



CASE REPORT : SUBCUTANEOUS MYXOMA OF FACE;AN UNUSUAL PRESENTATION

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ABSTRACT Myxomas are benign, slow-growing and locally aggressive mesenchymal neoplasms. Account for less than 0.5% of all paranasal sinus and nasal tumors. A 40 years old male presented with a mass on left side of nose since 1 year with a rapid growth in last 2 months. Patient had no other complaints other than facial deformity. On examination a single swelling present over left ala of nose which is 2x2 cm. On anterior rhinoscopy bulge is seen in left nasal cavity lateral wall with narrowing of left nasal cavity, septal deviation to left side is present. Computerised tomography revealed a well defined hypodense lesion involving soft tissue of nasal wall on left side which appears to be benign. Excision of mass is done and specimen sent for histopathological examination which revealed myxoma

KEYWORDS : Myxoma, Facial deformity, benign.

INTRODUCTION:

Myxomas are benign, slow-growing and locally aggressive mesenchymal neoplasms. Head and neck myxomas are rare and are more likely to be present in the mandible, maxilla, and soft tissue of the face^[1]. Myxomas can be found in various body parts such as skin, subcutaneous tissue and the heart (left atrium). Two forms of myxoma have been identified in head and neck those derived from facial bones which are further subdivided into true osteogenic myxoma and odontogenic myxoma and those derived from facial soft tissue like perioral soft tissue, parotid gland, ear or larynx.

CASE REPORT

A 40 year old male presented with swelling left side of nose since one year. It was gradual in onset and slowly progressed to attain present size. No history of any nasal obstruction. No history of similar complaint in past, no history of diabetes or hypertension. On examination –single swelling present on left ala of nose which is 2x2 cm in size, borders are well defined. On palpation the inspeactory findings are confirmed, there is no local rise of temperature, no tenderness, firm in consistency, skin over the swelling is not pinchable. On anterior rhinoscopy there is deviated nasal septum to left side, lateral wall is seen pushed medially, narrowing of left nasal cavity is noted. On general examination there are no other obvious swellings, no cervical lymphadenopathy. CT PNS showed well defined low attenuation lesion involving soft tissue of nasal wall on left side mostly a benign lesion Fine needle aspiration cytology of swelling revealed spindle cell lipoma



Figure 1 :Anterior rhinoscopy showing bulge in lateral wall of



Figure 2: External appearance of mass

Treatment : Under GA Lateral rhinotomy incision is given, mass is found in subcutaneous tissue. It is resected from the surrounding tissue. Wound is closed with simple sutures. Mass is sent for histopathological examination. Histological examination – gross appearance of tumor is ovoid soft tissue mass partly covered with skin, cut surface is grayish in color and homogenous.



Figure 3: Intraoperative pictures

Microscopic examination shows tissue lined by squamous epithelium. Dermis shows intact dermal appendages and an ill defined lesion exhibiting extensive myxoid degeneration. There are discretely scattered spindle cells within the tumor, the lesion appears to be infiltrating underlying subcutis. Features are consistent with **Myxoma**

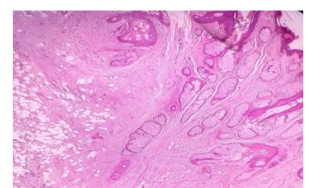
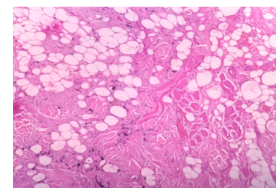


Figure 4: Histological picture of Myxoma

After the histological diagnosis the patient has been evaluated for the presence of any myxomas in heart but found to be none. In 6 months follow up there is no recurrence.

Discussion:

Virchow coined the term myxoma in 1863 for a group of tumors that had histologic resemblance to the mucinous substance of the umbilical cord^[2]. In 1948, Stout redefined the histologic criteria for myxomas as true neoplasms that do not metastasize and exclude the presence of recognizable cellular components of other mesenchymal tissues, especially chondroblasts, lipoblasts and rhabdomyoblasts.^[3] Facial

myxomas are benign slow-growing expansible tumors with odontogenic, osteogenic, or soft tissue origin^[4]. They probably account for less than 0.5% of all paranasal sinus and nasal tumors^[5]. They are generally seen in adolescents and adults and more frequently in the mandible and maxilla often associated with missing or impacted teeth^[6,7]. The gross appearance of these tumors appears as smooth, rubbery, and gray-white spherical masses with gelatinous cut surface. The consistency may vary depending on the amount of fibrous tissue. They can simulate encapsulated lesions owing to the compression and condensation of the surrounding tissues but lack a true capsule and are locally infiltrative. The typical histologic appearance is of a hypocellular tumor composed of undifferentiated spindle and stellate cells, arranged in a loose mucoid stroma rich in hyaluronidase. Myxoma is to be distinguished from a spectrum of reactive and neoplastic lesions that may show prominent myxoid degeneration including nodular fasciitis, schwannomas, neurofibromas, myxoid chondrosarcoma, myxoid liposarcoma, and embryonal rhabdomyosarcoma. Unlike benign myxomas, these sarcomas display areas of increased cellularity, pleomorphism, mitotic activity, and a rich vascular network. Myxoma is unresponsive to chemotherapy and is poorly responsive to radiotherapy^[8]. Surgery remains the treatment of choice^[8].

Conclusion :

Although rarely encountered in the nose and PNS, myxomas represent a malady that should be taken into consideration. Soft tissue myxomas are characterized by slow growth, lack of symptoms, progressive invasion of surrounding tissues and recurrences ranging from 3 to 8%. Soft tissue myxoma have good prognosis.

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