ABSTRACT:

Antro-choanal polyps are generally recognized to represent approximately 4-6% of all nasal polyps and are more prevalent in the pediatric population. Bilateral antro-choanal polyps are a rarity. We report a case of bilateral an elderly male.

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INTRODUCTION

Antro-Choanal Polyps are benign, solitary lesions which arise from the mucosa of the Maxillary sinus. The mucosa usually prolapses through the maxillary ostium and may protrude through the accessory ostium, if present. They increase in size and gradually progress towards the choana and nasopharynx and typically appear as a smooth, pale or bluish solitary mass on anterior or posterior rhinoscopy.

An antrochonal polyp usually has 3 parts to it i.e antral, nasal and choanal part. Antro-choanal polyps are generally recognized to represent approximately 4-6% of all nasal polyps and are more prevalent in the pediatric population. Killian was the first to describe this entity in 1906. It is nearly always unilateral and bilateral. Antro-Choanal Polyp is an extremely rare entity and seldom found in literature.

The oldest report of primary bilateral ACP was in a 24-year-old female while post-operative bilateral ACP was documented emerging from previously performed inferior meatus antrostomies in a 45-year-old female.

CASE REPORT

A 57-year-old known hypertensive male presented to ENT OPD with history of bilateral progressive nasal blockade for the last three years.
There was increase in intensity of symptoms for the last 3 months. There was no history of pain, itching, sneezing, nasal bleeding or any nasal discharge. There was no history of associated asthma or allergy.

General physical examination was within normal limits.

Anterior rhinoscopy revealed smooth, pale, polypoidal masses filling up both nasal cavities. Posterior rhinoscopy revealed the same polypoidal masses at both choana.

Routine blood investigations were within normal limits. Xray of the nose and paranasal sinuses showed opacification/haziness of both maxillary antrum and nasal cavities.

CT scans revealed both maxillary sinuses filled with hypo-dense soft tissue densities extending into the corresponding nasal cavities and posteriorly up to the choana. Osteomeatal complex was widened and blocked on both sides.

The patient underwent Endoscopic sinus surgery with bilateral uncinectomy, middle meatal antrostomy and bilateral polypectomy under general anaesthesia. The polyps were pale fleshy and had a glossy surface. The gross appearance showed that the polyps had 3 parts: Antral, nasal and choanal.

The histopathologic report confirmed it to be benign inflammatory nasal polyps.

DISCUSSION

Antrochoanal polyps (ACP) are thought to represent hypertrophic maxillary sinus mucosa prolapsing into the nasal cavity through the natural or accessory ostium. Although the natural history and site of origin of ACP was first reported by Killian in 1906, the first description of ACP was made by Palfyn in 1753. Antro-choanal polyps are almost always unilateral and bilateral antrochoanal polyps are extremely rare. Only 3 cases were found in literature with only one reported case in an adult.

The common clinical presentation of Antro-Choanal Polyp is nasal obstruction, and it usually presents as a hypo-attenuating mass occupying the maxillary sinus on CT scans, which distinctly reveals its extension.

No definite etiological factor has been found but chronic sinusitis, cystic fibrosis and allergy may have roles in its development. Look et al. postulated that 24% of ACP had the ‘aspirin-sensitive asthma triad’.

The treatment is surgical. The aim of surgery is to remove both the nasal and antral parts of the
polyp as it tends to recur after simple avulsion.

The maxillary antrum should always be carefully inspected.

Different approaches are recommended for this purpose, from the classical Caldwell-Luc approach to the modified Caldwell-Luc approach (intranasal antrostomy with resection of anterior part of inferior turbinate) and functional endoscopic sinus surgery (FESS). The Caldwell-Luc procedure may have possible side-effects including both anaesthesia and swelling of the cheek and also carries risks to the developing teeth in children.

At present FESS is a very popular technique and if properly performed there is no recurrence and very few complications. Antro-choanal polyps originating from the anterolateral wall can be removed by a combined endoscopic and trans-canine approach.

CONCLUSION

Antrochoanal polyps are generally unilateral in occurrence and seen mostly in children and adolescents. Bilateral occurrence of antrochoanal polyps in an adult is a very rare occurrence.

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REFERENCES


