

Pleomorphic Adenoma of the Nasal Septum**Ezekari I*, Rajab S, El Ayoubi A, Bencheikh R, Benbouzid A, Oujilal A, Essakalli L**

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**Abstract:** The pleomorphic adenoma is a benign tumor located mostly in the salivary glands. Its location in the nasal fossa is exceptional. Here, we are presenting a case on 18-year old patient with pleomorphic adenoma in nasal fossa. Whereas, the tumor was completely resected by endonasal surgery.**Keywords:** pleomorphic adenoma, nasal fossa, endonasal surgery.**INTRODUCTION**

Pleomorphic adenoma is the most common benign tumor of the salivary glands. Although parotid gland constitutes 60% of all pleomorphic adenomas, minor salivary glands constitutes only 8% of them [1].

However, the intranasal locations are still rarely seen, we report a rare case of an intranasal pleomorphic adenoma originated from the nasal septum.

CASE REPORT

An 18-year-old patient presented with a 3 year history of left sided nasal obstruction without sign of epistaxis or smell disorders.

Anterior rhinoscopic examination showed a 15 mm mucosa-covered mass entirely filling the left nasal cavity.

The endoscopic examination revealed a vascularized mass arose from the nasal septum with a broad base. The right nasal cavity and nasopharynx were clear.

Computed tomogram revealed a very limited and polypoid lesion of the left nasal cavity heavily enhanced after injection of contrast agent with

attachment to the cartilaginous nasal septum without any erosion of the surrounding structures (fig 1).

The tumor was completely resected by endonasal surgery. The patient was discharged without any complication 2 days after the surgery. He was followed-up after surgery for 2 years.

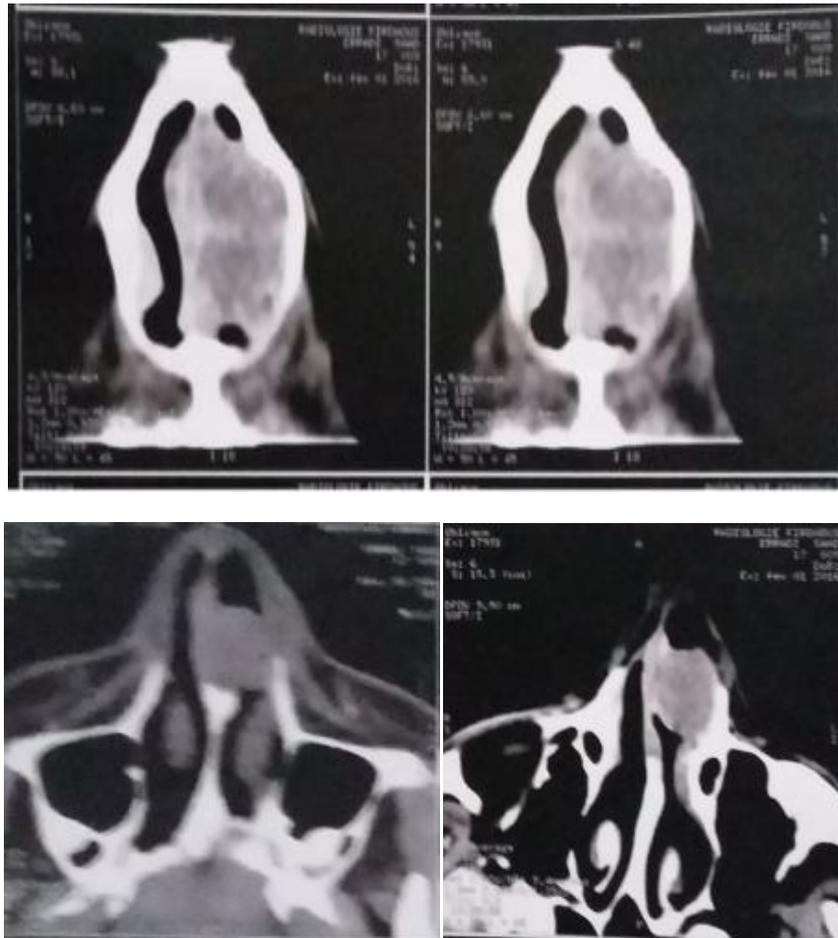


Fig-1: Nasosinusal bone imaging. Axial and coronal CT slices with and without contrast medium: tissular left nasosinusal aspect



Fig-2: photo showing the mass after resection

DISCUSSION

Pleomorphic adenoma of the nasal cavities is rare. The most common clinical symptoms are unilateral nasal obstruction (71% of cases), epistaxis (56%) and external deviation of the nasal pyramid [2]

The presenting symptom is nasal obstruction in 75% of the patients, [3] as in our case. Less commonly, the patients may present with epistaxis, intermittent

nasal discharge or with complaints related to the size of the mass.

Compango, Suzuki and Wakami presented their series of pleomorphic adenoma located in nasal cavity [4,5] The most common site of origin was the bony cartilaginous septum and the rate of malignancy transformation was 2.5/10% and had a female predominance.

The main risks are local recurrence [6], malignant transformation [7] and metastasis. Recurrence rates, after surgical resection, range from 0 to 8%, with multiple recurrences increasing the risk of cancerization [8]

The physiopathological hypotheses are numerous. The oldest is the persistence of a remnant of the vomeronasal duct of Jacobson that can give a salivary tumor in adulthood.

More recently, the hypothesis of epithelial cells derived from a mature salivary glandular tissue of the septum has been evoked. Histologically, cellularity is usually greater in the pleomorphic adenoma arising from the nasal septum than in those arising in the major salivary glands [9].

A relationship between the pleomorphic adenoma of the nasal fossae and an infection with Epstein-Barr Virus would be possible

CONCLUSION

The treatment of nasal pleomorphic adenomas must take into account lesion localization, esthetic complications, and evolutionary potential of the lesions. The nasal location of pleomorphic adenoma is exceptional, however, long-term follow-up is necessary because of the risk of local recurrence or malignant transformation.

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