



OSTEOMA OF NASAL BONE AND TEMPORAL BONE : A CASE SERIES

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ABSTRACT Osteoma is a benign tumour of the bones. The bony growth can be formed anywhere in the body over an already normal bony surface or over some other tissue in the body known as homoplastic and heteroblastic Osteomas respectively. The factors that lead to the formation of Osteomas are not fully understood but altered cycles of bone resorption and formation have been hypothesized in their occurrence. On the basis of types of bone they are classified into Combined, Spongy and Mixed types. The osteomas generally do not present with any peculiar symptoms but are an incidental finding in many patients, Symptoms generally depend on the location and mass effect over nearby structures present. Most Osteomas occur in the Paranasal Sinuses and in the Skull. Management of Osteomas is generally surgical in case they are symptomatic due to mass effect. Both Endoscopic and open approaches are considered for their removal. We are presenting a case series of two, each case harbouring Osteoma at an uncommon site.

KEYWORDS :**Case Presentation**

Patient Arjunlal 34 years Male presented in the outpatient department with the complaint of swelling over dorsal aspect of the nose since 5 years. The patient was apparently asymptomatic 5 years back and he noticed a swelling while washing his face after he sustained a blunt trauma on the Nose 5 to 5.5 years back. The patient did not have any pain associated with the swelling and the swelling underwent slow expansion to reach the present condition. General physical examination revealed no abnormalities. On local examination

- Orbital examination was normal; Visual acuity was normal, no restriction in extraocular muscle movement (the range of movement was normal and symmetrical), no evidence of Proptosis, no evidence of any pulsation, Conjunctiva was normal, no tenderness in the area of ethmoid and frontal sinus was noted.
- Examination of the nose was normal; On external examination an obvious swelling over the dorsum of the nose is noted, the swelling appears to be smooth in contour with no discolouration of the overlying surface, on palpation of the swelling the swelling was found to have a smooth surface, bony hard consistency, the swelling is non-tender, was non-reducible, non-pulsatile and non-transilluminant. Cold spatula and cotton wool test was normal on both the sides suggesting good and patent nasal cavities with no obstruction, there was no evidence of nasal discharge or bloodstained nasal secretions. On anterior rhinoscopy the nasal cavity appears normal, nasal mucosa is normal in colour and there is no presence of septal deviation, turbinal hypertrophy, there is no evidence of and nasal mass present in the nasal cavity and examination on both the sides are normal.
- Oral, Dental, Facial, Cranial Nerve exam, Aural, Laryngeal and Neck examination all were normal and revealed no abnormalities.

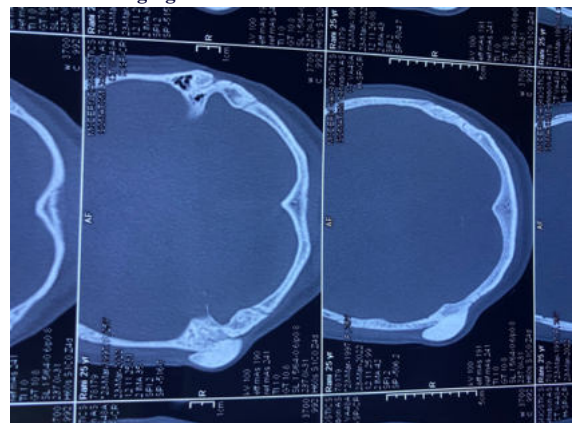


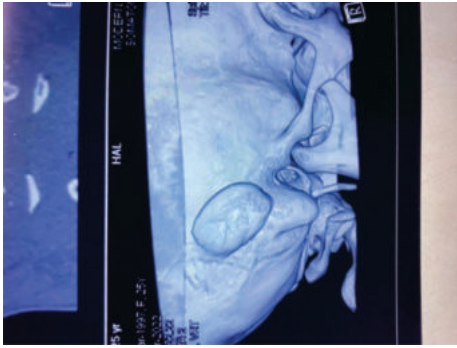
After the clinical examination, the routine investigations were ordered

and skiagrams of Nose and Paranasal Sinuses, CT and MRI was done to evaluate the extent and spread of the tumour. The imaging revealed a mass over the left nasal bone and the mass was not extending into the nasal cavity or any of the paranasal sinuses. The open surgical management was planned under Local anaesthesia and the mass was excised using a microdrill after making a vertical elliptical incision and exposing the mass after soft tissue dissection.

The incision was closed and the mass was sent for Histopathological examination. The incision was closed in layers.

Now the second case that presented to the outpatient department was of Osteoma on the Temporal Bone. The patient had a complaint of a Hard swelling over the superior portion of the right pinna over the temporal area. The patient was apparently asymptomatic 7 years back when she noticed a swelling over right temporal area. The swelling slowly increased in size over the years and reached the present state. Presently the swelling appears smooth, Round in shape and with a regular and smooth surface, the swelling is not pulsatile and no erythema or other signs of inflammation were noted. On palpation the swelling is non-tender, has smooth surface (no irregularities on the surface were noted), the temperature seemed to be normal. All the other physical examination parameter were well within normal limits and revealed no abnormalities. The treatment plan was surgical which involved the complete excision of the tumour and subsection to histopathological examination thereafter. The recovery from the procedure was uneventful.

The related imaging is shown as follows :



REFERENCES

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