CYLINDRICAL PAPILLOMA OF NASOPHARYNX (A Case Report)

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Introduction

Cylindrical cell papilloma of nasopharynx is a rare clinical entity. These tumours are seen uncommonly in nose and paranasal sinuses and may be associated with squamous cell carcinoma and may recur after surgical treatment. Surgery should be radical in nature and the patient should be kept under observation post-operatively. A case of cylindrical cell papilloma of nasopharynx is being reported. The patient had uneventful post-operative recovery.

Case Report

A 27-year-old soldier presented with complaints of obstruction and blood stained discharge from right nostril of 7 months duration. Spatula examination revealed a total blockage of right nostril. Anterior rhinoscopy did not show any mass, discharge, or clot. Posterior rhinoscopy showed a rounded, red, fleshy mass blocking the right choana. The site of origin was not visible. There was no active blood ooze or clot over the mass. Otoscopy showed retracted TM and audiometry revealed mild conductive deafness in right ear. Radiography paranasal sinuses

(Water's view) showed hazy right maxillary antrum without any sclerosis or erosion of bony walls. Computed tomography scan of postnasal space showed a non enhancing soft tissue mass in nasopharynx (Fig 1).

Patient was taken up for excision of mass under general anaesthesia. A transpalatal approach was used. It showed 1 cm X 1 cm rounded mass, coming from the right lateral wall of nasopharynx. The stalk was held by a curved haemostat and the mass removed *in toto*, the base being cauterised by electrical cautery. There was a loss of 150-200 mL of blood. A postnasal pack was applied and palatal wound stitched with catgut. When the pack was removed after 72 hours there was no bleeding from nose or month. Histopathology confirmed it to be a case of "cylindrical papilloma" (Fig 2). The palatal wound healed in 10 days and the patient was discharged on 15th day.

Discussion

Papillomata of nose and paranasal sinuses have been referred to by a number of different terms like inverted papilloma, ringertz tumour, Schneiderian papilloma, transitional papilloma and cylindrical papilloma.

They are thought to arise from Schneiderian membrane (ectoderm) which surrounds the

Fig. 1 : CT scan of postnasal space showing the non-enhancing soft tissue lesion in the nasopharynx.

Fig. 2 : Photomicrograph of the excised lesion confirms the diagnosis of cylindrical papilloma

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TABLE 1

Papillomata of nasal cavity and paranasal sinuses

Type	Site of origin	Relative incidence	Morphology	Histological features
a. Inverted	Nasal cavity	40-49%	Polypoidal	Neoplastic epithelium inverted into the underlying stroma. Epithelial cells uniform in shape. Mucous cysts present in epithelium
b. Fungiform	Nasal septum	50%	Cauliflower or mushroom shaped	Central core of avascular tissue surrounded by fronds of epithelium
c. Cylindrical	Maxillary antrum and/or nasal cavity	01%	Irregular surface with ragged, appearance	Multilayered columnar epithelium with numerous mucous cysts

olfactory placode and migrates into the nasal cavity being delineated posteriorly by choana [1]. Ectopic migration of this membrane into postnasal space may occur rarely [2,3]. Currently papillomata are divided into three different categories, (i) inverted, (ii) fungiform and (iii) cylindrical cell papilloma [4]. Their relative incidence, site or origin morphology/histology are summarised in Table 1.

Papillomata comprise 0.4 to 4.7 per cent of all tumours of nose and paranasal sinuses [2,5]. They usually occur in the younger age group [1]. About 5 to 10 per cent may turn malignant, this changes occurring more frequently in inverted and cylindrical types. Radiotherapy is likely to induce frank malignant changes.

Clinically papillomata present with nasal obstruction. Our patient had complained of total nasal obstruction and blood stained discharge. Radiography may show thinning of bony walls. Our patient showed only haziness in the right antrum. Treatment of choice for these tumours is surgical excision. We used a transpalatal approach as it gave a wide view for total excision of tumour.

Inadequate excision is likely to result in recur-

rence [7]. High rate of recurrence (50-70%) and possible malignant change (0.5-10%) has prompted some workers to classify these tumours as premalignant [8]. Our case showed uniform epithelial cells without any anaplasia or atypia. Clinically, there was no recurrence in our case even after 2 years of follow-up.

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