

The true choanal polyp - A case report

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SUMMARY

Whether one could distinguish if a large polyp occupying the nasal pharynx derives from the mucosa of the posterior superior wall of the antrum, ethmoids, or the choanae is a matter not clearly understood. Existing literature is somehow confusing on this subject. One definite fact is that these polyyps, whatever the site of their origin, are rare.

From the histologic point of view, the general opinion among pathologists is that choanal polyyps do not differ histologically from the simple mucous polyyps of the nose.

The case we are reporting concerns a 65-year-old caucasian male, who for many years had a sensation of fullness behind the nose.

Examination revealed a polypoid growth protruding below the margin of the soft palate. Surprisingly roenthenograms were not contributory.

This polyp was removed by threading a long soft wire over a regular nasal snare.

The free loop of the wire was passed through the anterior nose down to the pharynx where the polyp was threaded into this loop, and by pulling the free end of the wires, the polyp was totally removed without any bleeding whatever.

A pathology report is attached as well as a picture of the polyp.

THE benign inflammatory or allergic nasal polyp is unquestionably the most frequently encountered new growth in the nasal fossa and paranasal sinuses. They constitute the common variety of nasal polyyps we are all familiar with. The nasal choanal polyp on the other hand occurs with much less frequency, and although it is grossly and microscopically similar to the ordinary nasal polyp, it exhibits certain characteristics that make it distinctive. As a result it has been the subject of many articles and discussions since it was first described by Palfyn of Paris (1753). Hardy (1957) wrote an excellent paper on this subject concluding that these polyyps originate in the paranasal sinuses, usually the maxillary, and extend by a pedicle from the middle meatus into the choana, or the nasopharynx.

The purpose of our paper is to present a rare type of a choanal polyp which has no connection with any of the sinuses, but arises from the posterior nasal choana.

The literature lists only two such reported cases. One by Prasad, Sagar and Sharul Hameed (1970) and the second one by Clark and Berci (1968).

Terminologies used to describe these growths have not been standardized, and a brief description of the anatomy of posterior nasal choana is in order.

Choanae have been defined as the openings on the back of the nose into the nasopharynx. They are bounded:

Superiorly: by the posterior margins of the alae of the vomer bone and the medial pterygoid plates.

Laterally: by the posterior margins of the medial pterygoid pates.

Inferiorly: by the posterior edges of the horizontal laminae of the palatine bones, and

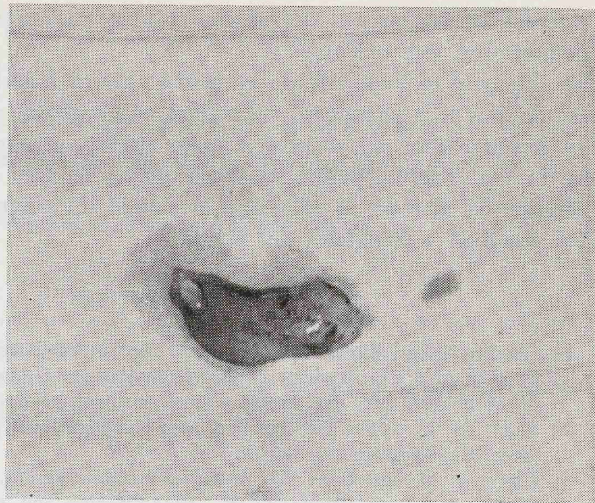
Medially: by the free border of the vomer.

On clinical examination, each choana is bounded superiorly by the shallow groove passing superolaterally from the free border of the vomer across the roof of the nasopharynx. The lateral boundaries are the posterior nasal sulci, which can be seen as grooves on the lateral wall of the nose just anterior to the pharyngeal orifice of the auditory tube. The inferior limit is the junction of the hard and soft palates; the medial boundary is clearly visible as the posterior margin of the nasal septum.

Our case concerns a 59-year-old Caucasian male, who for many years had a sensation of something behind his nose. During the last two years various other symptoms had appeared, such as intermittently obstructed breathing, distinct changes in his voice becoming quite nasal, and constant postnasal fullness. His personal past history was not contributory. He had no history of allergies or infections in the nose and paranasal sinuses. A thorough E.N.T. examination revealed negative findings in the ear, throat, and pharynx. Anterior rhinoscopy was normal, no mucosal changes, and the nasal septum was in the midline. Posterior rhinoscopy and nasal-pharyngoscopy revealed the presence of a growth not connected with any pedicle and arising from the right posterior choana. Looking straight into the throat with a headlight, we could see a reddish growth, freely movable and extending below the level of the soft palate. A digital-finger examination into the nasal pharynx was very contributory largely because of the makeup of this man's mouth (large mouth, edentulous) that presented a semifirm elongated growth with a very short pedicle attached to the lateral wall of the right choana. X rays of head and nasal sinuses were entirely negative.

Finally this patient was admitted to the hospital, and under general intra-tracheal anesthesia, this polyp was removed in the following manner. The free ends of a long nasal snare wire were treaded through a size 2 Eustachian tube catheter, forming a loop at its distal end. The catheter was then passed down the right nose until the wire loop appeared at a level just beneath the uvula. At this point the loop was widened, and the freely movable polyp was snared into it. Pulling the free ends of the wire, and at the same time using a finger to guide the loop up and into the nasal pharynx, the snare was closed tight at the base of the

Figure 1. The excised polyp showing its attachment to the posterior choana. (left upper corner).



polyp's short pedicle. With a further twist of the free ends of the wire with a hemostat, the polyp was cut off, falling into the oral cavity. There was no bleeding. (Figure 1).

The polyp in discussion was not associated with allergy, infection, or hypertrophy of the posterior ends of the inferior turbinates but appeared to be a separate entity. The differential diagnosis from antro-choanal, ethmochoanal, sphenochoanal, and nasal polyps was made on clinical grounds. Antro-choanal polyps are also solitary, round, and bluish-reddish color. The polyp arising from the choanae must also be distinguished from hypertrophy of the posterior ends of the inferior turbinates, especially when a localized hypertrophy is present. Normally the posterior ends of the inferior and middle turbinates are 1 cc. anterior to the posterior choanae, so that this error should not arise when the site of attachment is visible. Histological examination of these choanal polyps must always be made in order to distinguish them from neoplasma.

SUMARIO

El distinguir si un polipo que ocupa la faringe se deriva de la pared postero-superior del Amtrum, el Ethmoide o las Coanas es una materia que no se comprende muy bien.

La literatura que existe de la materia es un poco confusa. Cualquiera que sea el origen de estos polipos todo el mundo esta de acuerdo de que son muy raros. Desde el punto de vista histologico la opinion general entre los patologos es que los polipos de la coana nasal no difieren histologicamente del simple polipo de la mucosa de la nariz.

El caso estamos reportando es un hombre blanco de 65 anos que por muchos anos ha venido sintiendo que algo le esta ocupando el espacio detras de la nariz. Al examen se encontro un crecimiento detejido de tipo de un polipo que sobresalia

por debajo del margen del palador blando para sorpresa nuestra los rayos X no demostraron este crecimiento.

El polipo se removio usando el mismo aparato (snare) que se usa para remover los polipos de la nariz pero ensartamos en el aparato un alambre largo y flexible. El extremo libre del alambre se paso atraves de la parte anterior la nariz hacia la faringe donde el polipo se coloco dentro del lazo de alambre y alando el otro extremo del alambre el polipo fue removido sin sangramiento. Adjunto el reporte del patologo y fotografia del polipo.

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