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Certificate of Attendance

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Transnasal Endoscopic Management of Sinonasal Inverted Papilloma

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Background

Inverted papillomas are benign sinonasal lesions that arise primarily in the nasal cavity, but often enlarging to involve to surrounding structures. Although histologically benign, inverted papilloma is associated with an aggressive biologic behavior, high incidence of recurrence and significant association with carcinoma. Historically, open surgical resection via lateral rhinotomy and medial maxillectomy has been the standard treatment for sinonasal inverted papilloma. Introduction of endoscopic techniques in sinonasal surgery has led to a revolution in the treatment of inverted papilloma. Many clinical studies have demonstrated the effectiveness of endoscopic treatment for inverted papilloma.

Case Report

We present two cases of sinonasal inverted papilloma that we manage endoscopically. The tumor involving the middle meatus, nasal cavity and protruding into the maxillary sinus without direct involvement of the mucosa. Surgery (type I resection) was performed with preservation of the inferior turbinate and healthy part of mucoperiosteum, identification the origin of the tumor and bony removal of the region. No recurrence was seen in 1 year follow up and no persistent crusting.

Patient 1

A 43 year-old female complained of intermittent epistaxis during the last year. She also complained progressive unilateral left nasal obstruction associated with blood mixed nasal discharge, no visual dysfunction, ocular motility was normal, without proptosis. The general physical examination and chest X-ray was normal.











Figure 1. A. Endoscopic view of the tumor B. Axial CT scan showing opacification of the left sinonasal C. Respiratory epithelium with inversion into the underlying stroma to form islands D. Origin of the tumor and bony removal of the region E. Endoscopic view on follow us: on recurrence.

Patient 2

A 55 year-old male complained progressive unilateral left nasal obstruction for one year. He did not complain of epistaxis, blood mixed nasal discharge or visual dysfunction, ocular motility was normal, without proptosis. The general physical examination and chest X-ray was normal.











Figure 1. A. Endoscopic view of the tumor 8&C. Axial and coronal CT scan showing opacification of the left sinonasal D. Origin of the tumor and bony removal of the region E. Endoscopic view on follow up: no recurrence.

Conclusion

Transnasal endoscopic surgery is a feasible and effective method of treatment for sinonasal inverted papilloma.

References

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