

**SPINDLE CELL NEOPLASM OF NASAL CAVITY AND NASOPHARYNX : A RARE ENTITY****Sarthak Sidana**

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ABSTRACT Spindle cell neoplasm are a group of neoplasms characterised by elongated spindle shaped cells varying from benign to malignant to very aggressive. Spindle cell neoplasm have been documented in various sites like bones, lungs, mucosa of oral cavity. However occurrence of spindle cell neoplasm in the Nasal cavity and nasopharynx are a rarity with very few documented cases available in literature making it a notable exception. Here we report a case of 39 year old male presenting with chief complaints of right nasal blockage and recurrent episode of epistaxis from right nostril for last six months. Anterior rhinoscopic examination revealed a polypoidal mass with visible overlying vessels inside the right nasal cavity which bled upon probing. After thorough endoscopic and routine radiological examination, punch biopsy was taken which was suggestive of benign spindle cell lesion. Endoscopic guided complete surgical excision of tumor was done. To our knowledge, less than 40 cases have been documented in the available literature all over the world making it an extremely less known tumor of the nasal cavity. Our objective is to report a rare nasal cavity lesion and determine definitive treatment for this rare lesion depending upon the nature of the tumour.

KEYWORDS : Spindle Cell Neoplasm, Nasal Cavity, Nasopharynx.**INTRODUCTION**

The nose and sinuses have one of the largest ranges of histopathologies in the body. They may be affected by both benign and malignant neoplasms but the latter are much more common. Spindle cell neoplasm are a unique and challenging variant of squamous cell carcinoma. Spindle cell neoplasm are characterised by elongated spindle shaped cells varying from benign to malignant to very aggressive. Spindle cell lesions commonly occur in soft tissues as sarcomas of bones, muscle, nerve. Other sites that are known to have spindle cell includes skin, lungs, upper aero-digestive tract. The tumour can arise anywhere within the upper aerodigestive tract, with a predilection for the larynx and oral cavity. This similar tumour localised to the Nasal cavity is a very rare site. Here the tumour is seen to be of epithelial origin with epithelial cells losing their cohesive character and polygonal shape and resemble spindle cells.

Case Report

We report a case of 39 year old male presenting to our OPD in western Rajasthan with complaint of right sided nasal obstruction and recurrent episodes of epistaxis since past six months. Nasal obstruction was only localized to the right sided, continuous in nature since onset of symptoms and not relieved by medications.

On anterior rhinoscopic examination, polypoidal mass with overlying small vessels was seen completely filled inside right nasal cavity. On examination of the left side of nasal cavity slight septal deviation was observed. The oral cavity examination revealed neither palatal bulge nor oroantral fistula. There were no complaints of associated facial swelling, any orbital complication, visual disturbance, aural heaviness, dental pain or any throat pain. When the Cold spatula test was performed it indicated decreased fogging on both sides with right side being affected more than left. Neck examination was insignificant.

The radiological examination including the CT scan of paranasal sinus suggested soft tissue density lesion involving posterior part of right nasal cavity extending to nasopharyngeal measuring approximately 40* 18 mm size widening the nasal cavity and displacing the nasal septum towards left.

Then an endoscopy guided biopsy was planned before definitive treatment. However during biopsy the mass bled profusely.

Histopathology section demonstrated a tissue composed of proliferation of spindle cell along with columnar lined polypoidal tissue. Following the biopsy surgical excision of entire tumour was performed endoscopically following which the entire specimen was sent for examination which confirmed provisional diagnosis. No further treatment was advised due to the benign nature of lesion as confirmed by the examination of excised specimen.

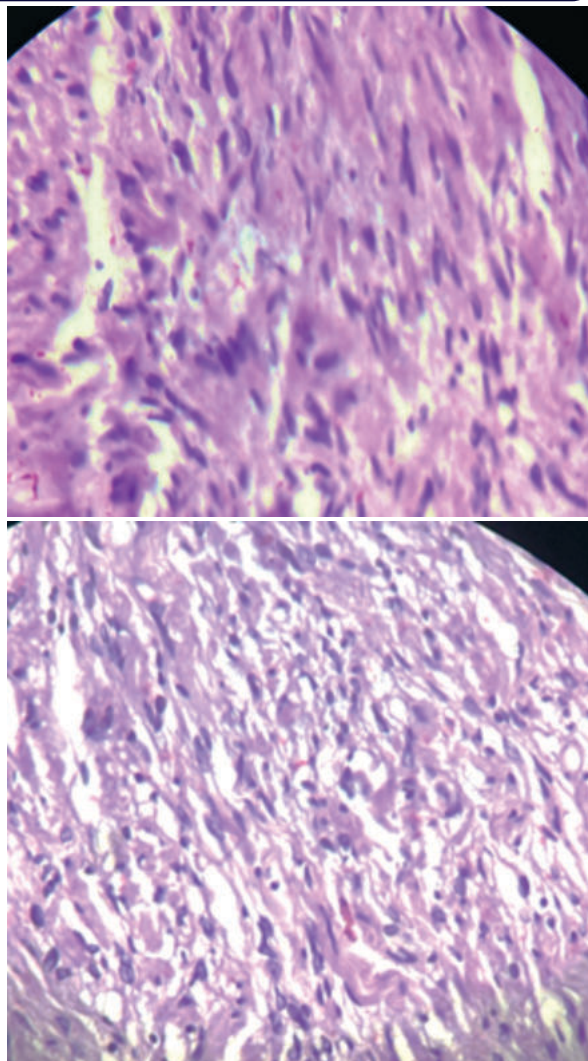


Figure 1.1 : HPE Section Showing Spindle Cells Along With Columnar Polypoid Tissue.

DISCUSSION

Spindle cell neoplasm is typically characterized by the histological finding proliferation of spindle cell along with columnar lined polypoidal tissue. It is usually seen in the fifth and sixth decade of life

and has shown association with smoking, tobacco and alcohol use and shows a predilection for the male gender. As per studies the larynx is the usual primary site, followed by oral cavity. On further histopathological examination followed by staining, the epithelial stains AE1/AE3 (pancytokeratin) is positive in anywhere from 26%-62%.



Figure 1.2 : Showing NCCT Scan of Patient

In this case the spindle cell neoplasm was present in the nasal cavity with the only predominant complaint being repeated episodes of epistaxis and a mass that bled when probed. Due to the limited data available maximum cases reported were found to be of malignant nature, although neoplasm of benign nature were also reported. In the literature that we reviewed for spindle cell neoplasm limited to nasal cavity, one previous case reported by Alhuwalia et al in 1996 and another case was reported by Sachin Gupta et al. The former was a case of 40year old male while the latter was of 29 year old male and both presented with repeated episodes of epistaxis. Another rare case of a 75yr old male was also reported who presented with nasal obstruction. All of these patients were treated by excision of mass and required radiotherapy or chemotherapy post excision with requiring radical neck dissection due to lymph node metastasis.

CONCLUSION

The case reported by us is similar to the previous case in terms of the gender predilection and the presenting complaint of multiple episode of epistaxis and nasal cavity obstruction with no other system involvement. However in contrast to the previous reported cases, post excision biopsy and histopathological examination revealed a benign nature with no evidence of any metastasis. Our case did not require any post excision treatment in terms of radiotherapy and/or chemotherapy. The histopathological examination revealed demonstrated a tissue composed of proliferation of spindle cell along with columnar lined polypoidal tissue. Upon follow up patient has had no repeat complaints epistaxis and no evidence of recurrence. No treatment protocol exists for these types of tumours due to lack of evidence and small patient pool but wide local excision followed by adjuvant radiotherapy and/or chemotherapy depending upon nature of tumour and histopathological reports is advised.

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