

How to Cite:

Meher, B., Marandi, G., Beshra, S., & Dhone, P. G. (2022). Observation of various symptoms of non-neoplastic nasal mass in ent. *International Journal of Health Sciences*, 6(S7), 797–802.
<https://doi.org/10.53730/ijhs.v6nS7.11327>

Observation of various symptoms of non-neoplastic nasal mass in ent

Bhanjan Meher

Assistant Professor, Department of Surgery, Bhima Bhoi Medical college, Balangir, Odisha, India,767001

Gujaram Marandi

Associate professor, Department of Pharmacology, Bhimo Bhoi medical college & Hospital, Balangir

Sabitri Beshra

Assistant professor Department of pharmacology , Bhimo Bhoi medical college and Hospital, Balangir

Pravin G. Dhone*

Professor & Head, Department of Pharmacology, RSDKS GMC, Ambikapur

*Corresponding author

Abstract--Tumors in the nasal cavity and paranasal sinuses were recognized during the time of Hippocrates. Whillis (1948) defined tumors as “an abnormal mass of tissue, the growth of which exceeds and is coordinated with that of the normal tissues and persists in the same excessive manner after cessation of the stimuli which evoked the Change” From the table I it is evident that only 5 cases of malignant and 3 cases of fungal Granuloma, there was bony erosion. In 19 cases of antro chonal polyp and antrum and ethmoid sinus is found to be hazy. From the table I, on radiological study, sinuses are found to be hazy in 86.4% cases of antro choanal polyp and 89.4% cases of ethmoidal polyp. This finding is in accordance with that of miles (1971) who started that usually there is some degree of opacity of sinuses either due to thickening of mucosa or superadded infection. erosion of bone is found in 70% cases of malignancy and the 3 case of fungal granuloma.

Keywords---*Neoplastic, Nasal mass, Granuloma*

Introduction

Tumors in the nasal cavity and paranasal sinuses were recognized during the time of Hippocrates.[1] Whillis (1948) defined tumors as “an abnormal mass of tissue, the growth of which exceeds and is coordinated with that of the normal

tissues and persists in the same excessive manner after cessation of the stimuli which evoked the Change”[2]

Because of the close relation of the nose and paranasal sinuses to various important structures e.g. upper aero-digestive tract, orbit and skull base as well as cranial cavity, malignant diseases of the nose and paranasal sinuses easily spread to these structures with devastating results, even before distant metastasis occurs. [3]Their initial presentation may not be different from that of other common benign diseases.[4] It has been recognized since long that malignant diseases of nose and paranasal sinuses can remain asymptomatic for quite a long period of time before giving rise to symptoms like any other malignant tumors.[5]

In one series the average duration between the initial symptoms and confirmation of diagnosis was 6 months.[6,7]

Method

Material and Methods

The present work comprises of clinical and histopathological assessment of mass in nose, amongst patients attending the Ear, Nose, and Throat out-door department of the V.S.S.Medical College Hospital, Burla during the period December 2009 to August 2011. Patients with a definite mass in nose are admitted to the E.N.T. ward for a thorough clinical study which includes detailed history, routine and special investigations and histopathological assessment of the lesion.

These cases are investigated under the following proforma.

1. Name, Age, Sex
2. Address
3. Religion
4. Registration Number
5. Occupation
6. Social Status
7. Chief complaints duration

Examination of throat and ear.

General Examination: Anemia, jaundice, glandular enlargement, blood pressure, pulse, respiration.

Systemic Examination:

- I. Gastro-intestinal system.
- II. Cardiovascular system.
- III. Respiratory system

IV. Nervous system

Imaging Test:

Observation and Results

From Table No - I Nasal obstruction is present in all the cases of malignancy. Hemberger at al (1967) observed nasal obstruction in 36.4% of case of the total 648 cases. In the present observation only 8 cases are studied which may be statistically insignificant.

In this series epistaxis is found in 70% cases of malignancy, in all 10 cases of haemangioma, 28.57% cases of Papilloma and all cases of nasopharyngeal angiofibroma, Local pain is observed in case of malignancy and inverted papilloma with secondary infection.

It is evident from table no. 1 that almost all cases of benign and malignant tumors of nose present with mass in nose. fullness of cheek present in 58.3% cases of malignant tumors. Mass in hard palate was present in 50% of case. One (8.33%) case of malignant tumors present with lymphadenopathy and cranial palsy.

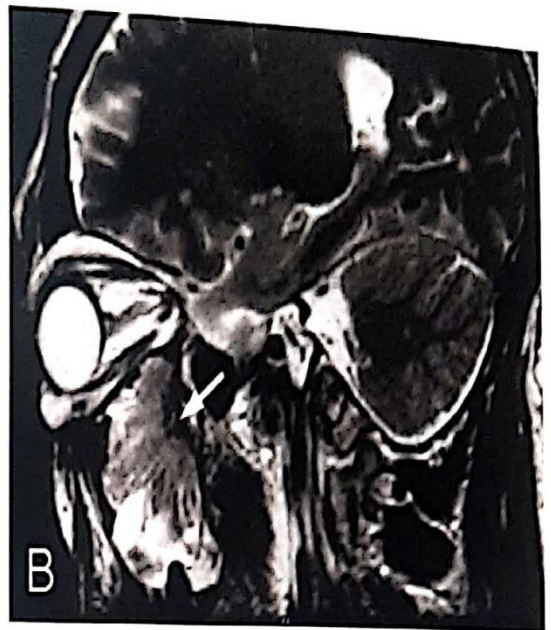
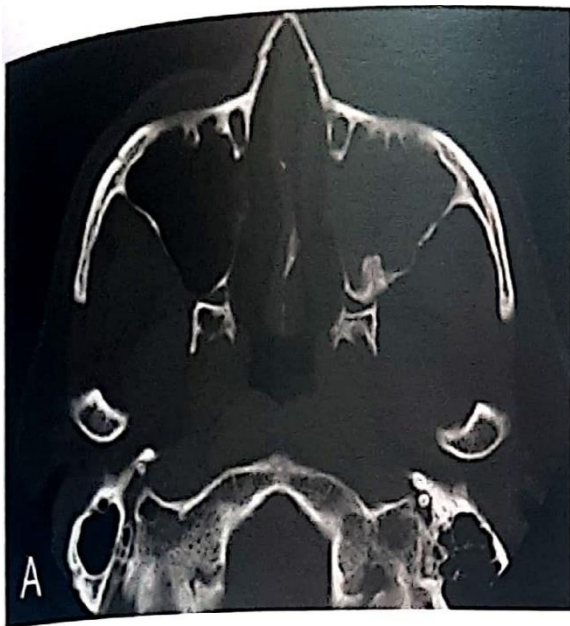
Fullness of cheek present in 8% of benign tumors and mass in hard palate present in 3% cases of benign tumors.

Table - I
Symptoms of Neoplastic nasal mass

Si.No.	Type of mass	Normal	Hazy	Erosion
	Non- neoplastic			
1	Rhinosporidiosis	37(82%)	8(18%)	
2	Antrochonal polyp	3(13.6%)	19(86.4%)	
3	Ethmoidal Polyp	1(10.6%)	16(89.4%)	
4	Cyst	5(100%)		
5	Fungal granuloma		4(100%)	3(75%)

Bening Tumours				
6	Hemangioma	9(90%)	1(10%)	
7	Squamous cell papilloma	6(100%)		
8	Fibroma	3(100%)		
9	Angiofibroma	2(66%)	1(33%)	
10	Inverted Papilloma	1(33%)	2(66%)	
11	Neurofibroma	1(100)		
12	Ossifying Fibroma of maxilla		1(100%)	
13	Pleomorphic adenoma	1(100%)		
Malignant Tumours				
14	Sq.cell CA Maxilla			3(100%)
15	Sq.cell CA Nose		1(50%)	1(50%)
16	Sq.cell CA Ethmoid			1(100%)
17	Adenoid cystic CA maxilla		1(100%)	1(100%)
18	Adenocarcinoma maxillary sinus		1(100%)	1(100%)

CT Scan showing sinonasal fungal mass



Axial CT scan and MR imaging of a case of inverted papilloma showing focal area of hyperostosis on posterior wall of left maxillary sinus which was later confirmed to be the site of tumour origin during surgery.

Conclusions

From the table I it is evident that only 5 cases of malignant and 3 cases of fungal Granuloma, there was bony erosion. In 19 cases of antro chonal polyp and antrum and ethmoid sinus is found to be hazy.

From the table I, on radiological study, sinuses are found to be hazy in 86.4% cases of antro choanal polyp and 89.4% cases of ethmoidal polyp. This finding is in accordance with that of miles (1971) who stated that usually there is some degree of opacity of sinuses either due to thickening of mucosa or superadded infection. erosion of bone is found in 70% cases of malignancy and the 3 case of fungal granuloma.

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