International Journal of Health Science & Biomedicine (IJHSB)

CASE REPORT OPEN ACCESS

Aryepiglottic Varix: A Case Report

Jelloul Noureddine[1*], Hafi Zakkaria[2], Arkoubi Zakkaria[2], Bencheikh Razika[2], Benbouzid Anas[2], Essakalli Leila[2]

[1]Resident physician in Otolaryngology, Department of Otolaryngology, Head and Neck Surgery, Ibn Sina University, Hospital, Faculty of Medicine, Mohammed V University, Morocco

[2]Professor of Otolaryngology, Department of Otolaryngology, Head and Neck Surgery, Ibn Sina University Hospital, Faculty of Medicine, Mohammed V University, Morocco

Correspondence: Jelloul Noureddine, Resident physician in Otolaryngology, Department of Otolaryngology, Head and Neck Surgery, Ibn Sina University, Hospital, Faculty of Medicine, Mohammed V University, Rabat, Morocco, Email: noureddinejelloul00@gmail.com

Citation: Noureddine J, Zakkaria H, Zakkaria A, Razika B, Anas B, Leila E (2026). Aryepiglottic Varix: A Case Report. Int J Health Sci Biomed. 3(1):1-2. https://zenodo.org/records/18762767

Received Date: 2026-01-05, **Accepted Date:** 2026-01-22, **Published Date:** 2026-01-31

Keywords: Aryepiglottic Fold; Laryngeal Varix; Dysphonia; Vascular Lesion; Case Report

Introduction

Varices of the larynx are benign vascular dilatations most frequently described on the true vocal folds. Supraglottic involvement, particularly of the aryepiglottic fold, is rare and poorly documented in the literature. These lesions may mimic neoplastic or inflammatory pathology and occasionally cause globus sensation, dysphonia, or bleeding. Awareness of this entity is essential for appropriate diagnosis and management.

Case Presentation

A 70 year-old female patient with no significant past medical history presented with a five mouth history of intermittent globus sensation. There was no dysphagia, odynophagia, weight loss, or hemoptysis. The patient denied smoking and alcohol abuse. Flexible fiberoptic laryngoscopy demonstrated a bluish, compressible, tortuous vascular lesion located on the right aryepiglottic fold, with normal mobility of the laryngeal structures. The vocal folds were intact with no evidence of varices or hemorrhage. No suspicious features suggestive of malignancy were identified [Figure 1].

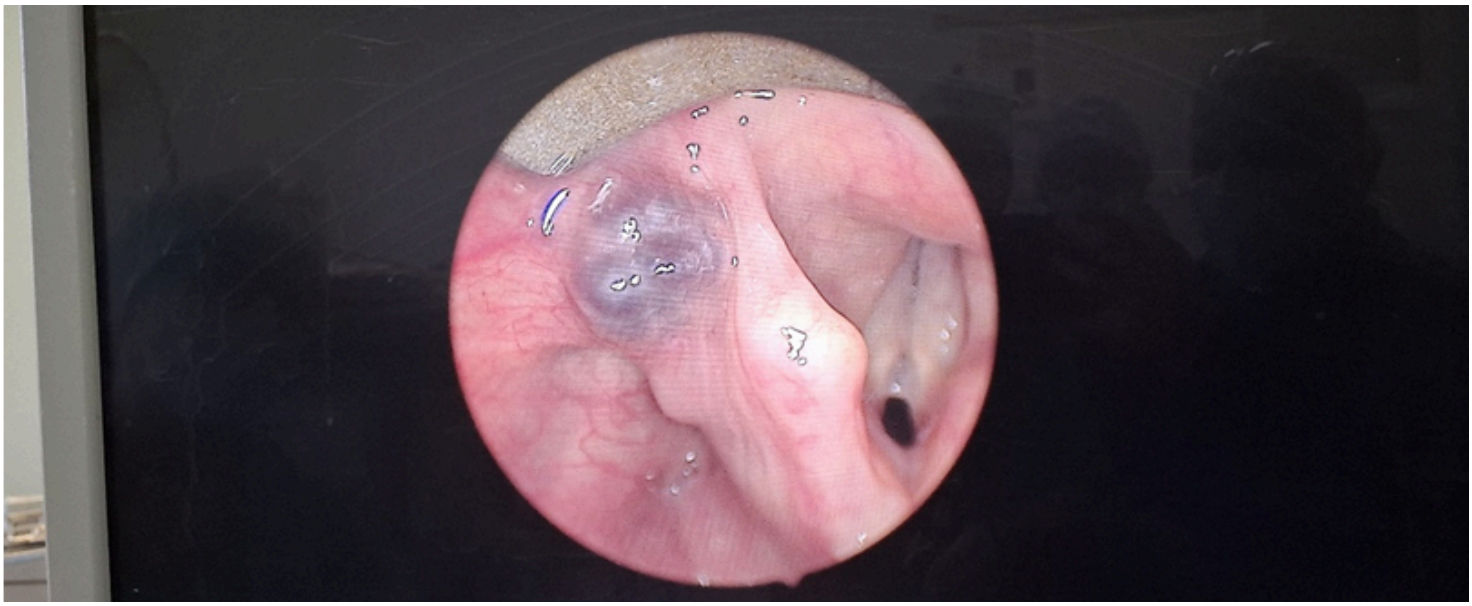

Figure 1: Endoscopic view of the larynx showing a right aryepiglottic varix.

Citation: Noureddine J, Zakkaria H, Zakkaria A, Razika B, Anas B, Leila E (2026). Aryepiglottic Varix: A Case Report. Int J Health Sci Biomed. 3(1):1-2. https://zenodo.org/records/18762767

Given the typical endoscopic appearance, a diagnosis of aryepiglottic fold varix was made. No biopsy was performed due to the risk of bleeding.

The patient was managed conservatively with reassurance, vocal hygiene advice, and treatment of potential contributing factors such as laryngopharyngeal reflux. Symptoms had significantly improved, and repeat laryngoscopy showed no progression of the lesion.

Discussion

Laryngeal varices are benign venous dilatations most commonly described at the level of the true vocal folds, particularly in professional voice users. Supraglottic involvement is rare, and localization to the aryepiglottic fold has only been sporadically reported in the literature, mainly through isolated case reports. This rarity contributes to potential diagnostic confusion with neoplastic or inflammatory supraglottic lesions.

The pathophysiology of laryngeal varices is thought to involve chronic mechanical stress, age-related loss of vascular wall elasticity, and sustained increases in venous pressure. Phonotrauma, chronic cough, and laryngopharyngeal reflux have been identified as contributing factors, particularly in patients with no underlying systemic vascular disease. Although vocal fold varices are often associated with acute or recurrent hemorrhage, supraglottic varices appear less prone to bleeding, possibly due to reduced vibratory trauma in this region [1,2].

Endoscopically, aryepiglottic fold varices typically present as bluish, tortuous, compressible lesions without mucosal irregularity or ulceration. These features are crucial in differentiating them from malignant tumors, which usually demonstrate mucosal disruption, induration, or impaired laryngeal mobility. Other differential diagnoses include hemangioma, venous malformation, laryngeal cyst, and polypoid degeneration. Biopsy should be avoided when a vascular lesion is suspected, as it carries a significant risk of hemorrhage and is rarely necessary when endoscopic appearance is characteristic [3].

Flexible fiberoptic laryngoscopy is usually sufficient for diagnosis. Advanced imaging modalities such as contrast-enhanced CT or MRI are reserved for atypical presentations, rapidly enlarging lesions, or when deeper extension is suspected. Narrow-band imaging may further assist in confirming the vascular nature of the lesion by enhancing submucosal vascular patterns, although its role in supraglottic varices has not been extensively studied [4].

Management of aryepiglottic fold varices is predominantly conservative. Asymptomatic or mildly symptomatic patients can be safely observed with periodic endoscopic follow-up. Addressing contributing factors such as vocal overuse or reflux is recommended. Interventional treatment, including laser photocoagulation or electrocautery, is reserved for patients with recurrent bleeding, progressive enlargement, or significant symptoms. Surgical excision is rarely indicated and should be undertaken with caution due to the vascular nature of the lesion [3,5].

In the present case, the absence of bleeding, stable endoscopic appearance, and mild symptoms supported a conservative approach, consistent with current literature. Awareness of this rare entity is essential for otolaryngologists to prevent unnecessary invasive procedures and to provide appropriate reassurance to patients.

References

1. Ringrose T, Malik TH, Cheung KY (2021). Laryngeal varices: an atypical cause of globus. BMJ Case Rep. 14: e246413.
2. Tang CG, Askin G, Christos PJ (2016). Vocal fold varices and risk of hemorrhage. Laryngoscope. 126: 1163-1168.
3. Ford CN (2000). Evaluation and management of laryngeal vascular lesions. Otolaryngol Clin North Am. 33: 1021-1034.
4. Piazza C, Cocco D, De Benedetto L (2010). Role of narrow band imaging in the diagnosis of laryngeal lesions. Acta Otorhinolaryngol Ital. 30: 316-322.
5. Woo P (2001). Endoscopic management of benign laryngeal vascular lesions. J Voice. 15: 75-85.

Citation: Noureddine J, Zakkaria H, Zakkaria A, Razika B, Anas B, Leila E (2026). Aryepiglottic Varix: A Case Report. Int J Health Sci Biomed. 3(1):1-2. https://zenodo.org/records/18762767