CASE REPORT

Intranasal masses resembling malignant tumors

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ABSTRACT

Nasosinusal malignant tumors have a low incidence, representing less than 1% of all human malignant pathologies and almost 3% of head and neck cancers. This group of tumors represents a minority of diseases characterized by unilateral progressive nasal obstruction and recurrent epistaxis. The authors present the case of a 27-year-old male patient in whom the clinical and paraclinical symptoms and signs were characteristic for a malignant tumor. The tumor was successfully removed through lateral rhinotomy and the excised mass was sent for the histopathological examination. Despite the clinical, imagistic and intraoperative appearance, the final diagnosis was nasal polyposis.

KEYWORDS: nasosinusal tumor, deformity, paranasal rhinotomy, nasal polyposis

INTRODUCTION

Tumors of the nasal cavity and paranasal sinuses can have benign or malignant nature. Nasosinusal malignant tumors have a low incidence, representing less than 1% of all human malignant pathologies and almost 3% of head and neck cancers. This group of tumors represents a minority of diseases characterized by unilateral progressive nasal obstruction and recurrent epistaxis. Considering the progressive growth of the tumors, the deformity of the nasal bones and face can be present. In rare cases, if the tumor expands to the brain, neurological disorders can be seen.

The diagnosis of intranasal tumors is frequently established based on the clinical, paraclinical and histopathologic results. The craniofacial CT scan remains the main preoperative tool used to explore the margins, origins and dimensions of the intranasal mass and also gives an early diagnosis.

CASE REPORT

A 27-year-old male patient known with a mild retardation presented in our ENT Department with persistent and complete right nasal obstruction, accompanied by recurrent right epistaxis, fetid rhinorrhea and right lagophthalmos. The symptoms presented a progressive development during the last year, with a deformation of the right paranasal region in the past three months. No treatment was followed (Figure 1).

The clinical evaluation (anterior and posterior rhinoscopy) revealed an ulcerated, easily bleeding tumor entirely occupying the right nasal fossa, covered with fetid secretions, blocking the right choanal opening, with rhinopharynx extension. The mucosa of the ceiling and the lateral wall of the rhinopharynx had an infiltrated aspect and it was covered in pus.

The blood cell count was normal except for leucocytosis (11,000/mm³), neutrophilia (84%) and modified erythrocyte sedimentation rate (30 mm at 1 hour and 61 mm at 2 hours).

The cranio-facial CT scan showed an expansive mass with soft tissue density, almost completely occupying both nasal cavities and the right maxillary sinus, the right ethmoidal cells and the right frontal sinus. The tumor caused osteolysis of the internal wall of the maxillary sinus. Posteriorly, the mass presented prevertebral extension with invasion of the rhinopharynx and the sphenoidal sinus. No laterocervical adenopathy could be seen (Figure 2).