

Benign but progressive nasal mass: case report

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This is a computerized tomography (CT) of the paranasal sinuses showing an osteoma in a female in her 50's. She presented in 2019 with unilateral nasal obstruction, epiphora (water eyes) and restriction of her right lateral gaze. A CT scan (figure 1) confirmed the presence of an osteoma, which explained that her symptoms resulted from direct mass effect of the osteoma. A review of her CT scan from 2008 (figure 1) showed a small ethmoidal osteoma. The CT scan of the paranasal sinuses was performed as part of the management of previous sino-nasal symptoms, which were nasal obstruction, facial pain, headaches and post-nasal drip.

The osteoma in 2008 was an incidental finding and was not contributing to her symptoms; it was of a size that did not require surgical intervention. The CT scan reported extensive mucosal thickening filling both maxillary sinuses. The infundibulum was obliterated bilaterally. There was hyperostosis in the lateral margin of the right maxillary sinus due to long standing inflammatory changes. There were opacities bilaterally in the ethmoid and frontal sinuses. Further mucosal hypertrophy around the inferior and middle nasal turbinate bilaterally led to further reduction in the nasal passage. The sphenoid was also completely obliterated. The osteoma is visible in the 2008 CT scan but was not reported. Conservative treatment was adopted at this stage.

Red flag symptoms were then noted in 2019, including unilateral nasal obstruction, epiphora and proptosis. Unilateral nasal obstruction symptoms are part of the national 2 week wait referral form. These were not present in 2008. Osteomata are slow growing, benign tumours arising in the frontoethmoidal regions.¹ Endoscopic surgery achieved total removal of the histologically proven osteoma (figure 2). Differentials include fibrous dysplasia and osteosarcoma/blastoma. Fibrous dysplasia is present on the facial bones, especially in the maxilla and often presents in a younger age group. Osteosarcoma/blastoma



Figure 2.

are rapidly growing tumours with different appearance on CT scan. They can involve any bone of the facial skeleton and are associated with pain. Cranial nerve involvement can also be a presenting feature.

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REFERENCE

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Figure 1.