

CASE OF SPHENOID SINUS INVERTED PAPILOMA PRESENTING WITH AURAL COMPLAINTS ARE REPORTED

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Abstract

Tinnitus is a prevalent symptom of many illnesses. A particular tinnitus may be caused by nasopharyngeal lesions, however the origin is usually unclear. Here, we describe a case of nasopharyngeal inverted papilloma in which the only initial symptom is rustling tinnitus. The tympanic membrane was undamaged, and the impedance audiometry and hearing test results were normal. Sonotubometry, however, revealed that the Eustachian tube was completely blocked. The nasopharynx was occupied by a big tumor that started in the choana and made a rustling sound when she spoke or swallowed. After this tumor was removed, the tinnitus completely disappeared. As far as we know, this case's tumor origin and presenting symptom are extremely uncommon, and a nasopharyngeal examination is necessary to diagnose unidentified hearing complaints.

Keywords: juvenile angiofibroma, inverted papilloma, hearing loss.

Introduction

Meningioma, pleomorphic adenoma, schwannoma, inverted papilloma (IP), osteoma, juvenile angiofibroma (JA), haemangiopericytoma, and haemangioma are examples of benign tumors. Although the lateral wall, ethmoids, and maxillary sinus are the most often afflicted main sites, any part of the nasal cavity and paranasal sinuses may be impacted. For unclear reasons, the sphenoid and frontal sinuses are uncommon main locations. The benign, locally aggressive nasal lesion known as an inverted papilloma (IP) is notable for its propensity for local recurrence and correlation with cancer. It makes about 0.5% to 4% of all sinonasal tract neoplasms [1], [2], and [3]. In as many as 5% of cases, IP is linked to sinonasal cancer. In clinical settings, it is most frequently observed in male participants between the ages of 50 and 60. This tumor typically starts in the lateral nasal wall, namely in the middle meatus's osteomeatal complex and the nearby inferior and middle turbinates. Following that, it affects the adjoining paranasal sinuses, most commonly the maxillary sinus and then the ethmoid sinus. Here, we describe a case of IP that manifests as episodic tinnitus and originates from the choana.

Objectives:

The purpose of this report is to notify the reader about sphenoid sinus inverted papilloma cases that manifest as auditory complaints.



Methods

Although their unilateral nature may arouse alarm, early symptoms including nasal obstruction, blood-stained discharge, and loss of smell are frequently disregarded. Presentations are frequently delayed. Proptosis, diplopia and epiphora, trismus, pain, oro-antral fistula, paraesthesia, or other neurological deficits or a mass may result from subsequent extension into the orbit, nasolacrimal system, anterior cranial cavity, cavernous sinus, pterygomaxillary fissure, palate, skin, and infratemporal fossa.

Techniques to find individuals with sphenoid sinus inverted papilloma who had hearing loss, tinnitus, or both as their predominant complaint, a retrospective review of medical records was conducted. A thorough review of clinical data was conducted, including the initial history and physical examination, radiologic and audiologic investigations, and the reports from operations and histopathology. In order to investigate potential pathophysiologic aspects and comparable cases, a thorough literature analysis of pertinent studies was conducted.

Results:

We discovered four inverted papilloma patients who had primary auditory complaints. An audiologic evaluation revealed sensorineural hearing loss and roaring tinnitus in one patient, whereas pulsatile tinnitus was present in the other. Both patients underwent endoscopic resection of the disease after having an inverted papilloma affecting the sphenoid sinus that was confirmed by biopsy. Their auditory complaints have no other established cause or origin. Following the removal of their inverted papillomas, both patients' auditory complaints significantly improved.

Conclusion

Rustling tinnitus was the only early sign of a massive nasopharyngeal IP that was reported to be coming from the choana. Although tinnitus is linked to many different illnesses, a nasopharyngeal lesion may be the cause of tinnitus that is characterized by rustling when swallowing. As far as we are aware, the cause and symptoms of this instance appear to be quite uncommon, and a nasopharyngeal test is necessary to diagnose unidentified hearing complaints.

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