

THE NASAL SEPTUM HEMANGIOMA: A CASE REPORT

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Abstract:

Hemangiomas are fast-growing, pseudotumours of vascular origin, secondary to hyperplastic proliferation of endothelial cells, with no capacity for degeneration. They can be classified as capillary, cavernous and mixed according to their histopathological features. Although hemangiomas of the head and neck are common, those of the nasal cavity and paranasal sinuses are extremely rare and may manifest as recurrent epistaxis and progressive nasal obstruction (unilateral).

We report the case of a 47-year-old female patient who presented with a history of recurrent epistaxis of moderate severity on the right side over the past few months, with progressive onset of right nasal obstruction. These episodes resolved spontaneously after simple bidigital compression. Rhinoscopy performed at the beginning of the consultation revealed an anterior fleshy mass at the level of the right nasal septum obstructing the nasal cavity (Figure 1). Nasofibroscopy showed no other abnormalities, particularly in the nasopharynx. A nasosinusual CT scan (see Figure 2) performed after contrast injection revealed 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 (see Figure 2). Surgical excision was performed by endonasal endoscopy with no postoperative complications.

Key words: hemangioma, the nasal septum localization,

Endonasal surgery

Introduction:

Hemangiomas are fast-growing, pseudotumours of vascular origin, secondary to hyperplastic proliferation of endothelial cells, with no capacity for degeneration. They are more common in children than in adults. They can be classified according to their histopathological features as capillary, cavernous 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.

Patient & Observation:

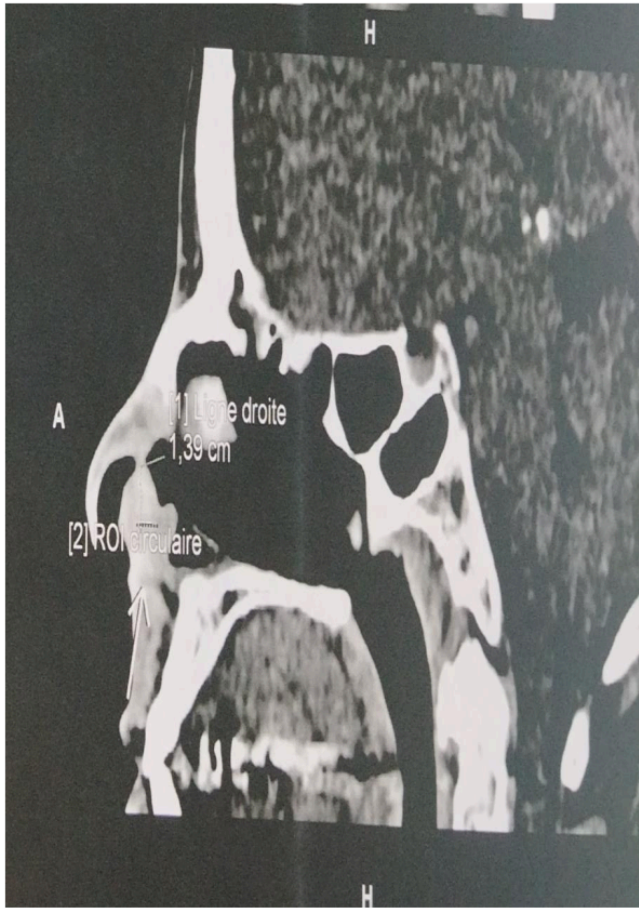
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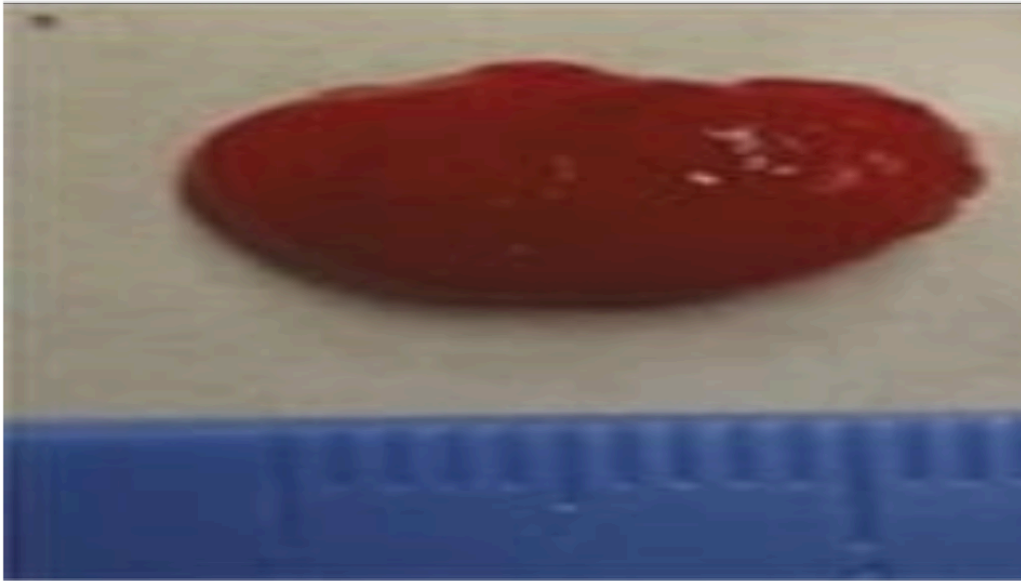
cavity at the level of the right anterior nasal septum in contact with the inferior turbinates (Figure 2).

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.









Discussion:

Hemangiomas are benign vascular tumours, fast-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 lesion are trauma to the nasal mucosa and hormonal factors. Its anterior location, at the level of the nasal septum (Kiesselbach's plexus), is capillary in around 80% of cases, which supports the traumatic hypothesis. Only 15% of hemangiomas originate in the lateral wall of the nasal cavity, and these are most often cavernous hemangiomas. They are often intraosseous and involve 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. The most common clinical manifestation is recurrent epistaxis and nasal obstruction over a clinically identifiable mass.

Diagnosis is based primarily on clinical examination. However, in cases of diagnostic doubt, or to assess the extent of the lesion and its local behaviour, a radiological examination (CT scan and/or MRI) is necessary. Endonasal surgical treatment is effective with or without preoperative vascular control.

Conclusion:

The nasal hemangiomas localization is believed to be rare, with a most common clinical manifestation of recurrent unilateral anterior epistaxis and nasal obstruction.

The diagnosis is mainly based on clinical examination. The typical appearance on anterior rhinoscopy is that of a fleshy, hyper-vascularized, friable mass.

The surgical excision treatment is effective with or without preoperative vascular control.

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