



SEROMUCINOUS HAMARTOMA OF NASOPHARYNX -A RARE CASE REPORT

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ABSTRACT

Seromucinous hamartoma is a rare, benign glandular proliferation that primarily affects the sinonasal tract and nasopharynx. This case report presents a comprehensive overview of a 42-year-old woman with seromucinous hamartoma, emphasizing the clinical presentation, diagnostic approach, treatment, and outcomes. Distinguishing seromucinous hamartoma from adenocarcinoma is of paramount importance.

KEYWORDS

Seromucinous hamartoma, Endoscopic excision

INTRODUCTION

First coined in 1904, the term "Hamartoma" describes tumor-like malformations resulting from errors in tissue development¹. While hamartomas can manifest in various tissues throughout the body, they are exceedingly rare in the upper aerodigestive tract^{2,3}. Seromucinous hamartoma, a distinct subtype, was initially characterized by Baillie and Batsakis in 1974⁴. This condition typically affects middle-aged to elderly individuals and often presents with persistent symptoms such as nasal obstruction or epistaxis. Seromucinous hamartoma stands out as a benign lesion with low recurrence rates after surgical excision, histologically characterized by glandular proliferation within a fibrous stroma.

Case Study

Patient Profile:

A 42-year-old female was referred to our hospital after nasal endoscopy. The patient had been suffering from left-sided nasal blockage for a duration of three years, accompanied by hyposmia that had persisted for one year. Anterior rhinoscopy was normal and a cold spatula test indicated reduced airflow over the left side. On endoscopic examination, a pinkish, polypoidal mass with smooth margins was detected in the nasopharynx and extending to left nasal cavity (Figure 1).

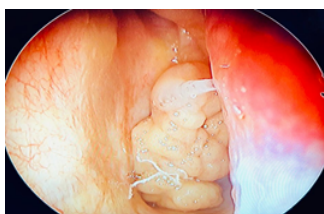


Figure 1: Nasal endoscopy reveals a round, polypoid mass in the left posterior nasal cavity and nasopharynx.

Radiological Findings:

Computed tomography imaging revealed a polypoidal soft tissue density mass with enhancing characteristics, located on the left side of the posterior nasal cavity. This mass abutted the posterior nasal wall and extended into the nasopharynx (Figures 2 and 3)

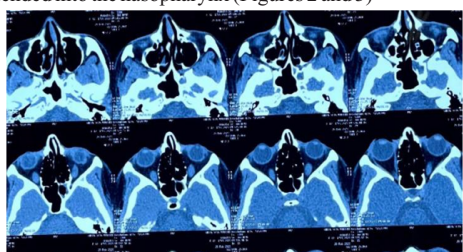


Figure 2-Axial cut of CT Scan showing lesion in Nasopharynx and

posterior part of nasal cavity.

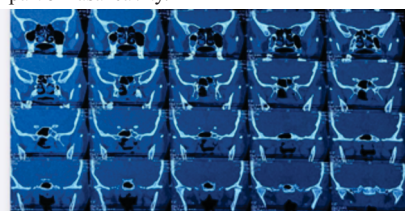


Figure 3:Coronal cut of CT Scan showing lesion in nasopharynx and Posterior part of left nasal cavity.

Diagnosis and Intervention:

After performing a repeat nasal endoscopy and a biopsy, histopathological analysis confirmed the presence of a seromucinous hamartoma. Subsequently, we carried out the endoscopic excision of the hamartoma. Lesion was found to arise from posterior wall of nasopharynx and base of lesion was cauterized, with the excised tissue also confirming the diagnosis of seromucinous hamartoma. The patient's postoperative recovery was uneventful, and she underwent regular follow-up for three months with no further treatment required and no recurrence observed.



Figure 4 : Excised specimen

DISCUSSION

Seromucinous hamartoma within the nasal cavity is a rare condition⁵⁻⁹ characterized by a benign proliferation of glandular structures. Its etiology remains enigmatic, with some potential associations suggested, including chronic inflammation of the nasal mucosa, allergic rhinitis, or bronchial asthma¹⁰. This condition predominantly affects women and most commonly presents with unilateral nasal obstruction, occasionally accompanied by epistaxis⁸. The majority of cases originate in the posterior nasal cavity, often medial to the middle turbinate. Distinguishing between benign hamartoma and adenocarcinoma is crucial, as the former exhibits rare recurrence, while the latter is more aggressive and prone to relapse.

Diagnostic investigations include CT scans and endoscopy with biopsy. The treatment of choice for seromucinous hamartoma is complete surgical excision via a trans nasal endoscopic approach. This approach is associated with low recurrence rates^{5,6}. In this case, we performed endoscopic tumor excision with base cauterization.

CONCLUSION

Seromucinous hamartoma of the nasal cavity is an exceedingly rare benign condition, predominantly affecting middle-aged to elderly individuals. Differentiating seromucinous hamartoma from adenocarcinoma is crucial due to their distinct clinical courses and prognoses. Timely diagnosis and surgical excision through an endoscopic approach yield favorable outcomes with minimal risk of recurrence.

Declarations

Conflict of interest The authors declared that they have no conflict of interest and there was no funding or grants involved.

Informed consent Informed consent obtained from patient included in this study.

Ethical approval Ethical approval was obtained from institutional ethical committee.

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