LETTER TO THE EDITOR

Dear Editor,

Papillomas are primary benign epithelial neoplasms producing finger–like projections that typically cover fibrous stalks. The term Inverted Papilloma (IP) describes the endophytic projection of epithelium into the stroma. Also known as Schneiderian papillomas, IPs predominantly affect males in the sixth decade. They usually arise from the lateral nasal wall and seldom involve the frontal or sphenoid sinuses. The frequency of IP on the nasal septum is even less. We report a case of IP of the nasal septum and the role of endoscopic resection of the IP without any sign of recurrence.

CASE REPORT

A 52-year-old man who was a chronic smoker and worked as a cook presented with a 1 year history of progressively worsening unilateral nasal blockage and hyposmia. Rigid nasoendoscopy revealed a reddish grape-like mass filling the right nasal cavity. The mass extended posteriorly to the posterior nasal space and crossed to the left side and had a broad-based attachment to the posterosuperior part of the nasal septum. Computed tomography (CT) scan showed a heterogeneously-enhanced soft tissue density mass in the right nasal cavity and a soft tissue density in the right ethmoid and sphenoid sinus most likely representing retained secretions. The patient underwent endoscopic excision of the mass using Integrated Power Console (IPC) system coupled to Straightshot M4 microdebrider (Medtronic, Minneapolis MN, USA) under general anaesthesia. After induction, each nostril was packed with five rayon neuro-patties (Raycot®, American Surgical Company, Lynn MA, USA) soaked with 2ml cocaine 10%, 2ml adrenaline 1:1000 and 6ml of water, carefully placed along the septum, floor and turbinate region. This method reduces the bleeding significantly and prevents blood from impairing the endoscopic view. During the operation, a septal perforation was found at the origin of the mass. No further removal of nasal septum was performed. Histopathological examination (HPE) confirmed the diagnosis of Inverted Papilloma. He has been under our follow-up for the past five years and remains well and symptom-free with no evidence of recurrence detected on endoscopic examination.

DISCUSSION

Inverted Papilloma (IP) poses many clinical, pathological and even management challenges. There are various surgical techniques advocated for treating IP. Radical transfacial approaches like lateral rhinotomy, minimally invasive endoscopic techniques and even midfacial degloving procedures are among some of the surgical techniques advocated. Most authors agree that complete surgical removal is the hallmark in treating IP. Traditionally, en bloc excision of the...
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REFERENCES