We present 3 cases of sinonasal REAH:

- Male patients.
- Ages 48, 58 and 58 years.
- All presenting with facial pressure/pain, purulent rhinorrhea, occasional fevers, treated with several courses of antibiotics.

Computer tomography (CT) and magnetic resonance imaging (MRI) obtained.

All patients underwent functional endoscopic sinus surgery (FESS) with complete resection of the lesions.

No recurrences observed in a 2-year follow-up period.

The differential diagnosis for REAH includes:

- Inflammatory polyps: REAH presents adenomatoid proliferation and has no seromucous gland component.
- Inverted papilloma: originate from stratified, thickened, proliferative squamous epithelium, whereas REAH is composed of respiratory epithelium, often single-layer.
- Adenocarcinoma: has a complex glandular pattern with no intervening connective tissue with some degree of cellular atypia, pleomorphism, mitotic index.

Hamartomas are non-malignant malformations of tissue development, characterized by abnormal admixture of tissue indigenous to the involved site. Their growth is self-limited.

REAH are defined as tumors originated from the surface epithelium, with excessive proliferation of glandular elements arising from this epithelium, and not from seromucous glands.

Inflammation is thought to induce gland proliferation.

Other types: chondro-osseus respiratory epithelial hamartoma (CORE), usually in children.

Complete excision through an endoscopic approach is usually curative.