



**ORIGINAL RESEARCH PAPER**

**Pathology**

**RHINOSPORIDIOSIS - A CYTOLOGICAL DIAGNOSTIC PITFALL**

**KEY WORDS:**  
rhinosporidiosis, cutaneous ..

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**ABSTRACT**

Rhinosporidiosis has been found to occur in roughly 70 countries around the world and thrives in warm, tropical climates. The fact that sporangia are induced to extrude their endospores by watery substances helps explain the pervasiveness of the disease in areas with wet environments Majority of cases described in literature have a primary lesion inside the nose. The present case is a 51yr male , presented with swelling in medial side of left thigh since more than a year, but with occurrence of pain since 6 months.

**Introduction**

Rhinosporidiosis has been defined (1) as a chronic granulomatous disease characterised by production of polyps and other manifestations of hyperplasia of nasal mucosa. The etiological agent is *Rhinosporidium seeberi*. *Rhinosporidium seeberi*: was initially believed to be a sporozoon, but it is now considered to be a fungus and has been provisionally placed under the family Olpidiaceae, order chritridiales of phycomyetes by Ashworth. Recently, Ahluwalia et.al [2] suggested the cyanobacterium *Microcystis erogenosa* as the causative agent. Of all the reported cases 95 % were from India and Srilanka (3).

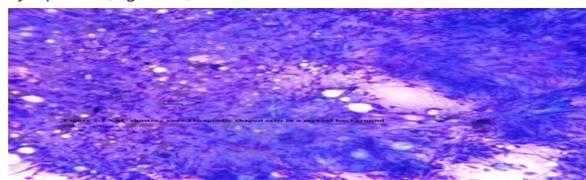
**Case report:**

A 51 yr/M, presented with a progressive swelling over medial side of left thigh measuring 9x9x5cm, present since 3 years, gradually increasing in size since a year and painful since last

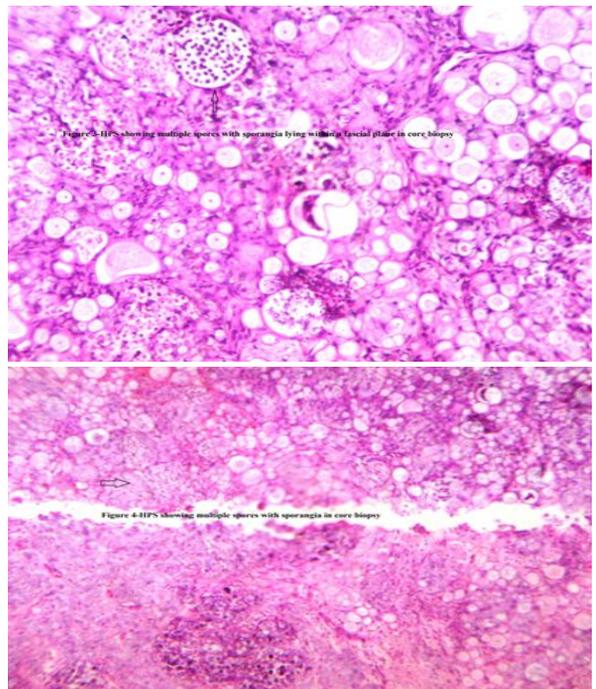


**Figure 1—swelling on left thigh**

6months. [figure-1] The patient was advised USG and diagnosed as Desmoid/Neurofibroma. He then underwent FNAC. The cytomorphology study was consistent with extraskeletal myxoid chondrosarcoma ,where the round to spindleoid neoplastic cells were present in clusters and dispersed in chondromyxoid matrix, occasional nuclear grooving with moderate amount of vacuolated cytoplasm. [figure-2].



Needle core biopsy was taken from the said site and sent for histopathology study. The section showed both mature and immature sporangia surrounded by dense inflammatory response within the inter fascial plane.



[figure-3& figure-4] the patient underwent complete excision and is under follow up since 8months, without any evidence of recurrence. ENT examination revealed no lesion in the nasal cavity of the patient.

**DISCUSSION:**

Rhinosporidiosis was first described in Argentina [4]. The mode of infection is from aquatic habitat of *Rhinosporidium seeberi*.

The nose and nasopharynx are the most commonest site of involvement [5]. Atypical presentation often confuses with soft tissue tumor. As in our patient, the finding in cytology study correlated with myxoid chondrosarcoma, but definite diagnosis was obtained by histopathology, by the presence of sporangia and endospores.

The curative approach is wide surgical excision with electro coagulation of lesion base [6]. Reports of treatment with long course of dapsone is useful in individuals with multiple lesions [7].

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