



CASE REPORT – A CASE OF MALIGNANT TRANSFORMATION OF RECURRENT INVERTED PAPILLOMA

Otorhinolaryngology

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ABSTRACT

- Inverted papilloma is primary benign neoplasm that occurs in nasal cavity and paranasal sinus. Its incidence varying from 0.5 to 4% of all primary nasal tumours. It occurs in any age group. Men affected more than women. Surgical excision and histopathological examination has been main stay of treatment. It has been associated with high rate of recurrence up to 78%. Its tendency to transform in to malignancy is 10 to 15%. Therefore early detection of malignant transformation leads to better prognosis and increased survival.
- We are presenting a case of 52 year old male patient with swelling over forehead for 1 month. He had history of operated for inverted papilloma one year back.

KEYWORDS

INTRODUCTION

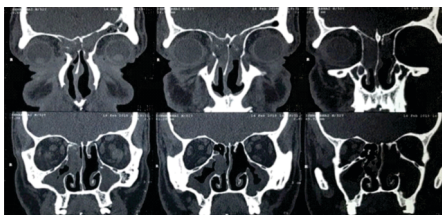
Inverted papilloma is a benign epithelium neoplasm originating from the schneiderian membrane of nose and paranasal sinuses. It is called inverted papilloma as there is inversion of neoplastic epithelium into underlying stroma rather than proliferation outwards. Also known as transitional cell papilloma or ringertz tumor or Schneiderian papilloma. Its incidence varying from 0.5 to 4 % of all primary nasal tumors. It occurs in any age group. Men are affected more than women. Inverted papilloma is associated with high rate of recurrence up to 78% and tendency to malignant transformation is <2%. It usually arises from the lateral nasal wall in the middle meatus, extending to ethmoid and maxillary sinus. It is almost always unilateral. In advance cases extension into all of the ipsilateral paranasal sinuses may occur where as intracranial growth and dura penetration are rare.

CASE REPORT

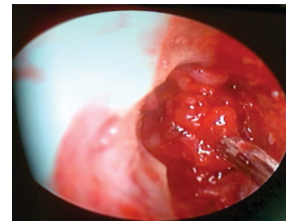
52 year old male patient, operated case of functional endoscopic sinus surgery and craniotomy for inverted papilloma one year back, came to ENT department of our hospital with chief complain of swelling over forehead and which was slowly progressive in nature with dull ache since 1 month. It was not associated with nasal blockage, nasal discharge, nasal bleed.

On local examination, 1.5*1.5cm swelling was present on forehead over glabellar region with overlying skin normal. It was non warm, non tender, non-compressible, non fluctuant, hard in consistency. Bilateral frontal sinus tenderness was present. Other ear nose and throat examination were normal.

MDCT scan of PNS was done, which was suggestive of ill-defined hyperdense soft tissue lesion in bilateral nasal cavities (right>left). With extension to bilateral anterior ethmoid air cells and frontal sinuses with its complete opacification and erosion with defects in surrounding bony structure and extension to right orbit. Finding in favor of recurrent papilloma.



Treatment: Under general anesthesia, patient is planned for surgery. Surgical approach was decided according to extension of the disease. Bicoronal flap with bilateral frontal craniotomy with transcranial exenteration of frontal sinus with duraplasty and cranioplasty done. Excised tumor mass sent for histopathological examination.



Histopathological examination was suggestive of squamous cell carcinoma of recurrent inverted papilloma which is rare. Then for further management patient referred to GCRI hospital, where patient took five cycles of chemotherapy and 26 cycles of radiotherapy. On regular follow up patient has no fresh complains and having good prognosis.

DISCUSSION

Inverted papilloma is a benign epithelium neoplasm originating from the schneiderian membrane of nose and paranasal sinuses. Pathogenesis of inverted papilloma is thought to be to allergy, chronic sinusitis and viral infections.

Most common presenting symptom is – unilateral nasal obstruction often combined with rhinorrhea and epistaxis.

Differential diagnosis includes sino-nasal inflammatory polyp, non keratinizing respiratory carcinoma and verrucous carcinoma.

Inverted papilloma has been associated with high rate of recurrence up to 78%, malignant transformation <2%, residual disease and tendency towards multicentricity. Endonasal route is appropriate in case of frontal sinus involvement without any bone destruction and extensive disease.

Massive skull base erosion, intradural and intra-orbital extension, extensive involvement of frontal sinus, abundant scar tissue due to previous surgery and concomitant presence of squamous cell carcinoma are absolute contraindication for purely endoscopic

approach so craniotomy should be done for complete removal of disease.

It is mandatory to remove mucoperiosteum in areas from which tumor originates along with tumor to prevent residual disease and recurrence. It is useful to take frozen section intraoperatively for associated carcinoma risk of <2%.

Histologically, inverted papilloma have an exo-endophytic growth pattern with primary, secondary and tertiary ramifications in to underlying stroma. Numerous intra-epithelial micro-abscesses are characteristic and stain for macrophage markers.

As recurrence rate of inverted papilloma is very high up to 78% , MRI should be the first imaging modality to perform on follow up to diagnose any recurrence

CONCLUSION

Regular long term follow up investigations with endoscopic assessment and MRI after surgical resection of Inverted papillomas should be done. Early detection of malignant transformation leads to better prognosis and increased survival rate.

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