

SQUAMOUS CELL CARCINOMA OF NASAL SEPTUM

Pages with reference to book, From 269 To 270

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Abstract

Two cases of Squamous cell carcinoma of the Nasal septum are reported. Both were males, one was aged 30 years and the other fifty years. The clinical presentation and rarity of the condition is discussed (JPMA 36: 269, 1986).

INTRODUCTION

Malignancies of nasal septum are very rare Malignant tumours of nose and sinuses form less than 1% of all cancer and approximately 3% of upper respiratory and digestive tract tumours. If we compare the malignant lesions of nasal septum with those of nasal cavity, the ratio is still smaller. The first case report of carcinoma of nasal septum was by Gibb¹ in 1902. Deutsc² then added his cases and on literature research found that about 27 cases had been reported upto 1966. With the report of cases by Wiemere³ et al in 1978, the total of reported cases came upto 97. The total at present stands at 155 cases. This shows how rare these tumours are because from 1902 uptill now the number has gone up only to a total of 155. In our department these are the first cases of primary squamous cell carcinoma of the nasal septum encountered over the last 20 years. With the addition of these two cases the total comes to 157.

Case 1: This 30 years old young man presented with a history of leftsided nasal obstruction associated with epistaxis of about two months duration. There was no history of seasonal variation and no history of allergy in the family. He had attended another hospital, where surgery had been done but, the problem recurred within a month. The histopathological report on the tissue removed at the first operation was of "simple polyp".

On examination by us a large red mass was seen arising from the nasal septum at the level of the middle meatus on the left side. The mass was pushing the nasal septum to the right. On general examination no anaemia or enlargement of cervical lymph nodes was found. His haematological and biochemical profiles were normal. On examination under general anaesthesia, the origin of the tumour from the nasal septum was confirmed. A few adhesive bands between the tumour and left inferior turbinete were also present probably resulting from the previous operation.

The mass was excised in toto. A fair amount of bleeding occurred at operation. The histopathological report of "Undifferentiated squamous cell carcinoma" came as quite a surprise. A course of radiotherapy was instituted. On followup, no recurrence has occurred over the period of seven months since the second operation and radiotherapy.

Case 2: This fifty year old male came with left sided nasal obstruction with blood stained dis. charge of about six months duration. A swelling over the left side of the nose was also present.

On examination a large red irregular mass was seen fiffing the whole of the left nasal cavity. On probing, the origin of the mass was found to be the nasal septum. The tumour bled easily.

On radiological examination destruction of the nasal septum and early erosion of the left nasal bone were seen. Biochemical and haematological profiles were normal.

Examination under anaesthesia confirmed the findings of the clinical examination. The tumour was removed and sent for histopathological reporting which came as "undifferentiated squamous cell

carcinoma". A course of radio. therapy has been started.

DISCUSSION

The two cases reported. are interesting not only rare because carcinoma of the nasal septum is but also because case 1 is only 30 years old the and the tumours were arising in both cases from posterior part of the nasal septum, which is rarer still.

The clinical presentation of the disease is non specific and compiled with the rarity of the condition, cases can be missed if a high index of suspicion is not maintained and histopathological examination is not carried out on all tissues removed.

Again owing to the rarity of the condition, clear recommendation for treatment are not available.

Lyons⁴ and Young⁵ have used radio. therapy alone while others have advocated the use of surgery alone or both surgery and radiotherapy. We used the latter because we were taken by surprise by the histopathological report and were therefore not sure of total removal by surgery. The total dose Of radiotherapy given was 5000 rads each.

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