis of esophageal polyps usually occurs via barium swallow, endoscopy, or CT. Usually small polyps are removed endoscopically while those causing any sort of interference with a patient's health are surgically removed. [1]

An esophageal polyp is a mucosal growth, when compared with esophageal polypoidal masses that includes mucosal and submucosal tissues and sometimes muscle layer, it is much more benign and small in size and may not necessitates treatment, while masses are usually large, symptomatic and usually needs treatment.

We reported a 66 years old male patient with history of coronary artery bypass surgery one year ago, he recently developed progressive dysphagia with unsatisfactory response to multiple courses of proton pump inhibitors and prokinetics. When a diagnostic upper endoscopy was performed, large polypoidal mass was seen protruding within the esophageal lumen just above the cardia and a large ulcerated necrotic friable mass also seen in the fundus of the stomach both masses were biopsied and histopathological analysis revealed gastric adenocarcinoma in both lesions.

## REFERENCES

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