Abstract

Participants should be able to discuss the unusual clinical, pathologic, and radiologic features of the angiomatous antrochoanal polyp (AAP) that can present as a juvenile angiomatous antrochoanal polyp. The AAP is a rare and unusual presentation of an AAP. Final pathology revealed an AAP. The clinical, pathologic, and radiologic findings in this case will be discussed as well as comparisons between potential confounding similarities in the presentation of these two distinct entities, ultimately requiring different treatment strategies.

Introduction

The etiology and pathogenesis of juvenile nasopharyngeal angiofibromas (JNA) and angiomatous antrochoanal polyps (AAP) are not well understood. The JNA is a benign neoplasm of the nasopharynx that usually occurs in male teenagers during puberty. The AAP is a benign tumor of the nasal cavity and paranasal sinuses that typically affects children and young adults. The pathologic basis for the development of these two lesions is not clearly understood. One theory is that the JNA arises from the embryonic mesenchymal tissue that surrounds the nasopharynx and extends into the paranasal sinuses, while the AAP arises from the embryonic mesenchymal tissue that surrounds the maxillary sinus and extends into the nasal cavity. However, the exact etiology and pathogenesis of these two lesions are not well understood.

Case Report

A 21-year-old male with no significant medical history presented with a 1-year history of nasal obstruction and epistaxis. Nasal endoscopy revealed a large polypoid mass in the right nasal cavity. Computed tomography (CT) scanning of the paranasal sinuses showed a large 6.8 cm x 4.4 cm x 3.3 cm polypoid mass arising from the right nasal cavity and extending into the left nasal cavity, with posterior expansion of the maxillary sinus and the pterygopalatine fossa. Magnetic resonance (MR) imaging showed a hypointense mass on T1-weighted images and a hyperintense mass on T2-weighted images. The mass was hypointense on T1-weighted gadolinium enhanced images and hyperintense on T2-weighted images. The mass showed flow voids indicating rapid blood flow on MR imaging.

The patient underwent urgent nasal endoscopy for control of intractable epistaxis. The mass was resected without concern for significant blood loss. The mass was sent for pathological evaluation. The final pathology revealed an AAP. The mass was composed of a highly vascular stroma with marked plasma cell infiltrate. The mass was resected with complete excision of the polypoid mass. The patient was discharged on the first postoperative day and has done well as an outpatient.

Discussion

The presentation of an angiomatous antrochoanal polyp can be similar to that of a juvenile nasopharyngeal angiofibroma. The AAP can present as a juvenile angiomatous antrochoanal polyp. The AAP is a benign tumor of the nasal cavity and paranasal sinuses that typically affects children and young adults. The AAP is a rare and unusual presentation of an AAP. The AAP is a benign tumor of the nasal cavity and paranasal sinuses that typically affects children and young adults.

Conclusion

The clinical presentation of an angiomatous antrochoanal polyp is very similar to that of a juvenile nasopharyngeal angiofibroma. The AAP can present as a juvenile angiomatous antrochoanal polyp. The AAP is a rare and unusual presentation of an AAP. The AAP is a benign tumor of the nasal cavity and paranasal sinuses that typically affects children and young adults. The AAP is a rare and unusual presentation of an AAP. The AAP is a benign tumor of the nasal cavity and paranasal sinuses that typically affects children and young adults.

References