RARE CAUSES OF NASAL MASSES SIMULATING NASOPHARYNGEAL TUMOR

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INTRODUCTION
A large range of pathologies can occur in the nasopharynx. The presentation of a nasopharyngeal tumor is variable ranging from ear, nasal and throat symptoms to neck masses and cranial nerve palsies. As a diagnostic approach, it is reasonable to proceed to imaging studies before biopsy of the mass. The histology of the mass dictates the management. We present two cases of unusual nasopharyngeal masses diagnosed in our service of ENT during the months of March to December 2009.

CASE 1

A 40-year old man presented with decreased hearing in the left ear for five weeks. Otoendoscopy revealed a yellowishish, postnasal polypoid mass occupying the left Rosenmüller fossa of the nasopharynx. Laryngoscopy did not reveal other abnormalities.

CASE 2

A 42-year old man with no history of malignancy presented with left nasopharyngeal masses, obstructing the left Rosenmüller fossa. Computed tomography scan revealed a nasopharyngeal mass which was confirmed on fiberoptic nasopharyngoscopy. The mass was verified as an inflammatory mass by a preauricular incision. Biopsies were obtained and the final pathological diagnoses revealed actinomycosis and amyloidosis.

DISCUSSION

Left: non-invasive imaging procedures, such as tomography scans, can be helpful in delineating the extent of an inflammatory mass. Right: during observation the mass remained stable for two years and surgical ablation was not required.

REFERENCES

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