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Angiomyxoma of Sinonasal Cavity: A Case Report

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Abstract: ***Angiomyxomas are a rare type of soft tissue tumour (lump). We report a case of 40-year-old female who presented with symptoms of nasal obstruction & epistaxis on & off. On histopathology it was confirmed as angiomyxoma of sinonasal cavity.***

Keywords: Angiomyxoma, Sinonasal Cavity

1. Introduction

Angiomyxomas develop from a type of cell called as myxoid cells. There are two types of angiomyxomas:

1) Superficial Angiomyxoma: seen on the skin or just below the surface of the skin. It is usually seen on the trunk, penis & vagina, legs, head & neck.
2) Aggressive Angiomyxoma: tends to grow deeper into the tissue. Eg: - vulva, perineum, pelvis.

They mostly affect women who are of childbearing age.

2. Case Report

A 40 year old female presented with nasal obstruction since 1 month, mass in the left nasal cavity since 1 month and history of epistaxis on & off since 1 month. On examination a reddish mass was protruding out of the left nasal cavity blocking whole of the left nasal cavity, firm, non tender, didn't bleed on touch.

3. Investigations

All lab reports came out to be normal.

On CECT Neck & Chest: An ill defined heterogeneously enhancing lesion in the left maxillary sinus superiorly extending upto the lesser wing of sphenoid involving the ethmoidal air cells; medially it is eroding the medial wall of the sinus and extending into the nasal cavity with involvement of bony turbinates and bony nasal septum, bulky with non enhancing areas, ad laterally there is erosion of the lateral wall of sinus with extension into the adjoining fat plane measuring 7.8*6.4*4.3cm (AP*TS*CC). Prominent vasculature is noted with few enhancing areas within. There is involvement of the right compartment of frontal & sphenoid sinus. There is suspicious erosion of the lamina papyracea on the left side.

On HPE report: Possibility of angiomyxoma

On HPE Report (done from outside): myxoid lesion with capillary blood vessels (?possibility of angiomyxoma). No s/o Koch"s or malignancy.

On MRI Brain +MR Brain + NECK Angiography and PNS (PLAIN): A large expansile well defined solid mass with lobulated outlines measuring 36*29*38mm (CC*AP*TR) is noted in the left maxillary sinus causing expansion of left maxillary sinus. It is causing marked thinning and superior displacement of roof of left maxillary sinus with extension in adjoining left orbit causing superior displacement of inferior rectus. It is causing thinning and posterior displacement of left posterolateral wall with mild extension in left retroantral fat. Medial wall of left maxillary sinus is not seen (h/o surgery). Extension of mass is noted in both nasal cavities causing erosion and destruction of nasal septum. Anteroposteriorly it is extending from anterior nares to posterior choana (left > right) nasal cavity. In nasal cavities, it measures approx.70*33*37mm (AP*TR*CC). It is causing inferior displacement and thinning of bony palate in its left half. The entire mass measures approx.78*59*33mm (AP*TR*CC).

The nasal turbinates on either side are not distinctly seen - likely eroded and destroyed.

The mass appears iso - hypointense on T1W1, heterogeneously hyperintense on T2W1/FLAIR and show few foci of diffusion restriction and foci of blooming on GRE.

Obstructive sinusitis is noted in b/l frontal sinuses, left anterior & posterior ethmoidal cells, right anterior ethmoidal cells and sphenoid sinuses dt blockage at level of anterior and posterior drainage pathway by the mass.

Thinning of lamina papyracea noted with extension in left extraconal fat medial to mrdial rectus of left orbit.

Eyeball, optic nerve, other extraconal muscles appear normal.

Ill defined hyperintensesignal noted in left peritrigonal white matter on T2W1/FLAIR without diffusion restriction on DW1.

Left internal maxillary artery appears prominent / hypertrophic.

Patient was taken for excision biopsy and mass was sent for histopathological examination. It came out to be inflammatory myofibroblastic tumour.