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Introduction

Symptomatic nasopharyngeal masses encompass a broad spectrum of benign and malignant pathology. Accurate identification and diagnosis are essential for guiding appropriate clinical management. Their variable and sometimes delayed presentation can make timely diagnosis challenging.

This study provides a descriptive analysis of 27 cases of symptomatic nasopharyngeal masses at our institution, with the aim of further improving diagnostic accuracy and treatment strategies.

Methods and Materials

A retrospective, single-center review of 27 patients with symptomatic nasopharyngeal masses who presented to our institution between 2015 and 2023. Patient demographics, presenting symptoms, endoscopic findings, and anatomic tumor location were analyzed among patients who underwent a biopsy in the operating room.

Results

Twenty-seven patients presented to our institution with symptomatic nasopharyngeal masses and underwent biopsy in the operating room. This series included 18 males (66.7%) and 9 females (33.3%), with a mean age at diagnosis of 55.1 ± 18.4 years.

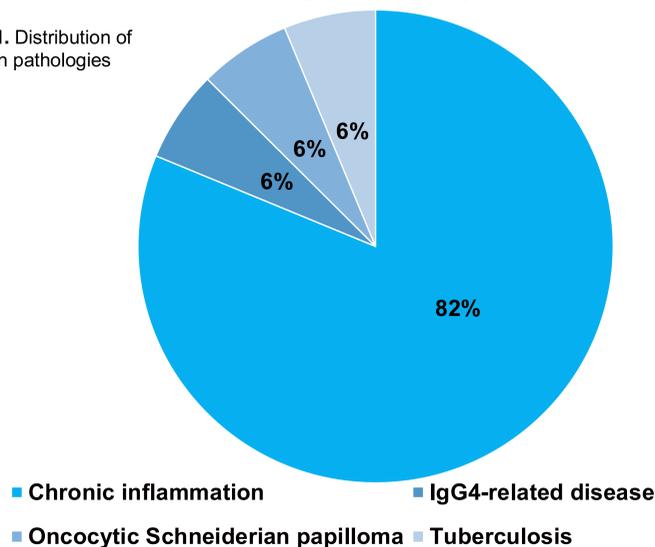
The most common presenting symptoms were nasal obstruction and neck/jaw pain (25.9%), followed by aural fullness, otalgia, and facial pain (22.2%); epistaxis, headache, and cranial neuropathy (18.5%); and nasal congestion or drainage, middle ear effusion, decreased hearing or visual changes (14.8%).

Masses were unilateral in 14 patients (51.9%), bilateral in 9 (33.3%), and midline in 4 (14.8%).

Sixteen cases (59.2%) were benign, most commonly chronic inflammation, while 11 cases (40.8%) were malignant, including nasopharyngeal carcinoma (n=5), lymphoma (n=3), salivary gland carcinoma (n=2), and chondrosarcoma (n=1).

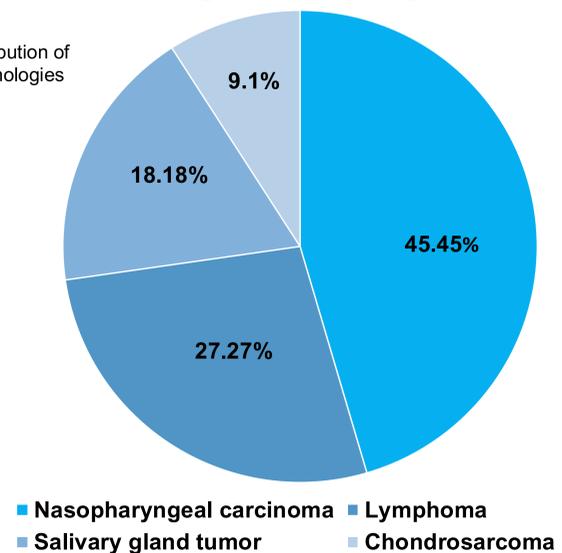
Benign pathologies

Figure 1. Distribution of benign pathologies



Malignant pathologies

Figure 2. Distribution of malignant pathologies



Presenting symptoms

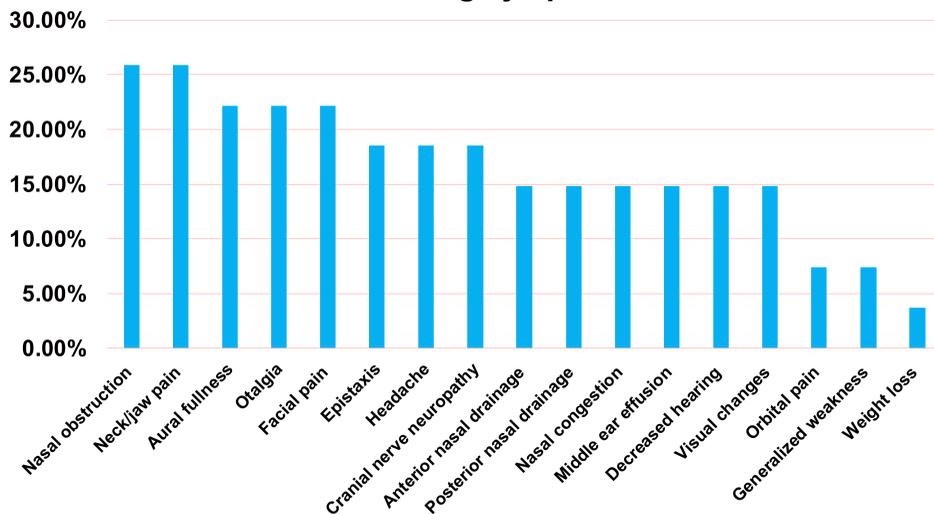


Figure 3. Presenting symptoms.

Discussion

This series highlights the broad spectrum of symptomatic nasopharyngeal masses in adults and the diagnostic challenges they present. Malignant lesions accounted for 40.8% of cases, higher than rates reported in non-endemic populations, likely reflecting the exclusively symptomatic nature of this cohort.

The most common presenting symptoms occurred in both benign and malignant cases, highlighting that **clinical features alone cannot reliably distinguish malignancy.**

Conclusions

Symptomatic nasopharyngeal masses in adults encompass a wide range of benign and malignant pathologies.

Given that common symptoms are shared across diagnoses and malignancy risk is substantial in this symptomatic cohort, **prompt biopsy is recommended to ensure accurate diagnosis** and guide appropriate management.

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