

Epithelioid angiomatous nodule of the nasal cavity: Report of 2 cases



Wai Keat Wong^{a,b,*}, David H. Lim^c, Ching Wern Ong^c

^a Department of Otolaryngology, Head and Neck Surgery, Auckland City Hospital, 2 Park Road, Grafton, 1142 Auckland, New Zealand

^b Department of Otolaryngology, Head and Neck Surgery, North Shore Hospital, 124 Shakespeare Road, Westlake, 0622 Auckland, New Zealand

^c Department of Surgery, Auckland City Hospital, 2 Park Road, Grafton, 1142 Auckland, New Zealand

ARTICLE INFO

Article history:

Received 2 December 2014

Accepted 2 February 2015

Available online 26 February 2015

Keywords:

Epistaxis

Epithelioid

Vascular tumor

Endoscopic sinus surgery

Nasal cavity

ABSTRACT

Epithelioid angiomatous nodule (EAN) is a novel clinicopathological entity characterized by a benign proliferation of endothelial cells with prominent epithelioid features. It can arise from any region of the body although it is increasingly being recognized in the head and neck. This paper presents two cases of EAN arising in the nasal cavity where the clinical presentations were recurrent unilateral epistaxis. In both cases, the lesions were excised endoscopically. Histopathologic analysis showed well-circumscribed proliferation of solid sheets of epithelioid endothelial cells and vascular channels in a background of mild chronic inflammatory infiltrate. Cytologic atypia was absent with rare mitotic figures seen. Immunohistochemical studies with CD31 and CD34 were strongly positive, thus confirming a vascular origin. Postoperative recovery was uneventful and no recurrence was seen in the follow-up period. EAN can be differentiated from other lesions demonstrating epithelioid vascular proliferation by means of clinical and histopathological characteristics. The present series seeks to inform that EAN should be regarded as a possible, albeit rare, cause of recurrent unilateral epistaxis. We advocate for endoscopic excision of EAN of the nasal cavity for diagnostic and therapeutic purposes.

© 2015 Elsevier Ireland Ltd. All rights reserved.

1. Background

Epithelioid angiomatous nodule (EAN) was first described in 2004 as a morphologically distinct benign cutaneous lesion that should be regarded as part of the clinicopathologic spectrum of epithelioid vascular proliferations [1]. Morphologically, this disease entity is typified by a well-circumscribed, unilobular and solid proliferation of epithelioid cells, sometimes with vacuoles in the cytoplasm and often without cellular features to suggest a malignant process [2]. It is increasingly being reported although it remains a rare occurrence. To date, less than 50 cases have been described in the literature. Simple surgical excision usually results in cure.

EAN is exceedingly rare in the nasal cavity; a literature search indicated that only three cases have been previously reported. EAN can present with recurrent unilateral epistaxis. Herein, we described two additional cases of EAN of the nasal cavity. These cases were managed with an endoscopic transnasal approach and

diagnosis was confirmed following histological evaluation. EAN should be considered as a possible, although rare, cause of recurrent nasal bleed. The diagnostic rationale is discussed, along with a review of the literature.

2. Case 1

An 18-year-old Caucasian female patient was referred to the Department of Otolaryngology with an 8 months history of daily right-sided epistaxis. The epistaxis is self-limiting and usually lasts for about 10 min. Her past medical history was unremarkable. There was no previous history of nasal trauma or sinonasal surgery.

During nasal endoscopy, a bluish-red nodule measuring 6 mm × 6 mm was observed at the posterior part of the inferior turbinate. The rest of the head and neck examination was unremarkable.

The initial hemoglobin level was 11.8 g/dL, thrombocytes $170 \times 10^9 L^{-1}$, and C-reactive protein <3 mg/L. Under a short general anesthesia, the posterior third of the inferior turbinate along with the lesion was resected as an excision biopsy endoscopically.

Histologic examination revealed a small discrete lesion composed of epithelioid cells which are focally vacuolated and formed solid clusters. The cells have no pleomorphism or cytologic

* Corresponding author at: Department of Otolaryngology, Head and Neck Surgery, Auckland City Hospital, Private Bag 92024, 1142 Auckland, New Zealand. Tel.: +64 9 367 000.

E-mail address: drwaikeatwong@hotmail.com (W.K. Wong).

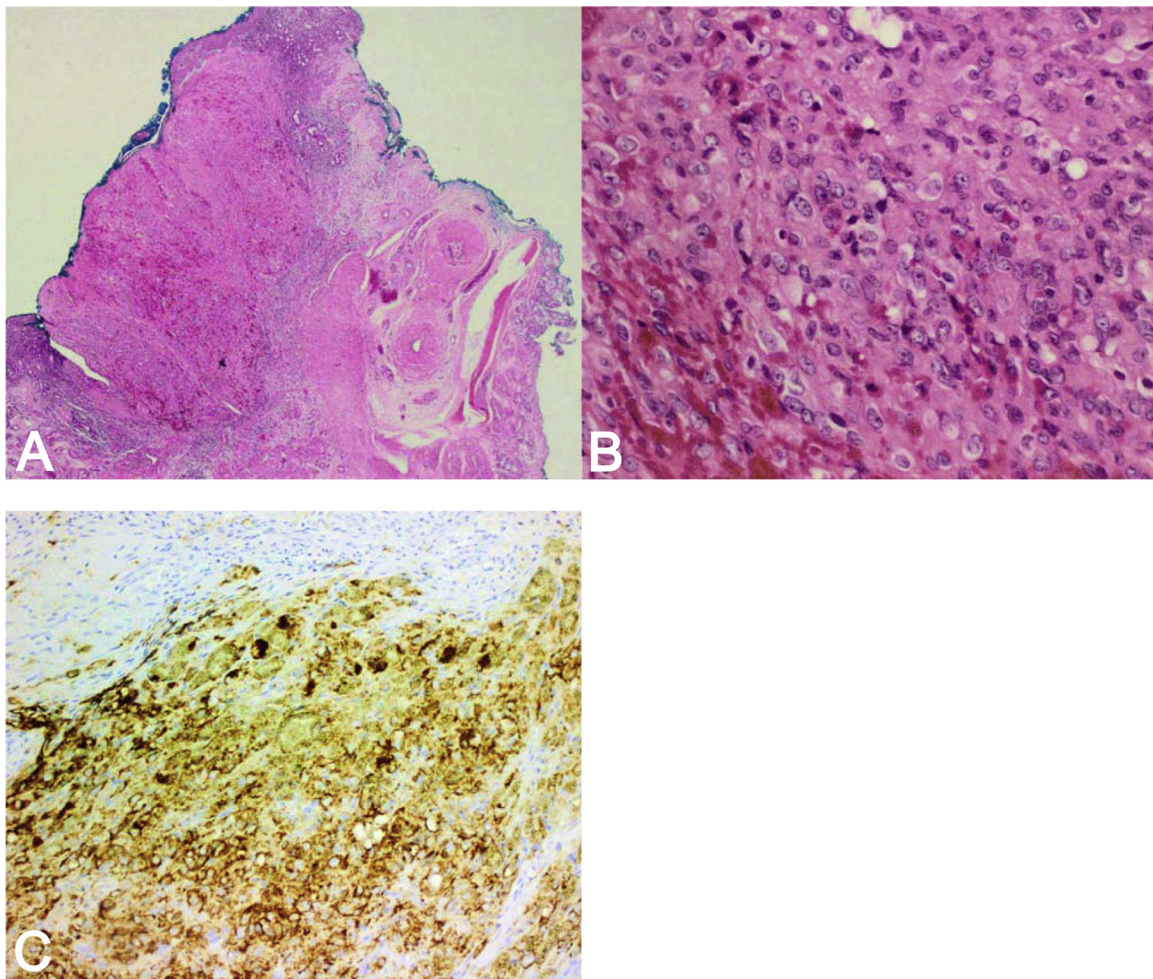


Fig. 1. Histopathologic slides of nasal cavity lesion biopsy. Low- (A) and high-powered (B) views of hematoxylin and eosin (H&E) stain, showing a unilobular solid proliferation nodule with prominent epithelioid cells and intracytoplasmic vacuoles. (C) Immunohistochemical stains for CD31 were strongly positive.

atypia. Immunohistochemistry exhibited positive stainings for CD31 and CD34 (Fig. 1). A diagnosis of epithelioid angiomatous nodule was made.

When seen in the clinic two weeks post-operatively, she reported resolution of her symptoms and at three months follow-up, was hemorrhage-free.

3. Case 2

A 24-year-old Caucasian male patient presented to the Emergency Department with recurrent right-sided epistaxis and nasal obstruction that had continued for 6 weeks.

During this presentation he was hemodynamically stable, and had normal coagulation screen, biochemistry and full blood count. Endoscopic examination revealed a bleeding point in the mid-part of his septum, directly opposite the inferior turbinate. The bleeding appeared to be arising from a bluish clump of tissue (8 mm × 8 mm). Non-contrast enhanced CT-scan showed a homogeneous mass arising from the septum in the right nasal cavity (Fig. 2). An excisional biopsy of that lesion was achieved endoscopically.

Histopathologic analysis indicated that the lesion was well circumscribed and composed of solid sheets of epithelioid proliferations with positive immunostainings for CD31 and CD34. Vascular channels were seen scattered within the unilobular lesion with normal-looking mitotic figures. This was consistent with a diagnosis of epithelioid angiomatous nodule. The patient reported no further nose bleeds at subsequent follow-ups.

4. Discussion

The presence of a mass lesion in the nasal cavity may represent various malignant and benign lesions and the definitive diagnosis

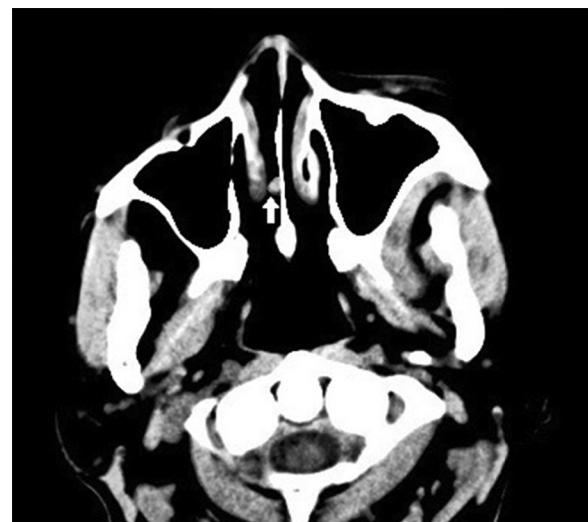


Fig. 2. Non-contrast enhanced CT axial view demonstrating a mass (white arrow) arising from the septum.

Download English Version:

<https://daneshyari.com/en/article/8755224>

Download Persian Version:

<https://daneshyari.com/article/8755224>

[Daneshyari.com](https://daneshyari.com)