A Case of Respiratory Epithelial Adenomatoid Hamartoma with Extension to the Cribiform Plate

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ABSTRACT

INTRODUCTION:
Respiratory epithelial adenomatoid hamartomas (REAH) of the sinonasal tract are characterized by disorganized proliferation of cellular components from the Schneiderian epithelium that is self-limited and benign. Patients commonly present with symptoms of a nasal mass: obstruction, chronic rhinosinusitis, epistaxis, and/or hyposmia/anosmia. In cases arising from the olfactory cleft, controversy exists over whether subtotal versus total resection should be performed. We present a case report illustrating bilateral nasal REAH arising from the olfactory recess.

METHODS:
This is a case report of a 56-year-old woman with anosmia and obstructing nasal masses arising from the superior nasal cavity.

RESULTS:
A CT scan demonstrated opacification of the anterior ethmoid air cells and marked demineralization of the cribiform plate. MRI demonstrated enhancing masses in both nasal passages extending from the cribiform plate. The patient underwent biopsy and subtotal resection of the masses, with histopathology revealing respiratory epithelial adenomatoid hamartoma. Post-operatively, this patient remains disease- and symptoms-free. Pre- and post-operative imaging and histopathology are presented and pertinent literature is reviewed.

CONCLUSIONS:
Subtotal and total resection are the two current treatment strategies for symptomatic respiratory epithelial adenomatoid hamartomas when the olfactory cleft is involved. Available outcomes data do not support aggressive surgical management of olfactory cleft REAH. This case demonstrates that subtotal resection alone may safely provide improvement in patient symptoms. We emphasize the significance of awareness for and correct identification of REAH as it may spare the patient from protracted post-operative steroid therapy or aggressive surgical resection that is reserved for other clinical entities on the differential.

REFERENCES