ORIGINAL ARTICLE

Treatment of Bleeding Nasal Polyp

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ABSTRACT

Aim: How to diagnose and treat haemangioma.
Methods: History, Clinical examination, X-ray PNS and post operative histological examination showed haemangioma. All the patients were presented with history of unilateral epistaxis and unilateral nasal obstruction. X-ray studies, post operative follow up and histological examination was performed in all cases.
Results: We operated upon eleven cases, ten cases of capillary haemangioma and one case of cavernous haemangioma. The postoperative recovery of the patient was uneventful..
Conclusion: Clinical examination and X-ray were sufficient to diagnose nasal haemangioma pre-surgically. The hemangioma limited to the nasal cavity can be successfully treated by transnasal surgery.
Keywords: Haemangioma, bleeding nasal polyp, nasal cavity, X-ray and transnasal approach

INTRODUCTION

Capillary haemangioma is a benign vascular growth of the skin and mucous membranes commonly affecting the head and neck but rarely occurs in the nasal cavity[1]. When it is seen in the nasal cavity, Capillary Haemangioma mostly arises on the anterior part of nasal septum, less frequently on anterior end of inferior turbinate[2,3]. Poncet and Dor first reported vascular tumors on the fingers and arms of four patients[4]. The etiology of nasal Haemangioma is unknown, but local trauma and hormonal influences may play role in development of haemangioma. It usually develops at the anterior nasal septum and the anterior aspect of the inferior turbinate. There is increased incidence of haemangioma in recurrent nose pickers or those with a history of nasal packing[5]. It has association with pregnancy and use of oral contraceptives[6]. Haemangioma is usually located in oral cavity and nose is an uncommon location. This tumor bleeds easily with little trauma because of its vascularity.

MATERIAL AND METHODS

It was a retrospective study of 11 patients undergoing transnasal surgery in ENT and Head & Neck Surgery Department of Lahore Medical & Dental College Lahore/Ghurki Trust Teaching Hospital Lahore from March 2003 to July 2013. A minimum of nine months of follow-up was available in these patients. All patients were evaluated through, detailed history, clinical examination, X-Ray PNS 45° and CT scan was performed in only those cases in which extent of disease was not possible to assess on clinical examination and X-ray. Out of eleven patients ten were operated under general anesthesia and one under local anesthesia. The surgery was performed through transnasal approach. Local anesthetic (2% xylocaine with adrenaline) was infiltrated; incision was made just anterior to the attachment of pedicle to the septum. Submucoperichondrial flap was elevated just behind the posterior attachment, and then mucosa along with perichondrium and pedicle of haemangioma were removed in en bloc.AgNO3 cautry was performed in one case which was operated in local anesthesia. The bleeding point was cauterized with diathermy and unilateral light packing was done for 20-24 hours. The raw area was left to granulate and two times daily application of Polymyxin B sulphate, bacitracin zinc (Polyfax eye ointment) was advised for10 to 15 days. Patients were put on injectable antibiotics for 24 hours. All the patients stayed in hospital for 24 hours after surgery. Patients were discharged on oral antibiotics and pain killers for one week. Patients were informed to report in case of any unusual occurrence.

REULTS

In this study, all masses were arising from anterior part of nasal septum. The age ranged from the 10 to 68years.The mean age was 35 years. Out of eleven patients 6 were males and 5 females. Histological examination showed 10 cases were capillary and one cavernous haemangioma. The nasal obstruction mainly unilateral, epistaxis or blood stained discharge

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were the main presenting symptoms. On examination red to dark red or bluish red mass was observed in all cases with attachment to the anterior part of septum, as shown in figure 1. The masses were sensitive to touch and bled easily on touch. The nasal septums were deviated towards opposite side in most of cases, rest of ENT and Head & Neck examination was unremarkable in all cases. X-ray and CT scan showed all the sinuses were clear in all cases (fig.2). All patients were treated successfully with transnasal surgery. All masses were removed en bloc (fig.3). No major complication encountered during surgery and postoperative period. Only the minute crusting was noted in 3 cases which were successfully managed by nasal toilet. All the masses were sent for histopathological examination. Recurrence was not noted in any case.

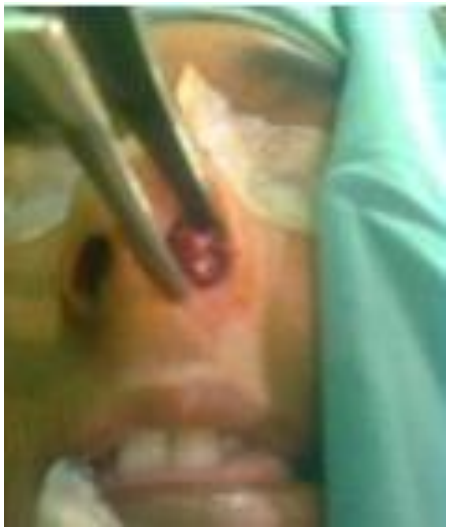

Fig.1

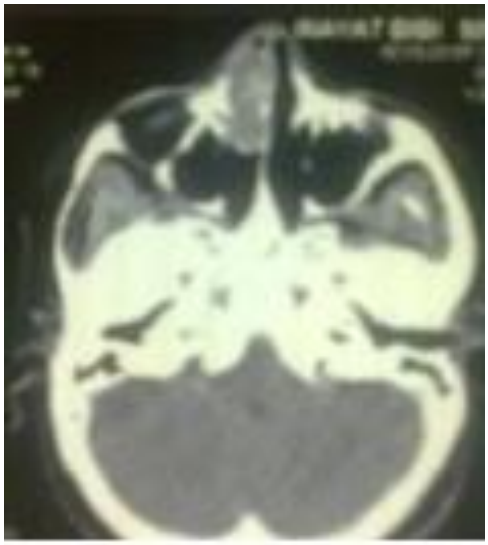

Fig. 2

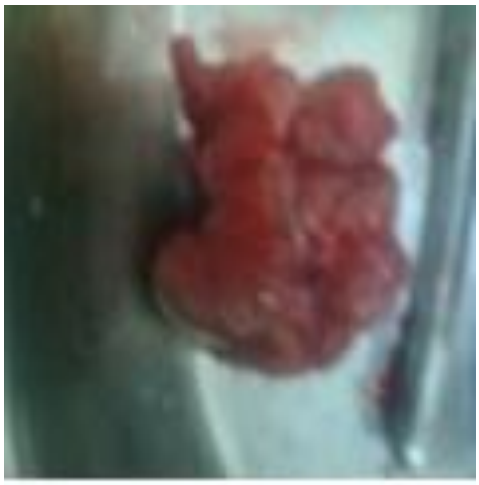

Fig. 3

DISCUSSION

Haemangioma of the nasal septum and paranasal sinuses is a rare disease. Only 62 cases of septal haemangiomas have been reported in the English literature[7].

Haemangiomas are benign tumours that originate in the vascular tissues of skin, mucosa, bone, muscles and glands. Mulliken & Glowacki in 1982, defined as vascular tumours that enlarged by rapid cellular proliferation. They are classified as capillary, cavernous, and mixed lesions[8]. Haemangioma affects the anterior aspect of the nasal septum; other sites of nasal haemangioma include the vestibule, and middle turbinates and posterior part of the septum[9]. In our study all the haemangiomas were arising from anterior part of nasal septum. In many studies it has been observed that trauma from nose picking, nasal packing, pregnancy hormonal factors are the most common predisposing factors in development of haemangiomas[10] and commonly disease of female, but in our study such factors were not identified. In our study numbers of males were more than females just because our hospital is too far away from main city, and it is situated near border area. Operative intervention is the treatment of choice in nasal hemangiomas. The mass along with mucosa and part of mucoperichondrium to which this is attached should be removed to prevent recurrence. None of our patient has experienced blood loss requiring transfusion, same was observed by Puxeddu R et al[5]. Recurrence was nil in our cases of minimum 9 months follow-up, which is compare able with other studies[6,11]. Ozcan C et al also experienced no recurrence[12]. Fassih M et al has noted no case of recurrence in retrospective study of 10 cases[13]. Zaytoun GM, et al observed two of the ten cases

recurred[14]. The blood vessels can grow in the cartilage or bone tissue, the recurrence rate is high when the perichondrium is not removed[15]

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