Epipharyngeal angiofibroma appears as the most difficult lesion in the structure of benign tumors of ear nose throat organs. Very low occurrence of frequency of this pathology in females makes the interesting the case of surgical treatment of “atypical angiofibroma” diagnosed in a young girl.

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Epipharyngeal angiofibroma is the most difficult lesion in the structure of benign tumors of Ear Nose Throat (ENT) organs (Abyzov, 2004). It is relatively rare disease among diseases of ENT organs. Of 12-16 thousands of hospitalized patients with otorhinolaryngologic diseases there might be only one case with epipharyngeal angiofibroma (Yablonskiiy, 1995).

Timen at al. (2007) argue that angiofibroma occur in 7 - 25 years old males. There are very few publications describing nasopharyngeal angiofibroma in females (Murlewska et al., 2007), which is interpreted as “pathomorphological mistake” by some authors (Manuilov and Batiunin, 1971) or as “atypical angiofibroma” by other researchers (Subarevic et al., 2007). This demonstrates very low occurrence of this pathology in females. In this context the description of angiofibroma in case we diagnosed in a young girl, might be of interest.

Patient born in 1985, case report No.2755, was hospitalized on 10.03.2006 to ENT unit in the 1st Clinic of Samarkand Medical Institute. She was complaining of difficulties of nasal breathing, rhinophonia, periodic sanioserous nasal discharge, periodic nasal hemorrhages, headaches and general weakness. According to anamnesis the patient was feeling seek for the last 6 months. With the above-mentioned complaints she referred several times to the local polyclinic, where she was prescribed traditional anti-inflammatory therapy, based only on the results of anterior rhinoscopy. There is no mention of posterior rhinoscopy or other methods of examination in the abstract of medical records.

General condition of the patient on admission to ENT clinic was relatively satisfactory. On anterior rhinoscopy there were congestive hyperemia of nasal mucosa on both sides. The lower nasal conche was edematous, nasal passages were open, only on the bottom of common nasal passages there was scanty sanious discharge, nasal septum was on the middle line and the neoplasm was invisible. At posterior rhinoscopy there was visualized 4x6.5 cm reddish space-occupying lesion, with smooth surface overlapping 2/3 of both choanae. At digital investigation the lesion was of hard elastic consistence, with wide bottom, fixed to upper back wall of epipharynx, bleeding. Pathology of others organs was not revealed.

Above mentioned characters lead preliminary diagnosis indicating to epipharyngeal tumor. The patient was administered additional examination: CT of the nose and paranasal sinuses, laboratory tests. The result of CT as of 9.03.2006: space-occupying lesion of epipharynx with density of +40 HU in its central part and +45 HU on peripheral parts. The lesion comes from epipharynx, fills 2/3 of its cavity and spreads to posterior-superior parts of nasal cavity.

Clinical blood analysis: Hemoglobin - 92 g/l; color index - 0.8; ESR Erythrocytes ESR rate - 19 mm/h. No abnormalities were found in other analyses of blood and urine. There are signs of moderate disturbance of myocardial metabolism on ECG.

Clinical diagnosis: Epipharyngeal angiofibroma, stage I according to classification of (Pogosov at al., 1987). First-degree posthemorrhagic anemia.
The patient was operated on 13.03.2006 - there was performed removal of epipharyngeal angiofibroma.

The surgery was performed under endotracheal anesthesia; the tumor was removed through transoral approach. Hemostasis at the end of surgery was performed using combined method, i.e. putting haemostatic sponge to the bleeding surface of epipharynx and its fixation by means of back tampon pressing, as well as by frontal tamponade of both halves of the nose. Blood loss volume during the surgery made out 150 ml.

Macropreparation: few pieces of tissue of different size of grey-pink color and mild elastic consistence.

In the postoperative period the patient was prescribed Ceftriaxone - 1.0 x 2 times a day intramuscularly during 6 days, i/v infusion of 100 ml of aminocapronic acid 5% solution - once, Dicynone (etamsylate) 2 ml intramuscularly 2 times a day, Ketonal (ketoprofen) 2 ml intramuscularly at night, 3 days. There was made gargling and spraying of tampons with 1:5000 Furaciline solution.

The tampons were removed from nasal cavity and epipharynx on the second day. No hemorrhage had been observed.

Microscopic examination of the removed tumor was made at the Chair of Pathology of Samarkand Medical Institute and in the laboratory of Samarkand Regional Oncology Hospital.

Concluding diagnosis: first stage epipharyngeal angiofibroma and IIInd degree posthemorrhagic anemia.

The patient was discharged on 15.03.2006 in satisfactory condition for outpatient follow-up.

Control examination on 02.05.2006: the general condition was satisfactory, no complaints. At anterior rhinoscopy: the nasal mucosa was of pink color, nasal conches were of normal size, nasal septum was on middle line, there was no discharge from nasal passages, the patient breathed freely. At posterior rhinoscopy: mucosa of epipharynx was of pink color, its cavity and choanae were free.

From our point this observation can be classified as “atypical angiofibroma” (Subarevic et al., 2007)

The case appears interesting as occurrence of this lesion in females is very rare case. Failure to perform a thorough examination of epipharynx at the outpatient level of care prevented physicians to suspect epipharyngeal angiofibroma in the patient.

References


