A 5-year-old male presented with swallowing difficulty that had been present for the past 3 months. There had been no history of breathing difficulties, injury or voice alteration but the child had been diagnosed with snoring and obstructive sleep apnea due to tonsillar hypertrophy several months prior to this. Physical examination was normal and the oropharyngeal examination revealed a mass arising from the upper pole of the left palatine tonsil. The mass was whitish, 0.5x3.5 cm. The tonsil itself showed no signs of inflammation and no palpable lymph nodes were detected in either side of the neck. The routine laboratory tests were normal.

The mass was excised in the same time as the bilateral tonsillectomy and the tissue specimen was sent for a pathological examination. Microscopic examination showed a polypoidal lesion lined by non keratinized squamous epithelium rich in capillaries with lymphocyte and plasmocyte perivascular infiltration(pic.1,2) The features were compatible with a fibroepithelial polyp and there no indication of dysplasia or malignancy. The patient was disease-free a year after surgery.

Fibroepithelial tonsillar polyps are uncommon benign tumors. They can be asymptomatic or cause airway obstruction, in which case an emergency treatment is required to secure the airway. In any case, the treatment of choice is surgical excision of the lesion itself or alongside with the tonsil and biopsy.