A 72-year-old woman presented to the clinic with a 6-month history of left nasal obstruction. She denied any history of underlying systemic disease or long-term steroid use. She had undergone right endoscopic sinus surgery due to maxillary sinus fungus ball 7 years previously. Nasal endoscopy showed a large polypoid mass obstructing the left lower middle meatus and extending to the posterior choanae (Figure 1A and B).

A computed tomography scan of the sinuses showed soft tissue densities occupying the left anterior ethmoid and frontal sinuses and a soft tissue density mass in the left lower middle meatus extending to the posterior choanae. Under a provisional diagnosis of left chronic sinusitis with nasal polyps, endoscopic surgery was performed on the left sinus under general anesthesia. The mass was manipulated by using cup forceps, and its origin was traced with a 0-degree endoscope. The mass was found to originate from the basal lamella of the middle turbinate (Figure 1C). A large portion of the mass, measuring 40 × 15 × 15 mm, was removed for optimal histopathological analysis with cutting forceps. The remainder of the mass was
removed with a microdebrider, and the origin of the mass was cauterized with suction cautery to prevent recurrence (Figure 1D). An anterior ethmoidectomy was performed, followed by a frontal sinusotomy. The polypoid masses in the anterior ethmoid and frontal recess were also taken for histopathological analysis.

The histopathological findings of the removed mass from the basal lamella of the middle turbinate were consistent with those of inverted papilloma (IP) without malignancy. Histopathological examination of the masses from the anterior ethmoid and frontal recess confirmed the diagnosis of a polyp. The patient’s condition was stable after the operation, with resolution of nasal obstruction. There was no detection of tumor recurrence during her regular clinic visits (Figure 1E and F).

Inverted papilloma is the most common benign epithelial neoplasm of the nasal cavity and paranasal sinuses. Although IPs are known to be benign neoplasms, they have been reported to have a high recurrence and potential for malignant transformation.

Schneyer et al\textsuperscript{1} reported the sites of attachment of IPs by performing a retrospective analysis of 83 adult patients with 90 sites of attachment. The sites of attachment were identified in the maxillary sinus (42\% of cases) and the middle and superior turbinates (12\%).

In the present case, we considered chronic sinusitis with nasal polyps as the preoperative clinical diagnosis. The unexpected diagnosis of IP was revealed in the histopathologic findings.

All material collected from 1944 endoscopic sinus surgery cases in 1695 patients was examined histologically.\textsuperscript{2} Thirty-seven unexpected diagnoses were identified, of which 18 were IP. A study examined the patient pathologic records of 44 cases of unilateral nasal polyposis.\textsuperscript{3} Seventeen cases were chronic sinusitis and 7 cases were IP.

Identification of the origin of an IP is important for the complete extirpation of such tumors.\textsuperscript{4} Drilling, cauterizing, or completely excising the bone underlying the tumor base during endoscopic resection reduces the recurrence rate of IP.\textsuperscript{5} In this case, the origin site of the polypoid mass was cauterized with suction cautery to prevent recurrence of the mass, even without the diagnosis of IP. Because of the high recurrence rate of IP, long-term follow-up is necessary.

Declaration of Conflicting Interests
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