

Choanal Polyp Arising from Middle Turbinate

Manish Gupta, Sunder Singh

ABSTRACT

Choanal polyp is the term used for benign, solitary soft tissue mass which extend toward the junction of nasal cavity and nasopharynx, i.e. choana. We report a rare case of choanal polyp arising from the middle turbinate and its successful treatment by endoscopic surgery. The complete resection of choanal polyp at the site of origin using an endoscope is usually sufficient and carries good prognosis without recurrence.

Keywords: Choanal polyp, Middle turbinate, Endoscopic surgery.

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INTRODUCTION

Choanal polyp is the term used for benign, solitary soft tissue mass which extend toward the junction of nasal cavity and nasopharynx, i.e. choana.¹ Though mostly they arise from maxillary sinus,¹ rarely may arise from sphenoid sinus, ethmoid sinus and nasal septum.

We report a rare case of choanal polyp arising from the middle turbinate and its successful treatment by endoscopic surgery.

CASE REPORT

A 35-year-old male patient presented in our outpatient department with complaint of right nasal obstruction and discharge for 2 years. On anterior rhinoscopy examination diagnosis of antrochoanal polyp was made.

Diagnostic nasal endoscopy revealed single pale polypoidal mass with smooth surface between the middle turbinate and nasal septum, attached to middle turbinate and hanging posteriorly into choana. The polyp did not bleed on touch and on probing it was found to be attached to medial surface of the middle turbinate. No abnormal discharge or other such mass was seen on further endoscopy.

Noncontrast computed tomogram (Figs 1 and 2) showed low density, soft tissue mass occupying the space between the middle turbinate and the nasal septum and extending in the choana with right middle meatus free. The mass also extended inferiorly medial to the inferior turbinate. All sinuses on both sides were normal.

Endoscopic endonasal resection of the polyp was done under general anesthesia and no intraoperative or

postoperative complication occurred. The histopathology revealed polypoid mass lined by ciliated, pseudostratified columnar epithelium with mucoid stroma containing blood vessels and inflammatory infiltrate of lymphocytes and plasma cells.

There is no recurrence in last 1-year follow-up.

DISCUSSION

Antrochoanal polyps are the most common choanal polyps and they arise from maxillary antrum. They have two portions: a cystic part fills the maxillary sinus and a solid part fills the nasal cavity and the choana.²

Differentiation of true choanal polyp with antrochoanal is made easy with endoscopic examination and computed



Fig. 1: Coronal cut of NCCT showing soft tissue mass in right nasal cavity between the middle turbinate and nasal septum. All the paranasal sinuses are normal

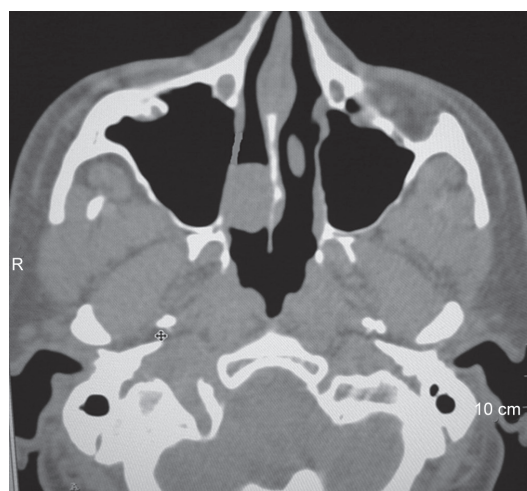


Fig. 2: Axial cut of NCCT showing the same mass extending into posterior choana

tomography. Both modalities help in confirming the site of origin and the extent of the polyp.

On computed tomography antrochoanal polyps are seen between the middle turbinate and lateral wall of the nasal cavity, while the choanal polyp arising from concha as in our case occupies the space between the middle turbinate and septum.¹ Thus, in choanal polyps middle meatus appears free. Moreover, ipsilateral maxillary sinus is opaque in antrochoanal polyps.

Occasionally, choanal polyp can be seen as a combination of true choanal polyp and generalized polyposis of ethmoid sinuses. Also, inverted papilloma should be kept as a possibility in cases of unusual site of choanal polyp origin.¹ The other differentials for unilateral polyp are blob of mucus which disappears on blowing nose or suction, hypertrophied middle turbinate has pink appearance and hard feel and angiofibroma gives history of profuse recurrent epistaxis and is firm in consistency.

The complete resection of choanal polyp at the site of origin using an endoscope is usually sufficient and carries good prognosis without recurrence.³

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