

Image and Diagnosis

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Clinical Data

A 26-year-old female presented to the Emergency Department of the University Hospital of the West Indies with a sudden prolapse of a fleshy material from her right nostril after sneezing. She had no airway problems and besides recurrent attacks of sinusitis, she has been in excellent health.



Fig. 1a: Prolapsed nasal polyp (anterior view).

Examination findings confirm a friable haemorrhagic mass occupying the right nostril Figs 1a and 1b. The rest of the ear, nose and throat examination was normal.

What is the diagnosis?

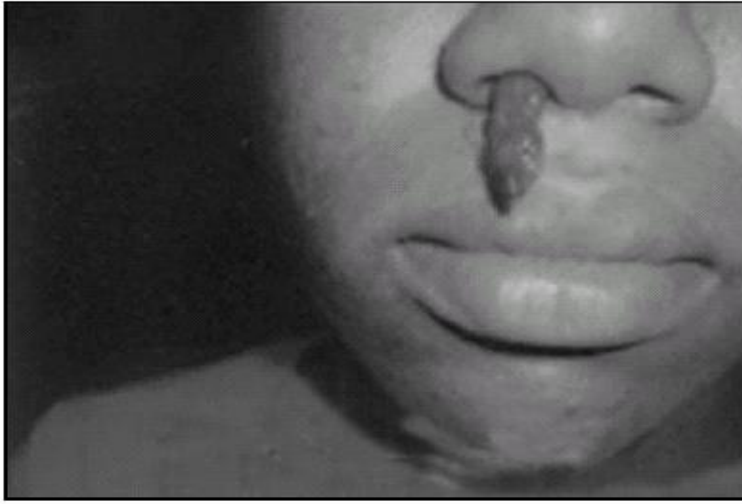


Fig. 1a: Prolapsed nasal polyp (anterior view).

Answer to Image and Diagnosis

Diagnosis

Prolapsed Nasal Polyp

Comment

Nasal polyps are not true neoplasms. They are fluid-filled sacs composed of oedematous stroma infiltrated by chronic inflammatory cells and eosinophils and lined by respiratory or squamous epithelium.

Simple nasal polyps are usually bilateral, pale and insensitive. Nasal polyps that prolapse through the nostrils often appear vascular because of venous congestion. These polyps are associated with bronchial asthma, aspirin hypersensitivity and cystic fibrosis. The differential diagnosis in adults includes neoplasms such as inverted papilloma, sinonasal carcinoma and olfactory neuroblastoma. Neoplasms are usually unilateral, friable, and firm and bleed spontaneously. Nasal polyps are rare in children except for antrochoanal polyps which prolapse from the maxillary sinus into the nasopharynx. In children, meningocele, meningomyelocele or encephalocele may project through the cribriform plate into the nose. Computed Tomography scan should be used for evaluation of the paranasal sinuses in all cases. Unilateral polyps should be biopsied. The mainstay of medical therapy is oral and nasal steroids. Endoscopic sinus surgery and polypectomy is the definite therapy, as was in this case.