



A Rare Case of Bleeding Polypus of Nasal Septum During Pregnancy

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KEYWORDS

Inflammatory, haemangioma, amenorrhoea, circumscribed

ABSTRACT:

Background: Inflammatory haemangioma of the nasal septum, known as “pyogenic granuloma” or “bleeding polyp,” is an uncommon lesion in adults. Pyogenic granuloma is a polypoid capillary haemangioma, sometimes called lobular capillary haemangioma, which is seen on skin and mucosal surfaces. These lesions occur in the gingiva, most commonly the fingers, nasal cavities, face, lips and tongue. Sixty percent of nasal lesions arise on the septum and can appear with epistaxis. The aim of this study is to report an interesting case of a lobular capillary hemangioma of the nasal septum, including its surgical treatment, clinical appearance and diagnostic access.

Case Report: A 36-year-old woman with two months of amenorrhoea presented with a short history of unilateral nasal obstruction, epistaxis, and nasal discharge. A thorough medical history, clinical and endoscopic examination were obtained. The mass was completely excised without any difficulty under LA and cauterisation of the base done with TCA. The patient remained free of symptoms at a six-month follow-up.

Conclusions: This uncommon lesion should be considered in the differential diagnosis of a rapidly growing haemorrhagic lesion within the nasal cavity. In lobules, pyogenic granuloma consists of circumscribed aggregates of capillaries arranged. Clinical and histological diagnostic pitfalls occur frequently. Surgical excision is the treatment of choice; incomplete resection can lead to recurrence.

Introduction:

An uncommon lesion in adults is Inflammatory haemangioma of the nasal septum, which is known as “bleeding polyp”. This benign tumour can be spontaneous or post traumatic and occurs in young post pubertal adults or patients over 40 years of age, without a sex preponderance. The most frequent cartilaginous septum is the site of origin. The appearance and clinical signs often mimic malignancy, and a biopsy for histologic confirmation of the diagnosis is crucial. The capillary haemangioma is more frequently observed than the cavernous type. The mucosa and the underlying perichondrium are the treatments based on a surgical excision for the tumour which is not present in spontaneous involution.

Case Report:

36-year-old female patient with two months of amenorrhoea presented to our ENT OPD with complaints of bleeding from left nostril for one month, on and off, begins spontaneously and stops spontaneously. Patient also had history of nose block on the left for 2 weeks. There was no history of previous trauma to the nose. No h/o headache, vomiting, recurrent clearing of throat, recurrent sneezing, dust allergy. No h/o ear block.

Examination:

On Anterior rhinoscopy – dark brown globular mass seen in left nasal cavity.

DNE- Rt- High septal deviation, choanae – oedematous and congestion noted.

Lt- Dark brown globular mass noted arising from left cartilaginous part of nasal septum confirmed on probing with jobson.





Surgical procedure:

Endoscopic excision biopsy of the left nasal mass and cauterisation of the base done with TCA under LA.

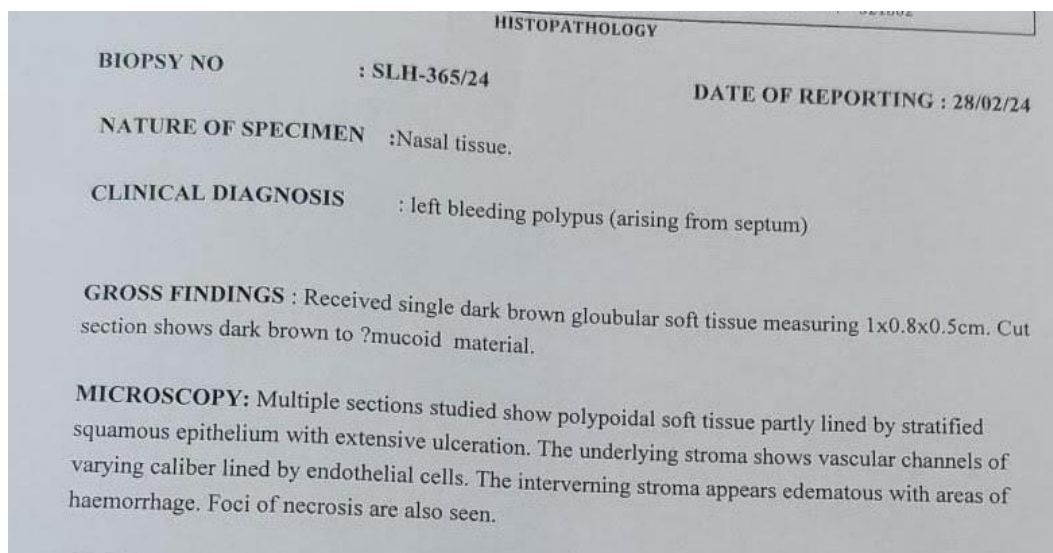


Post op DNE:

- No other mass seen.
- Edematous nasopharyngeal mucosa seen.

Histopathology:

Multiple section studied show polypoidal soft tissue lined by stratified squamous epithelium with extensive ulceration. The underlying stroma shows vascular channels of varying caliber lined by endothelial cells. The intervening stroma appears edematous with areas of haemorrhage. Suggestive of Capillary haemangioma.



Discussion:

Nasal septal haemangiomas are rare benign tumours. They are more common among young adults with no sex preponderance.

The exact origin of septal haemangioma is unknown. Trauma and hormonal factors may play a role in the pathogenesis of haemangioma. There was no history of trauma or hormonal factors in the cases we reported. There are three distinct histologic subtypes: capillary, cavernous, and mixed haemangiomas. The subtype of cavernous haemangioma occurs on the lateral nasal wall, mainly in adulthood. Frequently capillary haemangioma occurs on the nasal septum in children.

The main presenting symptoms are epistaxis and progressive nasal obstruction. Various studies have reported that the symptoms and signs of septal haemangioma are mainly nasal obstruction, epistaxis, rhinorrhoea, and occasional pain. However, the most common symptom is nasal bleeding.

Endoscopic examination is necessary to fully evaluate and diagnose septal haemangioma. It presents as a purple or red mass that bleeds easily on touch at endoscopy.

The prompt treatment of septal haemangioma is critical as episodes of epistaxis tend to be torrential, and lesions may eventually ulcerate with an attendant risk of becoming infected.

The most common therapeutic approach of choice is the endoscopic excision with bipolar electrocautery because it offers good haemostasis.

The recurrence rate of these haemangiomas varies from 0% to 42% and usually occurs within the 1st year. the most common cause of recurrence is reported as "Incomplete excision". However, some studies reported no recurrence after endoscopic surgery in all cases.

Conclusion:

A common cause of spontaneous and recurrent unilateral epistaxis is Bleeding septal polyp. This case report is an



addition to the literature to increase awareness in clinical practice. Endoscopic intranasal resection is the most effective form of treatment. Other conditions such as vascular lesions, granulomatous nasal diseases, or even

malignancy may mimic the condition. Hence, Surgical excision with histological evaluation is of paramount importance and only way to make a definite diagnosis.