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Nasolacrimal duct malignancy or IgG4 related disease? A curious case report of a nasal vestibule mass and review of literature

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SUMMARY

IgG4-related disease (IgG4-RD) is a fibroinflammatory condition associated with tumefactive lesions at multiple sites which was first recognized in 2001 in a case of autoimmune pancreatitis. We hereby report a rare isolated IgG4-related mass arising from the nasolacrimal duct and hence masquerading as a sinonasal mass. A 59-year-old lady, presented with unprovoked epistaxis over the left nose with a left sinonasal mass on endoscopic examination. Computed tomography (CT) scan of the paranasal sinus, showed a hypodense mass over the left anterior ethmoid sinus encasing the distal septum. Examination under anaesthesia and excision of left nasal mass via endoscopic sinus surgery was done. The histopathological examination showed fibro-inflammatory lesion which consists of lymphohistiocytic infiltrates with a background of vague storiform like pattern fibrosis and presence of emperipolesis. Blood investigation showed raised IgG level pointing towards the diagnosis of IgG4 related disease. Surveillance follow up till 6 months showed no local recurrence on endoscopic examination. This case report highlights the rare case of IgG4-RD arising from the nasolacrimal duct. Nasolacrimal duct tumours tend to be less locally invasive as it grows towards the nasal cavity at its early stages and responds well to systemic steroids after endoscopic excision.

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Hidden parapharyngeal extracranial psammomatous meningioma: A diagnostic and surgical dilemma

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SUMMARY

Tumours occurring in the parapharyngeal space are rare and owing to its complex and elaborate anatomy, a variety of tumours may arise in this space. The occurrence of meningioma in this area is uncommon and has been sparsely reported. We report a 36-year-old gentleman with an extracranial meningioma presenting as a chronic painless neck mass of 5 years' duration. It was the recent onset of voice changes and episodes of coughing upon swallowing liquids, that prompted medical attention. Clinically, there was a mass over the right cervical level II extending to the infra-auricular region measuring 4.0 x 4.0 cm, with features of lower cranial nerve palsies evident by deviation of the tongue to the right with immobility of the right vocal fold. Prior fine needle aspirations were inconclusive of cytological interpretation, hence a neck incision biopsy was done which favoured an extracranial psammomatous meningioma. Computed tomography and magnetic resonance imaging demonstrated an enlarging dense heterogenous vascular mass at the right parapharyngeal space with intracranial extradural extension to the skull base. Patient underwent transcervical transparotid surgical exploration to debulk the tumour, which appeared to be laterally adherent to the superficial lobe of parotid. Owing its superior extension to the skull base, partial excision was performed to prevent further unduly complications. The tumour had a bosselated surface measuring 12.0 x 9.0 x 6.0 cm in dimension. A simultaneous right non-selective laryngeal innervation using ansa hypogglossi to the right recurrent laryngeal nerve neurrorhaphy was performed followed by Juvederm® injection laryngoplasty into the right paraglottic space. Post-operatively, neurosurgical consult was attained to address the residual skull base tumour via Gamma Knife stereostatic radiosurgery. Meningiomas and its myriad of presentation poses a diagnostic challenge, particularly when present as a neck mass as seen in this patient, therefore dictating paramount knowledge of its existence in this subsite. The intricacy of surgical removal when intracranial involvement is seen may add to its complexity in managing these patients. With the advent of histopathological diagnosis aided by imaging, methodical treatment strategies may be executed.