Case Report

Seromucinous Hamartoma of Nasal Cavity : A Rare Case Report

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ABSTRACT

Introduction

Seromucinous hamartoma is a rare benign lesion of the sinonasal tract, composed of proliferation of seromucinous glands and ducts within a variable fibrous stroma.

Case Report

This report is about a 58 year old female patient who presented with a fleshy mass extending upto the floor of the left nasal cavity. After its endoscopic excision, histopathological examination revealed a seromucinous hamartoma which was confirmed by immunohistochemistry.

Discussion

Seromucinous hamartoma is a rare entity of the nasal cavity which arise on the septum or nasopharynx and rarely from lateral wall and sinuses. 19 cases have been reported world wide so far. Hence a correct diagnosis, based on histopathological study along with immunohistochemistry is necessary for appropriate and accurate management. Early intervention with surgery and radiotherapy is required to avoid recurrence.

Keywords

Seromucinous hamartoma; Sinonasal adenocarcinoma

Seromucinous hamartoma is a rare benign lesion of the sinonasal tract, composed of proliferation of seromucinous glands and ducts within a variable fibrous stroma.[1] The lack of myoepithelial cells is an important diagnostic feature which may be mistaken for a low grade sinonasal adenocarcinoma.[2] The purpose of this article is to describe the unusual and rare presentation of a seromucinous hamartoma in the nasal cavity and its management.

Case Report

A 58 year old female patient, known hypertensive since past 35 years presented with complaints of nasal obstruction and occasional episodes of nasal bleeding since past 2 years.

On clinical examination, left nasal cavity showing a fleshy looking pink mass, soft to firm in consistency, non tender to touch, bleeds minimally with probing, extending upto the floor of the nasal cavity, can be probed all around except laterally.

Further radiological investigations by CT Nose and Para nasal sinuses revealed mass obscuring the left nasal cavity and the left maxillary sinus partially.

After the routine blood investigations, a functional endoscopic sinus surgery was performed under general anesthesia. The mass specimen removed entoto was sent for histopathological examination.

On follow up, the histopathological report described a pink fleshy mass of 6 cms x 2 cms, with irregular borders and uneven surface without any areas of necrosis

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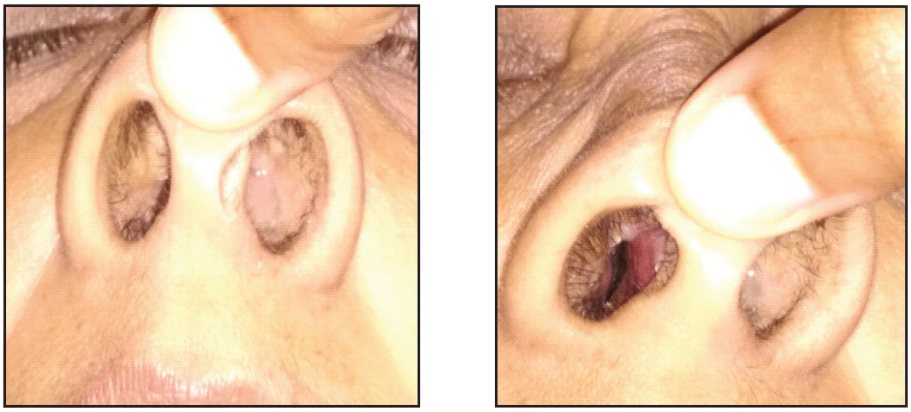

Fig. 1. Left nasal cavity showing a fleshy looking pink mass and right nasal cavity showing normal anatomy.

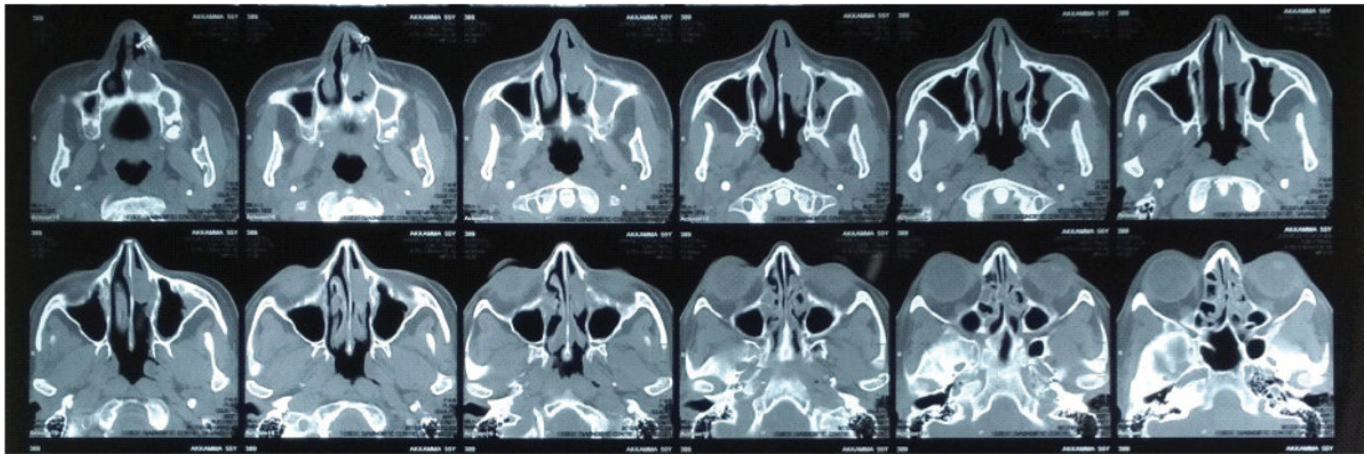

Fig.2. CT scan of the nose and paranasal sinuses.

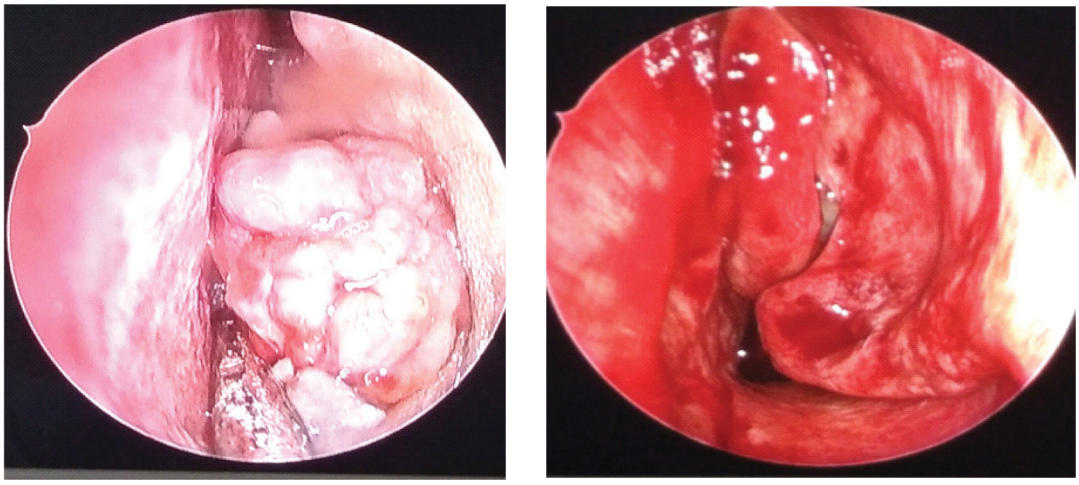

Fig.3. Pre operative endoscopic picture and post procedural picture.

Fig.4. Gross appearance of the mass specimen.

(macroscopically) and polypoidal bits of tissue lined by ciliated columnar epithelium, subepithelium with lobules of small to medium sized glands lined by single layer of cuboidal cells having bland nuclei and pale cytoplasm, glands surrounded by thickened hyalinised basement membrane with eosinophilic secretion in the lumen (Fig.5) and some dilated glands lined by respiratory epithelium (Fig.6) (microscopically).

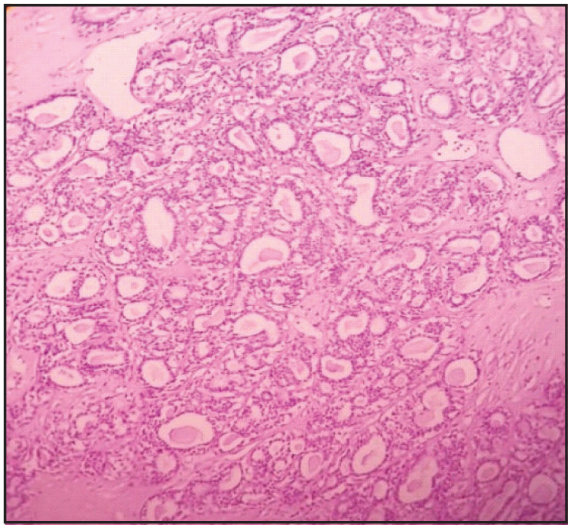

Fig. 5. Hematoxylin & Eosin staining showing ciliated columnar epithelium, subepithelium with glands lined by single layer of cuboidal cells with eosinophilic secretion in the lumen (10X)

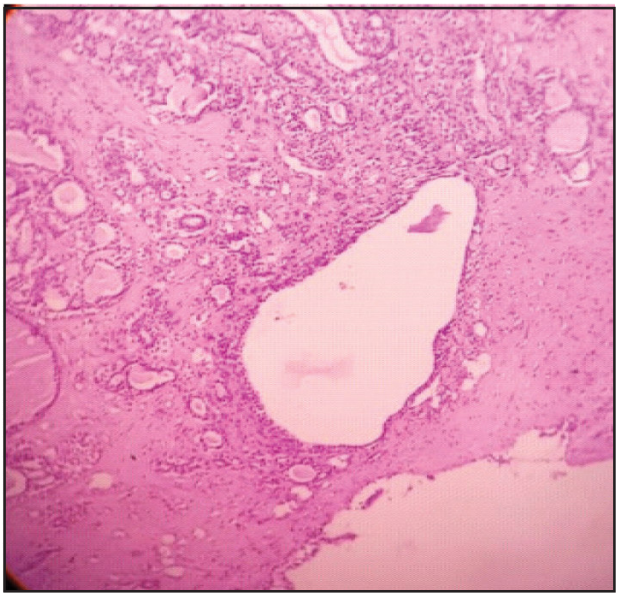

Fig. 6. Hematoxylin & Eosin staining showing a dilated gland lined by respiratory epithelium (10X)

A provisional diagnosis of a seromucinous hamartoma of left nasal cavity was made and an immmuno histochemistry was performed with markers like CD7 and CD19 to confirm the diagnosis.

Discussion

Seromucinous hamartoma is a rare entity of the nasal cavity which arise on the posterior nasal septum or nasopharynx and rarely from lateral wall and sinuses. It reveals a polypoidal tissue without local invasion, bony erosion or aggressive features. 19 cases have been reported world wide so far.[3] The age at the time of diagnosis varies from 14 to 85 years with a male preponderence (male: female :: 3:2).[4] The most common symptom presented was nasal obstruction and epistaxis. It also shows association with rheumatoid arthritis, parkinson disease and chronic rhinosinusitis.A close mimic is a low grade sinonasal adenocarcinoma non intestinal type.[5] Hence a correct diagnosis, based on histo-pathological study along with immunohistochemistry is necessary for appropriate and accurate management.

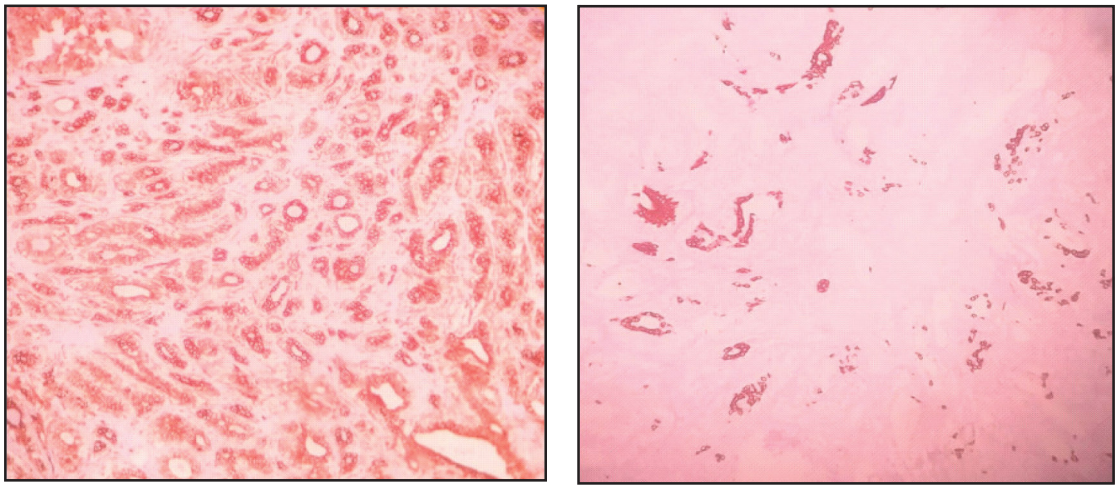

Fig.7 . Strong positivity with CD7 (left) and focally positive with CD 19 (right) under 10X magnification

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