On-line Table 1: Radiologic findings, histology, and follow-up in 5 patients with nonmalignant polyps in the nasopharynx

	Radiologic Features	Histology			
Case		Size, cm	% Granulation Tissue:Fibrin	Cells (0–3) MC, IC, and EC	Follow-Up
1	1-cm polyp arising from the posterior wall of the nasopharynx of heterogeneous mixed (high and intermediate) T2 and homogeneous intermediate T1 signal with marked contrast enhancement (Fig 1).	1.0	10:90	MC (0) IC (1) EC (3)	No local tumor recurrence on endoscopy at 12 mo
2	2-cm polyp arising from the roof of the nasopharynx of heterogeneous mixed (high, intermediate, and low) T2 and homogeneous intermediate T1 signal with marked contrast enhancement; case reported previously ²²	1.2	30:70	MC (0) IC (2) EC (1)	Polyp reoccurred and the size waxed and waned over 12 mo on MR imaging and over 55 months on endoscopy; no malignancy on repeated excision biopsies; died from distant metastases from nasopharyngeal carcinoma
3	3-cm polyp involving the nasopharynx and sphenoid sinus (via a bony defect in the nasopharyngeal roof) of high T2 and intermediate T1 with marked contrast enhancement; more centrally there is a stellate area of lower T2 that shows less contrast enhancement (Fig 2)	3.0	50:50 (Fig 7)	MC (0) IC (1) EC (1)	No local tumor recurrence on endoscopy but died from metastatic disease from a bowel primary 6 mo later
4	5-cm polyp arising from the roof of the nasopharynx filling the nasopharyngeal cavity of high T2 and intermediate T1 with marked contrast enhancement; more centrally there is a stellate area of lower T2 that shows less contrast enhancement radiating to the periphery (Fig 3A, -B); case reported previously ²³	5.0	90:10	MC (0) IC (2) EC (0)	No local tumor recurrence on endoscopy and imaging at 63 mo; no recurrence at 72 mo
5	1-cm polyps in the nasopharynx and junction with the sphenoid sinus at the site of a large osteonecrotic defect in the nasopharyngeal roof, which were static on MR imaging for 32 months, before suddenly increasing to form a 5-cm polyp/mass filling the nasopharynx, nasal cavity, and sphenoid sinus, which is of heterogeneous mixed (high, intermediate, and low) T2, homogeneous intermediate T1 signal and mixed contrast enhancement (Fig 4A–D)	N/A	N/A	N/A	5-cm polyp completely excised in another institution and granulation tissue found with no evidence of malignancy

Note:—No cells (0), some cells (1), many cells (2), abundant cells (3). MC indicates malignant cells; IC, inflammatory cells; EC, epithelial cells; N/A, histology report only, specimen not available for review.