

# Angiofibroma jamy nosa i komórek sitowych przednich u kobiety - problemy diagnostyki różnicowej

Angiofibroma of the nasal cavity and anterior ethmoid cells -problems in differential diagnosis

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## Summary

**Background.** Nasal angiofibromas are commonly called juvenile nasal angiofibromas (JNA) because of the almost exclusive occurrence in adolescent males. It is a relatively rare benign fibrovascular tumor originating in the posterior lateral wall of the nasopharynx with only a very few cases diagnosed in females. **Case report.** Authors present a case of a 26 y.o. woman with JNA in left nasal cavity with extension to the anterior left ethmoid cells diagnosed and surgically treated at the ENT Department, Medical University of Lodz. Patient presented in past medical history: lymphoma malignum - abdominal location - surgical treatment and chemotherapy (1986) with no clinical signs of recurrence. Diagnosis based on histopathologic examination with immunochemical staining (vimentin, actin, desmin, S-100 protein). CT of paranasal sinuses in frontal and axial plains - left nasal cavity filled with a solid pathologic tissue. In the left anterior ethmoid cells extension of the tumor could be seen. Surgical treatment - tumor has been surgically resected with no complications. In a 12 month follow up patient shows no signs of recurrence. **Conclusion.** Although angiofibroma in females is an extremely rare tumor of a sinonasal tract it should be taken into consideration in the differential diagnosis of all nasal cavity tumors (especially solitary fibrous tumor). It is not possible to make differential diagnosis on physical examination. The only way to confirm the diagnosis is histopathologic examination with immunochemical staining.