Oncocytic Papilloma

Keywords: oncocytic papilloma, schneiderian papilloma, nasal and paranasal tumors.

INTRODUCTION

The oncocytic papilloma, also named cylindrical cell papilloma, is a rare neoplasm of the nose and paranasal sinuses. It is derived from the Schneiderian membrane, an ectodermal mucosa that lines the nose and paranasal sinuses.1,2

Three types of papillomas develop from this membrane: the inverted, fungusoid, and oncocytic types.1,3,5 The first two are responsible for about 45 to 50% of cases each;1 oncocytic papillomas are diagnosed in 5% to 5% of cases.1,5 These three varieties are known as Schneiderian papillomas.

The oncocytic papilloma is associated with the squamous cell carcinoma in about 15% of cases.1,3,5

CASE REPORT

A retired female patient aged 60 years presented at our clinic having been referred for postoperative follow-up. She had sought an otorhinolaryngologist initially because of a complaint of post-nasal secretion that had lasted many years. The patient was atopic, with intermittent bronchial asthma and allergic rhinitis. She did not smoke or consume alcohol.

Fibronasolaryngoscopy revealed that the nasal fossae and respective mucosal changes were patent. Computed tomography of the sinuses showed that the mucoperiostal lining of the right maxillary antrum was thickened; also present was a rounded dense polypoid tissue fragment. The microscopic examination showed light brown mucin and a dark secretion suggesting chronic sinusitis. Frozen biopsy was not done, since this procedure is not available at the clinic.

The material removed at surgery was sent to the pathology department. Macroscopic examination showed light brown polyoid tissue fragment. The microscopic examination revealed a nasal papillomatous lesion consisting of papillae and oncocytes. No signs of concomitant malignancy were found. The diagnosis was Schneidarian papilloma, oncocytic type, and non-specific chronic sinusitis.

The patient is being followed up to control recurrences.

DISCUSSION

The clinical presentation of this disease is not well defined because few cases have been published in the literature. About 20 to 35 cases have been reported to date (the actual number varies depending on the report).2,3,5 Unilateral nasal obstruction is the most common symptom.4 Other symptoms that have been described are unilateral epistaxis5 and pain.4,5 The duration of these symptoms ranges from months to years, depending on the report.2,5 The epithelium may undergo malignant transformation, resulting in different types of invasive carcinomas. All reports have shown that lesions originated from the lateral wall of the nose and the maxillary or ethmoidal sinuses.4

Imaging (radiographs or computed tomography of the facial sinus) shows changes within the ipsilateral nasal sinus. The most common findings are an opacification associated with low-density intranasal tissue.5 Bone destruction suggests concomitant malignancy.1,3,5

The treatment is surgical always. Postoperative chemotherapy or radiotherapy may be necessary, usually when there are signs of associated malignancies.1,4 Postoperative recurrence is estimated at 25 to 35%, usually on the surgical site of the previous disease.1,3,5

COMMENTS

The patient sought our clinic for post-surgical follow-up. She had undergone conservative surgery, in which not all of the mucosa was removed (as recommended), which leaves the door open for recurrences.

We plan rigorous follow-up, since there is a high probability of recurrence. Furthermore, there is a 15% association with squamous cell carcinoma.

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