



ANGIOMATOUS INFLAMMATORY SINONASAL POLYP – A RARE CASE

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ABSTRACT Nasal polyposis is characterized by polypoid outgrowths of chronically inflamed respiratory mucosa. The presence of squamous metaplasia and dysplasia on the mucosal surface of nasal polyps represents different manifestations of epithelial atypia. Sinonasal angiomatous polyp (SAP) is a rare variant of sino-nasal polyp. It constitutes about 4-5% of all nasal polyps. They usually present as a unilateral, painless, soft, gelatinous, translucent and polypoid mass in nasal cavity. These polyps can grow rapidly and aggressively causing erosion of bone and severe bleeding like a cancerous lesion, making difficult to differentiate it from malignant lesion. We present a case of 31 year old male patient suffered from nasal polyposis on left nostril and visited hospital complaining of nasal obstruction with rhinorrhea and hoarseness of voice. Histopathological finding suggestive of angiomatous inflammatory sinonasal polyp with squamous metaplasia. Clinicians should be aware of the potential for hidden malignancies, and pathologic assessment of tissue specimens must be performed even in simple nasal polyp cases. Treatment of choice is endoscopic surgical excision with restoration of sinus drainage.

KEYWORDS : SAP, Squamous metaplasia, nasal polyp, endoscopic excision.

INTRODUCTION:

Nasal polyps are benign inflammatory and hyperplastic outgrowths of the sinonasal mucosa.^[1]

Sinonasal inflammatory polyps are classified histo-pathologically into 5 types: edematous, glandular, fibrous, cystic and angiomatous.^[2] Sinonasal angiomatous polyp a type of sinonasal polyp, is a rare non-cancerous lesion.^[2] It is also called as angiectatic polyp and is characterized by extensive vascular proliferation and angiectasis with deposition of pseudoamyloid and presence of atypical stromal cell.^[2] Only few of SAPs cases have been reported in literature till date^[2]

The earliest known documentation of nasopharyngeal angiofibroma (NA) dates to Hippocrates in the fifth century B.C.^[3]

Possible etiological factors for squamous metaplasia and dysplasia in nasal mucosa are cigarette smoking, environmental ozone, noxious chemicals such as ammonia, benzene, nitrates, especially heavy metals^[4]

CASE REPORT:

- A 31 Y/MALE patient visited the hospital with complain of nasal obstruction through the day on, for 15 days associated with rhinorrhea and hoarseness of voice with difficulty in breathing.
- No other sign and symptoms.
- Surgery has been done left side polypectomy and functional endoscopic sinus surgery.

CONTRAST-ENHANCED COMPUTED TOMOGRAPHY SCAN OF PARANASAL SINUSES:

- Well defined, homogenous, hypodense, soft tissue lesion seen arising from left maxillary sinus extending through a widened left maxillary ostium into the left nasal cavity and through posterior choana into nasopharynx and causing obliteration of right posterior choana.
- The lesion is also causing obliteration of left anterior nares.
- There is thinning and bony refraction noted in walls of involved sinuses.
- There is severe thinning of left side cribriform plate of ethmoid bone and planum sphenoidale.
- Osteomeatal complex on left side appears blocked.
- Suggestive of benign etiology, antrochoanal polyp likely.
- Mucosal thickening noted in bilateral maxillary, ethmoid and frontal sinuses pansinusitis.

HISTOPATHOLOGY:

- Gross examination :

- 4.5 cm X 4.5 cm X 2.0 cm sized greyish whitish tissue.
- Microscopic examination :
- Angiomatous inflammatory sinonasal polyp with squamous metaplasia.

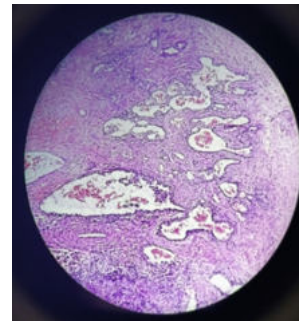


Figure 1: Histopathological Feature Of Inflammatory Nasal Polyp With Stroma. Dilated Thin Blood Vessels. (H & E 10x)

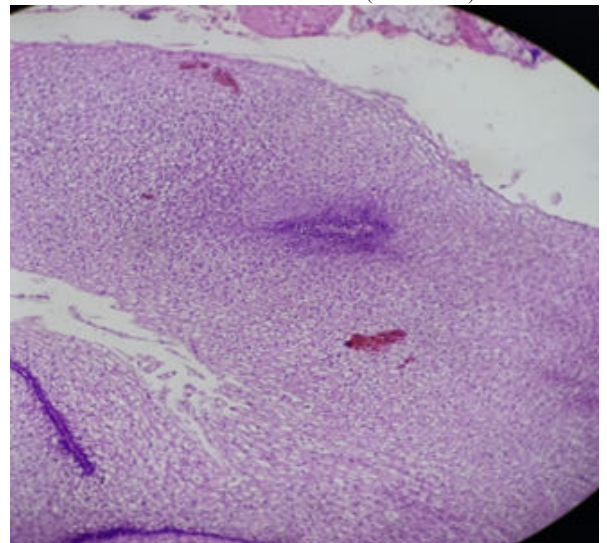


Figure 2: Histopathological features of squamous metaplasia. (H & E 40x)

DISCUSSION :

- Angiomatous polyps are fibrosed, vascularized nasal polyp, probably a response to minor trauma. Angiomas are composed of irregular vascular channels lined by flattened endothelial cells embedded in edematous stroma. They are usually found in the anterior nasal septum, the turbinates and the vestibule. The ANPs can be confused with juvenile nasopharyngeal angiofibromas⁽⁷⁾
- Microscopically, the ANPs are characterized by large numbers of dilated capillary spaces, scanty inflammatory infiltrates and abundant amorphous, amyloid-like material. Angiomatous polyps have been accompanied by the presence of pseudosarcomatous cell changes and stromal atypia (large pleomorphic spindle cells).⁽⁷⁾
- Differential diagnosis of SAP include inflammatory polyp, haemangioma, mucocele, fungus ball, inverted papilloma, juvenile nasopharyngeal angiofibroma, and malignant tumors like squamous cell carcinoma, adenoid cystic carcinoma, and melanoma.⁽²⁾
- There is no standard guideline for the management of these angiomatous polyps. However, the endoscopic surgical excision with restoration of sinus drainage is considered to be the treatment of choice.⁽²⁾
- the angiomatous polyps can also present with facial deformity and bone destruction.⁽⁵⁾

CONCLUSION:

- This case highlights rarity. Clinical presentation, histopathological and radiological correlation must be done for diagnosis.
- The treatment of choice is endoscopic surgical excision of the mass and restoration of ventilation and drainage of all sinus.
- Prognosis is good and recurrence is very rare, if excised completely.

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Ethical Approval: required

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