CASE REPORT

Haemorrhagic hamartomatous polyp of the palatine tonsil

Hari KS Krishnan[1], Azwan Halim B Abdul Wahab[1], Asmah Hanim Bt Hamdan[2]

[1]Department of Otorhinolaryngology, Sultan Ahmad Shah Medical Centre @IIUM, Kuantan, Pahang, Malaysia, [2]Department of Pathology and Laboratory Medicine, Kulliyyah of Medicine, International Islamic University Malaysia (IIUM), Kuantan, Pahang, Malaysia

SUMMARY

Hamartomatous polyps of the palatine tonsil are extremely rare benign lesions. In published series, these polyps are uniformly described as pale, pink, or greyish, smooth-surfaced, pedunculated masses. We present a 25-year-old healthy man who reported a single episode of blood-streaked saliva following a meal. Intraoral examination revealed a grade 2 right tonsil bearing a black, mulberry-like, pedunculated mass arising from the superior pole. There was no active bleeding or clot. An excision biopsy of the lesion was performed under general anaesthesia. Grossly, the specimen measured 2.0 × 1.6 × 0.7 cm, was dark black, firm and had an irregular surface. Histopathological examination showed a congested, haemorrhagic polyp lined by stratified squamous epithelium, with a fibrotic stroma containing multiple lymphoid aggregates and abundant vascular channels. The features were consistent with a hamartomatous polyp (lymphoid polyp). The patient recovered uneventfully, and no recurrence was observed at six months. This case is notable because its black, mulberry-like appearance contrasts sharply with the typical pale or pink smooth surface documented in the literature. Recognizing this atypical presentation expands the clinical differential diagnosis of pigmented tonsillar lesions and reinforces the importance of complete surgical excision

INTRODUCTION

The palatine tonsils are bilateral lymphoepithelial organs located on the lateral oropharyngeal walls; together with the adenoids, lingual tonsil, and tubal tonsils, they constitute Waldeyer's ring. Their principal role is the sampling of inhaled and ingested antigens for immunological analysis.[1] Neoplasms of the palatine tonsil are uncommon, and malignant lesions - chiefly squamous cell carcinoma and lymphoma - far outnumber benign tumours.[2] Among benign tonsillar tumours, squamous papilloma is the most frequent; hamartomata's polyps are exceedingly rare.

Hamartomatous polyps of the palatine tonsil have been reported under varied nomenclature, including fibroepithelial polyp, lymphangiomatous polyp, lymphangiofibrolipomatous hamartomatous polyp, and lymphoid polyp.[3-8] Regardless of the label, the macroscopic descriptions in the literature are remarkably consistent: a unilateral, solitary, pedunculated or sessile mass with a smooth surface and a pale, pink, white, or yellowish hue.[3,5,6,9] A case of a tonsillar hamartomatous polyp deviating strikingly from the conventional appearance is reported herein, presenting as a black, mulberry-like lesion. This atypical clinical morphology prompted the present report and may assist clinicians in formulating broader differential diagnoses for pigmented tonsillar masses.

CASE PRESENTATION

A 25-year-old man, a lifelong non-smoker and non-drinker with an unremarkable medical history, presented with a one-day history of blood-tinged saliva. He noticed minimal fresh blood streaking his saliva immediately after a meal; there was no ongoing oozing, epistaxis, haematemesis, or melaena. He denied dysphagia, odynophagia, foreign-body sensation, snoring, or obstructive sleep apnoea symptoms. He had no history of recurrent tonsillitis and was not taking antiplatelet or anticoagulant medications. The patient was afebrile throughout, with no signs of localised or systemic infection.

Intraoral examination showed bilateral grade 2 (Brodsky scale) tonsils. A black, mulberry-like pedunculated mass, approximately 2 cm in greatest dimension, was seen arising from the superior pole of the right tonsil (Figure 1). The overlying mucosa was intact, with no active bleeding, ulceration, or perilesional erythema. There was no cervical lymphadenopathy. Findings from the remainder of the ear, nose, throat, and systemic examinations were normal. In view of the lesion's superficial, pedunculated nature and the absence of bruits, pulsatility, or compressive symptoms, imaging studies (Doppler ultrasonography, computed tomography, or magnetic resonance imaging) were deemed unnecessary.

An excision biopsy with a clear macroscopic margin was performed under general anaesthesia. The polyp was pedunculated, attached to the superior tonsillar pole by a narrow stalk. Its gross appearance was uniformly black and firm, with a lobulated, irregular surface; it measured 2.0 × 1.6 × 0.7 cm. The stalk base was completely excised without entering the tonsillar parenchyma.

Histopathological examination demonstrated a polypoidal fragment covered partly by stratified squamous epithelium and partly by ulcerated, haemorrhagic surface tissue (Figure 2). The stroma was densely fibrotic and contained numerous lymphoid aggregates with reactive germinal centres. Dilated, congested vascular channels were scattered

This article was accepted: 6 February 2026
Corresponding Author: Hari K S Krishnan
Email: harikrish300@gmail.com

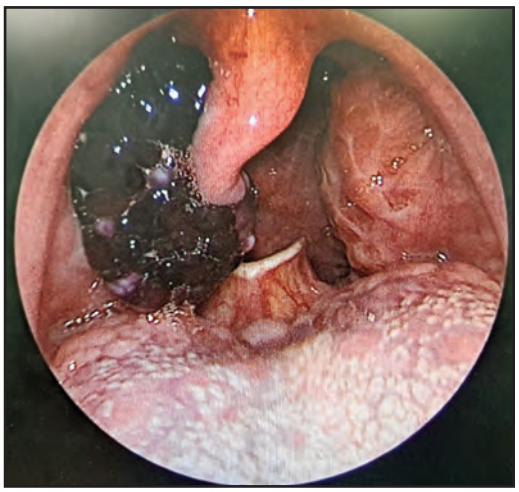

Fig. 1: Black, mulberry like mass arising from the right tonsil

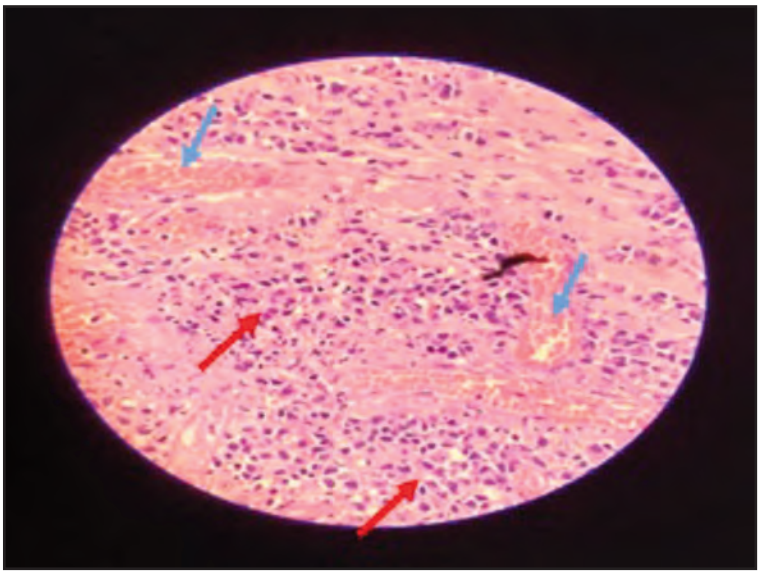

Fig. 2: Histopathological examination; haematoxylin and eosin (H&E) staining, 400x magnification. Blue arrow: vascular channels, red arrow: lymphoid aggregates

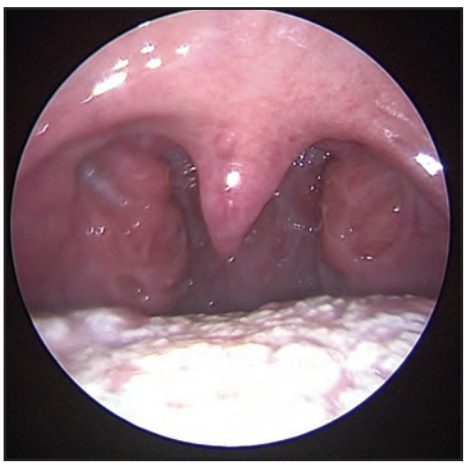

Fig. 3: Clinical examination 6 months after excision

Table I: Comparison of the present case with previously reported tonsillar hamartomatous polyps

Author/Year	Age/Sex	Symptoms	Gross Appearance (Colour/Surface)	Size	Management	Outcome
Kardon et al. (2000) [9]	Mean 25.2y; M:F 1:1	Dysphagia, sore throat, foreign body sensation	Pale, tan, pink; smooth, pedunculated	0.5–3.8 cm	Excision ± tonsillectomy	No recurrence
Sethi et al. (2011) [2]	18y/M	Recurrent sore throat, fever, dysphagia, foreign body sensation	Grayish-pink, smooth, pedunculated	2 × 1 × 0.5 cm	Tonsillectomy	No recurrence
Khatib et al. (2015) [6]	14y/M	Dysphagia, dysarthria	Pale, smooth surface	Not specified	Tonsillectomy	No recurrence
do Amaral-Silva et al. (2023) [3]	22y/F	Foreign body sensation	Pinkish-white, pedunculated	Not specified	Excisional biopsy	No recurrence
Present case (2026)	25y/M	Blood-streaked saliva	Black, mulberry-like, irregular surface	2.0 × 1.6 × 0.7 cm	Excision (pedicle alone)	No recurrence at 6 months

Abbreviations: y, years; M, male; F, female.

throughout the stroma. A diagnosis of hamartomatous polyp (lymphoid polyp) was established. No cytological atypia or malignant features were seen.

The postoperative course was uneventful. At a six-month follow-up visit, the right tonsil had healed completely with no visible residual or recurrent lesion (Figure 3), and the patient remained asymptomatic.

DISCUSSION

The hamartomatous polyp of the palatine tonsil is a focal malformation consisting of mature, disorganised tissue indigenous to the tonsil. Histologically, the lesion comprises lymphoid aggregates, fibrotic stroma, and variably dilated vascular channels, which together justify the multiple names encountered in the literature.[3-9] In a seminal clinicopathologic series of 26 cases, Kardon et al. described uniformly pedunculated or sessile polyps with a smooth, pale to tan cut surface; none exhibited haemorrhagic discolouration.[9] A detailed comparison of the present case with key published cases is provided in Table I. A 2023 literature review by do Amaral[3] Only occasional reports mention a reddish hue attributed to vascular prominence; a truly black, mulberry-like exterior has not been previously documented.

The black colour in the present case can be explained by the striking vascular congestion and intralesional haemorrhage seen on microscopy. The patient's symptom of blood-streaked saliva immediately after a meal suggests mechanical trauma during mastication, which may have caused capillary rupture within the already congested polyp, leading to extravasation of blood and superficial haemosiderin deposition. This subacute haemorrhage conferred the dark, irregular, mulberry-like appearance that initially raised a suspicion of a vascular malformation or melanoma. However, the absence of pulsatility, rapid growth, or regional lymphadenopathy, together with the typical pedunculated architecture, pointed toward a benign hamartomatous process.

The differential diagnosis of a dark tonsillar mass includes arteriovenous malformation, haemangioma, angiosarcoma, melanoma, and thrombosed varix. Because of the lesion's small size and pedunculated, superficial attachment, imaging was not mandatory in this case; however, when the nature of a pigmented tonsillar lesion is uncertain, a CT or MR angiography can delineate vascular flow and exclude a high.

Management of tonsillar hamartomatous polyps is complete surgical excision. While some authors advocate concurrent tonsillectomy, recurrence has not been reported when the pedicle is completely excised, even without concomitant tonsillectomy.[2-3] In the present case, stalk excision alone yielded a disease.[2]

This case reinforces the understanding that tonsillar hamartomatous polyps may deviate considerably from their classic pale, smooth appearance. Otolaryngologists should include this entity in the differential diagnosis when evaluating any irregular, pigmented tonsillar mass, thereby avoiding unnecessarily aggressive investigations whilst ensuring prompt and complete excision.

CONCLUSION

We present a rare hamartomatous polyp of the palatine tonsil that exhibited a black, mulberry-like appearance never before highlighted in the literature. This atypical morphology, driven by vascular congestion and haemorrhage, expands the known clinical spectrum of tonsillar lymphoid polyps. Complete surgical excision of the pedicle is curative and prevents recurrence.

REFERENCES

1. Arambula A, Brown JR, Neff L. Anatomy and physiology of the palatine tonsils, adenoids, and lingual tonsils. World J Otorhinolaryngol Head Neck Surg 2021; 7(3): 155-60.
2. Sethi A, Sethi D, Bansal R. True Hamartoma of the Tonsil. Indian J Otolaryngol Head Neck Surg 2011; 63(Suppl 1): 99-101.

3. do Amaral-Silva GK, Ribeiro-Brizola J, Santos ÁA, Cieslak-Sanches SR, Chicrala GM, Gaetti-Jardim EC, et al. Hamartomatous Polyp of the Palatine Tonsil: A Case Report and Critical Literature Review. Head Neck Pathol 2023; 17(2): 502-8.
4. Mehta S, Jha S, Adhya AK, Mitra S. Lymphangiofibrolipomatous hamartomaous polyp of tonsil. BMJ Case Reports CP. 2019; 12(8): e230030.
5. Mardekian S, Karp JK. Lymphangioma of the Palatine Tonsil. Archives of Pathology & Laboratory Medicine 2013; 137(12): 1837-42.
6. Khatib Y. Lymphangiomatous Polyp of Palatine Tonsil in A Child Presenting with Dysphagia and Dysarthria. JCDR. 2015.
7. Goulioumis A, Gkorpa M, Kekempanou K, Kourelis K. Hamartomatous polyp of the palatine tonsil: histological considerations and review of the literature. BMJ Case Reports CP 2023; 16(5): e254536.
8. Singh M, Mundi DK, Kaur I, Kaur A. Hamartomatous Polyp of the Tonsil: A Case Report. Nigerian Journal of Clinical Practice 2017; 20(6): 774.
9. Kardon DE, Wenig BM, Heffner DK, Thompson LDR. Tonsillar Lymphangiomatous Polyps: A Clinicopathologic Series of 26 Cases. Modern Pathology 2000; 13(10): 1128-33.