1 THE NASAL SEPTUM HEMANGIOMA: A CASE

- 2 **REPORT**
- **Abstract:**
- 4 Hemangiomas are fast-growing, pseudotumours of
- 5 vascular origin, secondary to hyperplastic
- 6 proliferation of endothelial cells, with no capacity for
- 7 degeneration. They can be classified as capillary,
- 8 cavernous and mixed according to their
- 9 histopathological features. Although hemangiomas
- ¹⁰ of the head and neck are common, those of the
- nasal cavity and paranasal sinuses are extremely
- 12 rare and may manifest as recurrent epistaxis and
- ¹³ progressive nasal obstruction (unilateral).
- ¹⁴ We report the case of a 47-year-old female patient
- ¹⁵ who presented with a history of recurrent epistaxis
- ¹⁶ of moderate severity on the right side over the past
- 17 few months, with progressive onset of right nasal
- **18** obstruction. These episodes resolved
- ¹⁹ spontaneously after simple bidigital compression.
- 20 Rhinoscopy performed at the beginning of the
- 21 consultation revealed an anterior fleshy mass at the
- ²² level of the right nasal septum obstructing the nasal
- ²³ cavity (Figure 1). Nasofibroscopy showed no other
- abnormalities, particularly in the nasopharynx. A
 nasosinusal CT scan (see Figure 2) performed after
- contrast injection revealed a hypervascular mass in
- 26 contrast injection revealed a hypervascular mass in 27 the anterior part of the nasal cavity at the level of the
- right anterior nasal septum in contact with the
- ²⁹ inferior turbinates (see Figure 2). Surgical excision
- ³⁰ was performed by endonasal endoscopy with no
- ³¹ postoperative complications.
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- ³³ Key words: hemangioma, the nasal septum localization,
- ³⁴ Endonasal surgery
- 35 Introduction:
- ³⁶ Hemangiomas are fast-growing, pseudotumours of
- vascular origin, secondary to hyperplastic prolife-
- ration of endothelial cells, with no capacity for de-
- ³⁹ generation. They are more common in children
- 40 than in adults. They can be classified according to
- their histopathological features as capillary, ca-
- vernous and mixed types.

They account for only 10% of cervico-facial localizations. Although hemangiomas of the head and neck are common, those of the nasal cavity and paranasal sinuses are extremely rare and may present as epistaxis and unilateral nasal obstruction.

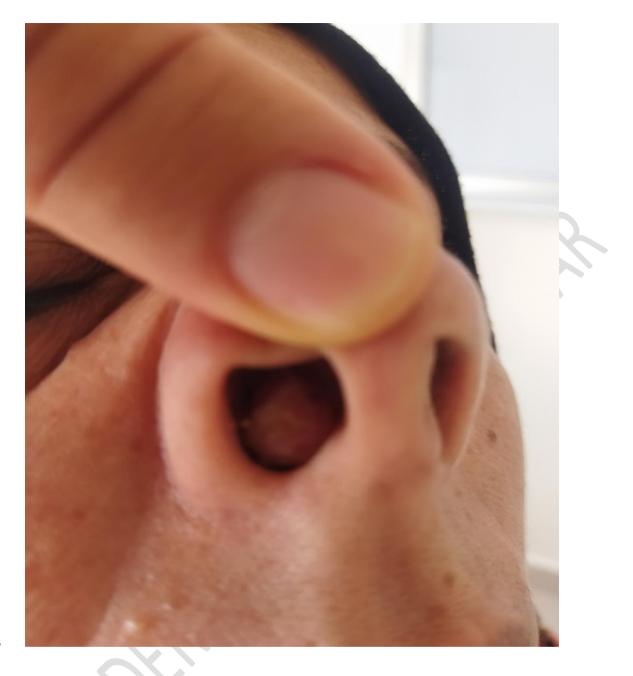
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50 Patient & Observation:

- ⁵¹ We report the case of a 47-year-old female patient who
- 52 presented with a history of recurrent epistaxis of
- ⁵³ moderate severity on the right side over the past few
- 54 months, with progressive onset of right nasal
- ⁵⁵ obstruction. These episodes resolved spontaneously
- ⁵⁶ after simple bidigital compression. Rhinoscopy
- ⁵⁷ performed at the beginning of the consultation revealed
- ⁵⁸ an anterior fleshy mass at the level of the right nasal
- ⁵⁹ septum obstructing the nasal cavity (Figure 1).
- ⁶⁰ Nasofibroscopy showed no other abnormalities,
- ⁶¹ particularly in the nasopharynx. A nasosinusal CT scan
- (see Figure 2) performed after contrast injection showed

a hypervascular mass in the anterior part of the nasal
 cavity at the level of the right anterior nasal septum in
 contact with the inferior turbinates (Figure 2).

Endonasal endoscopic surgery was performed. The
mass was pedicled to the antero-medial wall of the right
nasal cavity at the level of the anterior mucosal insertion
of the septum. The pedicle was cauterised with bipolar
forceps and the mass was resected in its entirety (Figure
4). There was no bleeding during the procedure despite
the absence of preoperative embolization.













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78 **Discussion:**

79 Hemangiomas are benign vascular tumours, fast-

- ⁸⁰ growing, that develop at the expense of vascular tissue
- in the skin, mucosa, bone, muscle and glands.
- The etiology of this pathology in the nasal cavity remains
 unknown.

The two main etiological hypotheses put forward for this 84 lesion are trauma to the nasal mucosa and hormonal 85 factors. Its anterior location, at the level of the nasal 86 septum (Kiesselbach's plexus), is capillary in around 87 80% of cases, which supports the traumatic hypothesis. 88 Only 15% of hemangiomas originate in the lateral wall of 89 the nasal cavity, and these are most often cavernous 90 hemangiomas. They are often intraosseous and involve 91

the turbinates. Hemangiomas are even rarer in the

sinus. In adults, this tumour has been described more
frequently in women, especially those who are pregnant.

- ⁹⁵ The most common clinical manifestation is recurrent
- ⁹⁶ epistaxis and nasal obstruction over a clinically
- 97 identifiable mass.
- ⁹⁸ Diagnosis is based primarily on clinical examination.
- ⁹⁹ However, in cases of diagnostic doubt, or to assess the
- extent of the lesion and its local behaviour, a radiological
- ¹⁰¹ examination (CT scan and/or MRI) is necessary.
- Endonasal surgical treatment is effective with or without
 preoperative vascular control.
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105 **Conclusion:**

- ¹⁰⁶ The nasal hemangiomas localization is believed to be
- ¹⁰⁷ rare, with a most commun clinical manifestation of
- 108 recurrent unilateral anterior epistaxis and nasal 109 obstruction

109 obstruction.

- ¹¹⁰ The diagnosis is mainly based on clinical examination.
- The typical appearance on anterior rhinoscopy is that of
- a fleshy, hyper-vascularized, friable mass.
- ¹¹³ The surgical excision treatment is effective with or
- ¹¹⁴ without preoperative vascular control.
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116 **Bibliography:**

- 117 1. Virbalas JM, Bent JP, Parikh SR. Pediatric nasal
- ¹¹⁸ lobular capillary hemangioma. Case Rep Med
- ¹¹⁹ **2012;2012:769630**.
- 2. Ozcan C, Apa DD, Görür K. Pediatric lobular capillary
- hemangioma of the nasal cavity. Eur Arch
- ¹²² Otorhinolaryngol 2004;261:449-51.

- ¹²³ 3. Andronikou S, Mandelstam S, Fasulakis S. MRI and
- ¹²⁴ preoperative embolization of a nasal cavity
- haemangioma in a child. Australas Radiol 2003;47:3868.
- 4. Katori H, Tsukuda M. Lobular capillary hemangioma
- ¹²⁸ of the nasal cavity in child. Auris Nasus Larynx ¹²⁹ 2005;32:185-8.
- 5. Righini CA, Atallah I, Reyt E. A false nasal septum
- deviation. Eur Ann Otorhinolaryngol Head Neck Dis
- ¹³² 2013;130:359-61.
- 6. Puxeddu R, Berlucchi M, Ledda GP, Parodo G, Farina
- D, Nicolai P. Lobular capillary hemangioma of the nasal
- cavity: A retrospective study on 40 patients. Am J Rhinol
 2006;20:480-4.
- 137 7. Kamath PM, Vijendra Shenoy S, Kini J, Mukundan A.
- 138 Lobular capillary hemangioma.
- 139