

Lobular Capillary Hemangioma of Nasal Cavity

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ABSTRACT

Nasal lobular capillary hemangioma is a benign lesion of unknown etiology. Epistaxis and nasal obstruction are the most marked symptoms. We present a case of lobular capillary hemangioma, which was located on the posterior end of middle turbinate. The case is reported for its potential for being misdiagnosed and to highlight the advantage of nasal endoscopes in diagnosis and treatment.

Keywords: Nasal mass, Capillary hemangioma.

INTRODUCTION

Nasal lobular capillary hemangioma is a benign lesion of unknown etiology, which is commonly associated with pregnancy, oral contraceptives and trauma. Epistaxis and nasal obstruction are the most marked symptoms.⁵ The nasal cavity is a rare location for lobular capillary hemangioma.² We are presenting a case of lobular capillary hemangioma which was located on the posterior end of middle turbinate.

CASE REPORT

A 35-year-old male, RK, presented with complaints of nasal obstruction and history of epistaxis (off and on) for the last 3 years. There was no history of trauma, headache or any relevant nasal surgery. On anterior rhinoscopic examination, a red congested fleshy nasal mass was seen. No abnormality was detected on posterior rhinoscopy. CT scan of paranasal sinuses (Fig.1) showed a polypoidal mass in right nasal cavity with marked deviated nasal septum toward left side; findings suggestive of bilateral maxillary sinusitis (in form of mucosal hypertrophy) and bilateral concha bullosa were present, though ethmoids and sphenoid sinuses were found to be clear. Under general anesthesia, the mass was excised under endoscopic visualization and bilateral middle meatus antrostomy was done. Mass was sent for histopathological examination. Postoperative period was uneventful.

Gross examination showed a polypoidal congested fleshy mass measuring 2 × 1 × 0.3 cm. On cut section, gray white with dark brown hemorrhagic areas were seen. Microscopic examination (Fig. 2) showed presence of

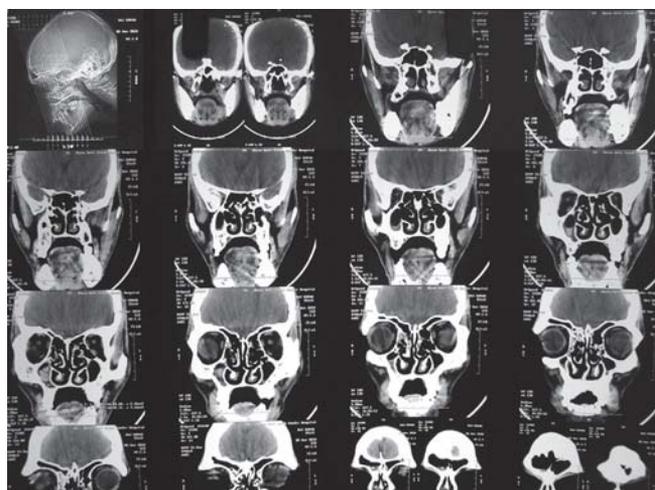


Fig. 1: CT scan

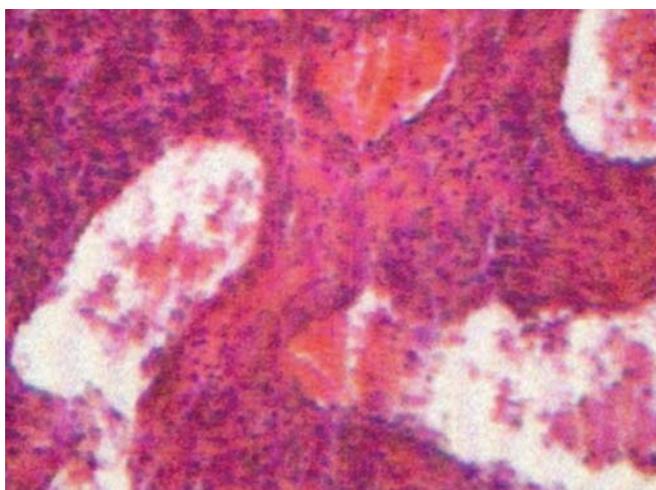


Fig. 2: Histopathological picture

cellular vascular tumor in lobules. The lobules were composed of capillaries of varying sizes surrounded by spindle cells—pericyte. Foci of necrosis were also seen.

DISCUSSION

Lobular capillary hemangiomas, which were also known as pyogenic granulomas, are benign polypoid forms of capillary hemangioma, primarily occurring on skin and mucous membranes. Lobular capillary hemangioma occurs in all ages, but more often in the third decade. The gingiva, tongue, lips and buccal mucosa are most common sites of mucosal lobular capillary hemangioma, but the nasal cavity is a rare site.⁵ Trauma, hormonal influence, viral oncogenes, microscopic arteriovenous malformation, the production of angiogenic growth factors and cytogenetic abnormalities have been postulated to play a role in its etiology. Lobular capillary hemangioma cases secondary to postoperative use of nasal packs have also been reported.¹ Epistaxis and nasal obstruction are the most marked symptoms in cases of nasal lobular capillary hemangioma. It can be pedunculated or wide based. Its size ranges from several millimeters to centimeters.¹ Histologically, it is characterized by submucosal vascular proliferation arranged in lobules or clusters composed of central capillaries and smaller ramifying tributaries. There is no intercommunication of vascular spaces or cytological atypia.⁶ The treatment of choice is complete surgical excision. The use of imaging

studies, like CT scan, can give a diagnosis without resorting to biopsy.⁵ The use of nasal endoscopes for the both diagnosis as well as surgery is the preferred method of treatment.³

CONCLUSION

This uncommon lesion should be considered in the differential diagnosis of all endonasal masses with bleeding. The case is reported for its potential for being misdiagnosed and to highlight the advantage of nasal endoscopes in diagnosis and treatment.⁴

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