

Hemangio-pericytoma of the nasal cavity: about two cases report

Summary

The hemangiopericytoma (HP) is a rare intranasal vascular tumor, slow growth. Few symptoms initially, it is difficult to diagnose. The clinician will be alerted by persistent unilateral nasal symptoms and endoscopic appearance of a polypoid tumor raspberry gray. The diagnosis is histological, but the biopsy is delicate accounted. The diagnosis is histological but biopsies are delicate because of the risk hemorrhagic malignant potential of this tumor requires surgical removal. The balance sheet includes a pre therapeutic sinonasal scan with iodine injection and imaging resonance (IRM). Some offer arteriography with embolization preoperative. The surgical technique remains the reference parolateral way but exeresis endoscopically have recently been reported.

Keywords: hemangiopericytoma, sinonasal tumour, endonasal surgery, embolization

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Introduction

Hemangiopericytoma are rare vascular tumors. The sinonasal area represents only 5% of its locations.¹ The first case of nasal hemangiopericytoma has been described by Murray and stout in 1942. Nasal location has specific characteristics that differentiate it from other hemangiopericytomas.

Objectives and methods

Through this observation we report 2cases of sinonasal hemangiopericytoma operate in our service by an update on the clinical presentation, diagnostic paraclinical means and support therapeutic.

Results

Clinical case I

Mr. HA age 69, without antecedent of facial trauma that had a chronic dysfunction rhinosinusal for 2months associating nasal obstruction and rhinorrhea anterior right with episodes of epistaxis. symptomatology has complicated one month after the appearance of a mass of the left nasal cavity inflammatory that was in contact with the nasal septum obstructing the nasal cavity and bleeding on contact (Figure 1). The scan realized with contrast injection has evidence a process taking tissue contrast serpiginous way of the left nostril occupying the left nasal cavity depends on the nasal cavity depends on the nasal turbinate inferior. It measures 40/20/70. The patient has benefited from a biopsy through endonasal under local anesthesia, the pathological examination the diagnosis of a patient was hemangiopericytomas sinonasal and he operates by endonasal route after an embolisation. The bleeding was controlled by bipolar electrocautery and by compression of wicks soaked adrenaline. The patient was seen in consultation and monitoring by rhinocavoscopies without detectable lesions.

Clinical case 2

Mr. TM age 47 without antecedent of facial trauma, presenting for

5 months of intermittent epistaxis associated moderate has a right nasal obstruction and anosmia, the evolution was marked by exophthalmos with decreased visual acuity and headache intermitences, the objective endonasal examination has a burgeoning mass bleeding in contact obstructing the totality of the nasal cavity. The scan realized with contrast injection has evidence an extended tumor of the nasal cavity, orbit (Figure 2) the patient has benefited from a preoperative embolisation, and the operative act was marked by pleading at the slightest touch; after a multidisciplinary staff: decision of radiotherapy



Figure 1 Mass of the left nasal cavity reddish in contact with the septum.



Figure 2 Frontal sections: filling of the right nostril with lysis intersino-nasal wall and the inner wall of the orbit.

Discussion

Hemangiopericytoma nasal sinus is a vascular tumor; developed from Mesenchymal stem cell differentiation has pericytaire² few symptoms initially, it is diagnostic difficult. The clinicians should be alert by persistent unilateral nasal symptomatology and the endoscopic appearance of a tumor polypoid raspberry gray.³ The diagnosis is histological, but biopsies are delicate, given the risk hémorragique. The malignant potential of this tumor involves surgical excision^{3,4} the pretherapeutic includes a nasal sinus scan with iodine injection and a magnetic resonance imaging (IRM).⁵ Some after a arteriography with embolisation preoperative. La surgical technique remains the reference paralateronasal way but resections endoscopically have been recent found.⁶

Conclusion

The hemangiopericytoma sinonasal differs from other locations of hemangiopericytoma by its malignity rank lowest and best rate survive. The diagnostic difficulty is still major problem especially as clinical elements are not specific and architectural study should depart several diagnoses. A post operative monitoring during short is recommended.

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Conflict of interest

The author declares no conflict of interest.

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