Case presentation

A fifty five year old male presented with nasal obstruction on right side with occasional epistaxis for the past one year. On examination there was proliferative growth in the right nasal vestibule (Figure 1). The biopsy of growth showed papilloma. A CT scan of the nose was performed to see the extent of growth (Figures 3 and 4). The growth (Figure 2) was removed completely using 0 and 30 degree endoscopes. The biopsy was reported as Villous papilloma (Figures 5 and 6).
**Discussion**

**Anatomy**

The nasal vestibule is the entrance to the nasal cavity (Figure 7). It is lined by skin in which there are numerous hair follicles and sebaceous glands. The vestibule is a three-sided, pear-shaped cavity about 1.5 cm in diameter that ends posteriorly at the limen nasi. The alar cartilages form the anterolateral wall. The medial wall is the columella, formed by the medial wing of the alar cartilage and the anterior portion of the cartilaginous septum. The floor is the maxilla.

Rhinolith is calcified mass with or without a foreign body found in the nasal cavity is common cause for vestibular mass. Other common lesions are papillomas arising from skin, furunculosis of nasal vestibule, sebaceous cyst of nasal vestibule. Skin tumours like Melanoma, Basal cell carcinoma, Squamous cell carcinoma and Kerato acanthoma from nasal vestibule have been reported. Most of the mass in nasal vestibule are benign so surgery is the treatment of choice.

Nasal vestibular mass is a rare cause for nasal obstruction. Those mass can be benign or malignant. Benign teratoma of nasal septum are congenital can appear due to the presence of all the three germ layers (totipotent cells) when present in the neo-
Case of Large Nasal Vestibular Mass

Natal\(^{10}\) and in early childhood period are benign\(^{7,9}\) and in the adult when present are malignant.\(^{1}\) These can be solid or cystic and sometimes calcified.\(^{1}\) Pleomorphic adenoma are very rare tumours in the nasal vestibule and when present misdiagnosed half of the cases.\(^{3,8}\) Granular cell tumour arising from KiesSELbach’s plexus of the nasal septum are extremely rare has origin from blood vessels and behave like hamangiomas, surgical excision or Co2 laser excision is the choice of treatment.\(^{2}\) Atypical primary meningioma in the nasal septum with malignant transformation and distant metastasis also are reported in the literature.\(^{11}\) Chondrosarcoma of the nasal septum are extremely rare

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**Key Point**

Nasal vestibular mass is a rare cause for nasal obstruction. Those mass can be benign or malignant, solid or cystic. Surgical excision or Co2 laser excision is the choice of treatment.

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**Figure 5:** Histopathology of papilloma in higher magnification

**Figure 6:** Histopathology of Villous papilloma in lower magnification

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tumour some times can present with vestibular mass.\textsuperscript{12} Inflammatory myofibroblastic tumour of nasal septum,\textsuperscript{4} Juvenile angiofibroma unusual location in the nasal vestibule,\textsuperscript{13} trichoepithelioma of adnexa of skin of the nasal vestibule are extremely rare reported as vestibular mass. Long standing history of cocaine inhalation some times could cause a fibrous tumour of nasal septum\textsuperscript{6} and could present as vestibular mass with nasal obstruction.

If the tumour is large as in our case, anterior rhinoscopy approach is impossible. Lower lateral rhinotomy approach is needed to get complete exposure and access of the tumour. We have used 0 and 30 degree 4mm Naso-endoscope to get clearance of tumour in toto.

**SUMMARY OF KEY POINTS**

The nasal vestibule is the pear shaped entrance to the nasal cavity. It is lined by skin in which there are numerous hair follicles and sebaceous glands.

Nasal vestibular mass is a rare cause for nasal obstruction. Those mass can be benign or malignant, solid or cystic.

Surgical excision or Co2 laser excision is the choice of treatment.

Lateral rhinotomy is described approach. Here we have used 4mm endoscope 0 and 30 degree to remove the tumour completely.
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References


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Competing interest: none declared

Key Point

Lateral rhinotomy is described approach. Here we have used 4mm endoscope 0 and 30 degree to remove the tumour completely.