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Endoscopic Endonasal Resection of a Juvenile Nasopharyngeal Angiofibroma

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Outcomes of Endoscopic Endonasal Resection for Juvenile Nasopharyngeal Angiofibroma (JNA)

Pre-operative Management



Embolization

of Internal Maxillary Artery
(Reduced Intra-op Bleeding)

Surgical Technique



✓ GTR

Gross Total Resection
(No residual lesion on MRI)

Post-operative Course



3 Days

Hospital Length of Stay
(No CSF Leak / Complications)

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Introduction

Juvenile Nasopharyngeal Angiofibroma (JNA) is a rare, benign, yet locally aggressive vascular tumor typically affecting adolescent males.¹ The endoscopic endonasal approach (EEA) has become the gold standard for the resection of these lesions due to reduced morbidity compared to open approaches.²

This case presents the multidisciplinary management of a complex JNA.

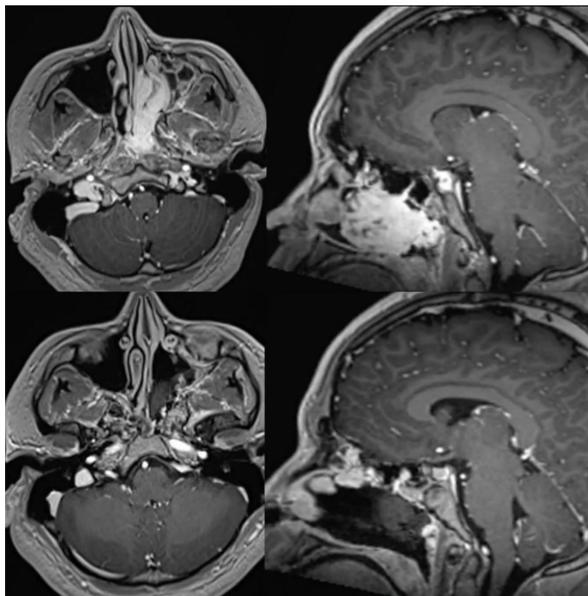


Figure 1. Pre and postoperative MRI.

Case Report

A 19-yo male with no significant past medical history presented with recurrent, massive epistaxis. Neurological examination yielded no relevant findings. MRI revealed a contrast-enhancing lesion located in the left nasal fossa. Pre-operative DSA identified the lesion's blood supply originating from the internal maxillary artery. Embolization of these branches was performed prior to surgery. GTR was achieved through an EEA.



Figure 2. Surgical specimen.

Results

A post-operative MRI was performed; there was no evidence of residual lesion. The patient experienced a favorable post-operative evolution and was discharged 3 days after the procedure with no complications. No active bleeding or CSF leak was observed post-operatively.

Discussion

This case highlights the need for a multidisciplinary approach with preoperative embolization followed by an EEA as the gold standard for JNA.

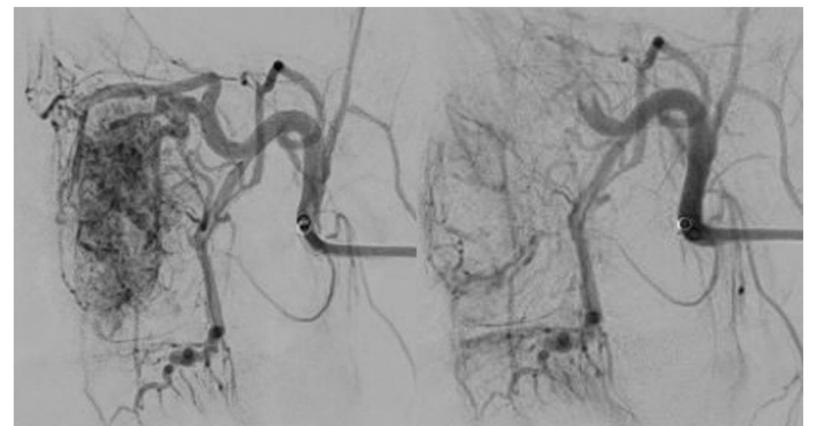


Figure 3. Pre and post-embolization DSA.

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