



PLEOMORPHIC ADENOMA OF NASAL SEPTUM: A CASE REPORT.

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ABSTRACT Pleomorphic adenoma of nasal septum is a rare, benign, minor salivary gland tumour arising from the nasal septum. Most common presentation is recurrent epistaxis and nasal obstruction. We are reporting a case of 33 years old female patient with history of recurrent epistaxis of 1.5 years . Endoscopic examination showed a pinkish mass in left nasal cavity which was excised and sent for histopathological examination suggestive of pleomorphic adenoma.

KEYWORDS : nasal septum , recurrent epistaxis , minor salivary gland tumour

INTRODUCTION:

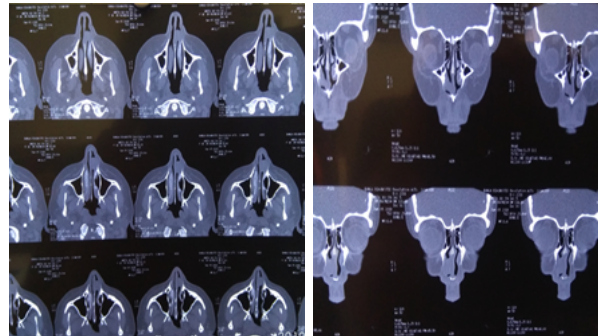
Pleomorphic adenomas are the rare benign tumours of nasal cavity arising from minor salivary glands and originating mostly from nasal septum. Although most of the salivary glands are located on the lateral wall and turbinates , Pleomorphic adenoma has been seen arising from nasal septum.[1] Occurrence has been seen in the third and sixth decade of life and most commonly found in women. Patient presents with painless, unilateral nasal obstruction, epistaxis and mass in nasal cavity. Cellularity is found to be greater in nasal cavity tumour as compared to mixed tumours of major salivary glands.[6]

CASE REPORT:

33 years old female patient presented to our OPD with complains of recurrent epistaxis left side for 1.5 years which was intermittent ,mild in amount ,used to stop spontaneously. There was no history of nasal obstruction ,nasal discharge ,sneezing ,no history of any trauma headache ,facial pain ,fever and post nasal discharge . On endoscopic examination of nose a well defined , pinkish lobulated mass in left nasal cavity size 2*2 cm was seen (figure 1). On probing it was painless, firm,didn't bleed and was found to be attached to septum with a broad base. Examination of throat was normal . Noncontrast computed tomography of nose and paranasal sinus was done which showed homogenous lobulated well defined mass in left nasal cavity anteriorly with broad base towards nasal septum. The lesion abuts ipsilateral nasal alae and antero-medial aspect of left maxillary sinus. No evidence of any calcification , necrosis and bony erosion seen (figure2 & 3). Complete endoscopic removal of the mass using bipolar was done. Intraoperative 2*1cm pinkish firm mass in left nasal cavity was seen with broad base attached to the septum which was removed in toto along with a margin of healthy septal mucosa and sent for histopathological examination. Post operative period was uneventful. Histopathology was suggestive of pleomorphic adenoma showing epithelial and mesenchymatous components and out of these two the cellular component was reported to be the predominant one.



(Image1) Endoscopic image showing lobulated mass left nasal cavity.



(Image2) Axial section NCCT PNS

(Image3) Coronal section NCCT PNS

DISCUSSION:

Pleomorphic adenoma are the most common tumours of the major salivary glands, 60% seen in Parotid and 8% are seen in major salivary glands.[1] They can occur in minor salivary glands of hard and soft palate but cases have been reported in minor salivary glands of respiratory tract like nasal cavity, paranasal sinuses, nasopharynx, oropharynx, hypopharynx and larynx followed by maxillary sinus and nasopharynx. Most common in upper respiratory tract is the nasal cavity.[2]

Haberman and Stanly reported a case of pleomorphic adenoma which was misdiagnosed as adenoid cystic carcinoma in tissue biopsy. It was suggested by many authors that Pleomorphic adenoma arise from remnant of vomeronasal junction but adenoma has been seen arising from lateral nasal wall where these organs are not present,[3] later on Crickshank in contradiction to previous concept stated that tumours are entirely epithelial tumours and arise in fully developed gland tissue.[4]

Differential diagnosis of intranasal tumours are various benign and malignant tumours such as squamous cell carcinoma, adenocarcinoma, papilloma, inverted papilloma, schwannoma, sinonasal melanoma, olfactory neuroblastoma, leiomyoma, osteochondroma and minor salivary gland tumours.[5] Diagnosis of pleomorphic adenoma is mainly pathological. Nasal pleomorphic adenoma contains greater cellularity, most epithelial component are low stromal component and absence of a capsule as compared to major salivary gland tumours.[2] The resemblance of pleomorphic adenoma to mixed tumours of major salivary glands due to presence of chondroid, myxoid and collagenous stroma causes difficulty in making a diagnosis.[6]

On computed tomography unlike other lesions of nasal cavity which appear polypoid, pleomorphic adenoma appears to be spherical. Due to

mesenchymal stroma, cystic degeneration or necrosis seen in pleomorphic adenoma it appears non homogenous on CT but nasal pleomorphic adenoma appears homogenous because of the high cellularity.[5]

Treatment modality is surgery with wide margins to prevent recurrence depending on the size of tumour. Small lesions can be resected with endoscopic endonasal approach and for large tumours external lateral rhinotomy, midfacial degloving approach is considered.[1] Kroll and Boyers suggested that cause of recurrence of nasal pleomorphic adenoma is myxoid stroma which can get spilled easily into the surgical field.[8] Recurrence rate is said to be 0-8% in nasal pleomorphic adenoma and the risk of malignant transformation is 6% for nasal pleomorphic adenoma as reported by Compagno and Wong et al, local recurrence was found to be 7.5% in study done on 40 patients in three years.[9]

Destruction of nasal septum has never been reported so far and even in our case there was no destruction.[6] Malignant transformation is uncommon but a case has been reported by Freeman et al of Ca ex-pleomorphic adenoma of nasal septum.[11]

CONCLUSION :

pleomorphic adenoma of nasal septum being a rare case needs a careful endoscopic examination. Treatment is total excision along with normal margins, as it has the potential for recurrence therefore follow up is a must.

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