Olfactory neuroblastoma with acute ophthalmic manifestation: An unusual presentation

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SUMMARY

Olfactory neuroblastoma or also referred to as esthesioneuroblastoma, is a rare neuroectodermal malignant tumor originating from the olfactory neuroepithelium. Olfactory neuroblastoma constitutes about 2-6% of all malignancies of the nasal cavity and paranasal sinuses. It has bimodal distribution, highest in the second and sixth decades of life. We report a case of olfactory neuroblastoma with an unusual acute ophthalmic manifestation instead of the common nasal and olfactory symptoms. A healthy 63-year-old gentleman, presented with chief complaint of sudden loss of vision over his left eye and intermittent giddiness for the past 2 months. On examination, there was left lateral rectus palsy. Visual acuity testing and light reflex showed no light perception over the left eye. The right eye examination was normal and there was no palpable cervical lymph node. Rigid nasoendoscopy revealed a huge, lobulated, reddish and non-pulsatile mass over the left osteomeatal complex. A tissue biopsy was taken and reported as olfactory neuroblastoma, Hyams histological grade II. Magnetic resonance imaging of the brain and orbit revealed a large extra-axial anterior cranial fossa tumor with extensive infiltration to the skull base and left orbit, Kadish stage C. Eventually, he was referred to the Oncology team for chemoradiation, as he was not keen for surgery. In contrast to the expected olfactory and nasal manifestation, orbital symptoms may occur in such patients. Therefore, it is important to be aware of this malignancy because some patients may only present with ophthalmic signs such as external ophthalmoplegia, proptosis, or compressive optic neuropathy.

Benign exophytic sinonasal papilloma of the sphenoid sinus mimicking a malignant tumour: A case report

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SUMMARY

Exophytic papillomas frequently arise from the nasal septum. They occur predominantly in younger age group especially in males compared to other subtypes. Most present unilaterally and have exceptionally low percentages of malignant transformation. They rarely present in the paranasal sinuses. In this case report, we discuss a case of exophytic sinonasal papilloma in the sphenoid sinus mimicking a malignant tumour with extensive destruction of the skull base with intracranial extension. A 68-year-old lady with underlying hypertension and diabetes mellitus, presented with a history of blood stained mucous discharge for the past 5 months associated with rhinorrhoea, sneezing, occasional headache and had no complaints of visual abnormalities. Other systemic reviews were unremarkable. Nasal endoscopy revealed a smooth, reddish mass at the left sphenoethmoidal recess. A contrast enhanced computed tomography and magnetic resonance imaging of the brain and paranasal sinuses revealed a large destructive mass in the sphenoid sinus with local infiltration of the skull base and intracranial extension which was suggestive of a malignant tumour. She subsequently underwent endoscopic sphenoidotomy and biopsy. Biopsy revealed a benign exophytic sinonasal papilloma. Sinonasal papillomas are benign epithelial neoplasms arising from Schneiderian mucosa. Age, history of chronic rhinosinusitis and papilloma location were found to be statistically significant predictors for papilloma subtype. The incidence of exophytic papillomas and malignant transformation are extremely rare as they are almost exclusively confined to the septum. With the help of endoscopic advancements, good surgical clearance can be achieved safely even for an extensive sinonasal tumour with skull base and intracranial extension.