

Lobular Hemangioma of the Nasal Fossa. Clinical Case

Golian Ignacio Matías*, López Moris Carlos and Curi Juan Ramón

*CEMIC, CABA, Buenos Aires, Argentina.

Received October 29, 2018; Accepted November 22, 2018; Published March 08, 2019

ABSTRACT

Hemangiomas are common neoplasms in the head and neck area in the pediatric age. They represent 2-3% of tumors. Its presentation in the nostril is rare. We present a clinical case of an adult woman who presented nasal obstruction associated with watery rhinorrhea. The computed tomography and magnetic resonance imaging showed tumor of total occupation of the nasal cavity without infiltration of adjacent structures. Complete exeresis was performed under video endoscopy vision.

Keywords: Lobular hemangioma, Vascular nasal tumor

INTRODUCTION

Hemangiomas are benign neoplasms in the head and neck area in the pediatric age; however, they are very rare in the rhinosinusal área [1]. The inferior turbinate, the vomer, the perpendicular lamina of the ethmoid and the maxillary sinus can affect the nasal cavity. They are slow growing, so clinically they are silent at the beginning, as they increase in size they cause deformity and nasal obstruction, depending on the site of origin. Epistaxis, although frequent, is not always the cardinal symptom. The diagnosis is based on clinical suspicion and computed axial tomography, which reveals the existence and characteristics of bone lesions and nuclear magnetic resonance that helps determine the extent of them. Biopsy under endoscopic vision is a useful tool in case of diagnostic doubt. Some authors propose the use of steroids as medical treatment [2,3]. In 5-10%, resection can be performed endoscopically and/or combined externally. In those large tumors, embolization is recommended, prior to surgery [4]. Given the rarity of its presentation in the rhinosinusal area, we present the following clinical case.

CLINICAL CASE

A 57 year old woman, with no relevant history, consulted for a permanent nasal obstruction of the left nostril of 3 months of evolution, associated with watery rhinorrhea. The anterior rhinoscopy shows a tumor that occupies the entire nasal fossa. Fibroscopy shows a lesion that extends along the entire nasal cavity, with nasal septum mucosa of normal appearance, without displacement thereof, free cavum (Figure 1). Computed axial tomography without contrast and nuclear magnetic resonance with facial mass contrast is requested, which informs lesion that occupies the entire left nasal fossa without invasion of the nasal septum, associated

with partial occupation of the left maxillary sinus and anterior ethmoid (Figure 2). Under general anesthesia, total tumor resection is performed, including middle turbinate under video endoscopic vision with 30° optic (Figure 3). During the procedure, profuse bleeding of the sphenopalatine artery was observed, which was controlled with electrocoagulation. The postoperative pathological anatomy reported: Lobular hemangioma.



Figure 1. Tumor of the left nostril.

Corresponding author: Golian Ignacio Matías, ENT Staff Doctor, CEMIC, CABA, Buenos Aires, Argentina, E-mail: ignaciogolian@yahoo.com.ar

Citation: Matías GI, Carlos LM & Ramón CJ. (2019) Lobular Hemangioma of the Nasal Fossa. Clinical Case. J Otolaryngol Neurotol Res, 2(1): 43-44.

Copyright: ©2019 Matías GI, Carlos LM & Ramón CJ. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



Figure 2. Magnetic resonance imaging with left nostril tumor.

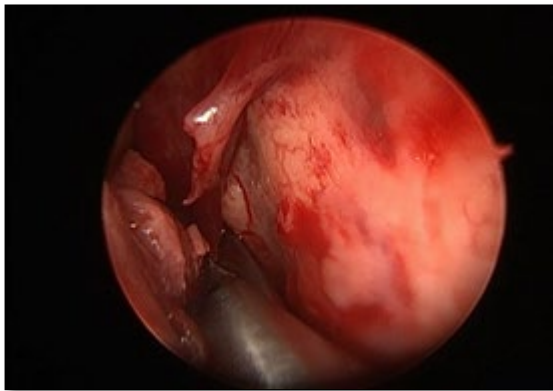


Figure 3. Resection of middle turbinate.

The post-operative evolution was satisfactory, nasal lavages were performed with saline, several times a day for 3 weeks, no immediate or late nasal bleeding was evident. Control was carried out at 10 months (**Figure 4**).



Figure 4. Absence of tumor with preserved nasal mucosa.

DISCUSSION AND CONCLUSION

Hemangiomas are the most frequent tumors of childhood. Approximately 60% is located in the head and neck. The nasosinus hemangiomas, unlike the rest, appear in

adulthood, so they compress and destroy nearby structures [5]. The most common symptoms when located in the nasal region are epistaxis and nasal obstruction. We must perform the differential diagnosis with other tumors typical of the rhinosinusal cavities, both benign and malignant. Axial computed tomography and nuclear magnetic resonance define the extension and possible involvement of neighboring structures and also contribute differential diagnosis with vascular malformations. Arteriography is indicated on rare occasions; It is done in cases where, due to an excessive size of the lesion for the surgical approach [6,7]. The diagnosis of certainty is given by the incisional biopsy when the location is accessible and excisional during the surgical act. Here are a variety of treatments. Among the non-invasive ones, we find corticosteroids and interferon alfa-2, whose results are acceptable but not without side effects. Among the invasive treatments, the surgical one is the one of choice. The approach must be adapted to the location and size of the tumor [8].

REFERENCES

1. Raboso E, Rosell A, Plaza G, Martínez-Vidal A (1997) Haemangioma of the maxillary sinus. *J Laryngol Otol* 111: 638-640.
2. Jammal H, Barakat F, Hadi U (2004) Maxillary sinus cavernous hemangioma: A rare entity. *Acta Otolaryngol* 124: 331-333.
3. Shikhani A, Shehadi S (1986) Surgical treatment of giant hemangiomas of the head and neck. *Otolaryngol Head Neck Surg* 94: 113-122.
4. Biller H, Krespy Y, Soom P (1982) Combined therapy for vascular lesions of the head and neck with intra-arterial embolization and surgical excision. *Otolaryngol Head Neck Surg* 90: 37-42.
5. Kim HJ, Kim JH, Kim JH, Hwang EG (1995) Bone erosion caused by sinonasal cavernous hemangioma: CT findings in two patients. *AJNR* 16: 1176-1178.
6. Moore SL, Chun JK, Mitre SA, Som PM (2001) Intraosseous hemangioma of the zygoma: CT and MR findings. *Am J Neuroradiol* 22: 1383-1385.
7. Kanazawa T, Inou R, Ohta Y, Watanabe Y, Iino Y (2008) Maxillary haemangioma successfully resected by endoscopic approach. *J Laryngol Otol*, pp: 1-3.
8. Jammal H, Barakat F, Hadi U (2004) Maxillary sinus cavernous hemangioma: A rare entity. *Acta Otolaryngol* 124: 331-333.