

## CASE REPORT

# ONCOCYTIC SCHNEIDERIAN PAPILLOMA OCCURRING IN A YOUNG NIGERIAN MALE: A CASE REPORT

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### Abstract

Oncocytic Schneiderian papilloma is one of the three morphologically separate tumors that arise from the Schneiderian membrane (the others are fungi form papilloma and inverted papilloma). It is quite rare in our environment. We report a case of Oncocytic Schneiderian papilloma arising from the right maxillary sinus and extending to the ipsilateral nasal region in a 26year old Nigerian male. The growth was present for a period of 5 months before his presentation on 18-10-2005 and recurred again nine months later after excision. Both excised tissues were confirmed by histology to be Oncocytic Schneiderian papilloma, with no evidence of malignancy after a rigorous search.

**Key words:** *Oncocytic Schneiderian papilloma*

### Résumé

Le papillome schneidérien oncocytique est une des trois tumeurs morphologiquement indépendante qui se soulève de la membrane schneidérien (l y a d'autres comme ; le papillome creux et le papillome fongueux) c'est rare chez nous. Nous aimerons souligner un cas de papillome schneidérien oncocytique qui se soulève du coté droit du sinus maxillaire et porte plus loin jusqu a la région nasale d'un jeune nigérian de 26 ans. La grosseur était présente pendant cinq mois et puis après avoir été excisé grâce a une intervention chirurgicale 18-10-2005, elle a réapparu neuf mois plus tard. On a pu identifier, a travers l'histologie, que les deux tissus excisés étaient papillome schneidérien oncocytique, sans aucun signe de malignité au bout d'une recherche rigoureuse.

**Mots clés:** *papillome schneidérien oncocytique*

### Case Report

A 26-year-old man was seen in 2005 with a history of growth in the right nasal cavity for 5months.The problem started with recurrent catarrhal discharge in the right nasal cavity and occasional blockade about a year ago. Five months prior to presentation, patient noticed a growth in the same nasal cavity, which was small initially, but has gradually increased in size. It was associated with a dull pain on the right side of the nose. But, there was no associated epistaxis or sneezing bouts or otalgia. For this problem patient

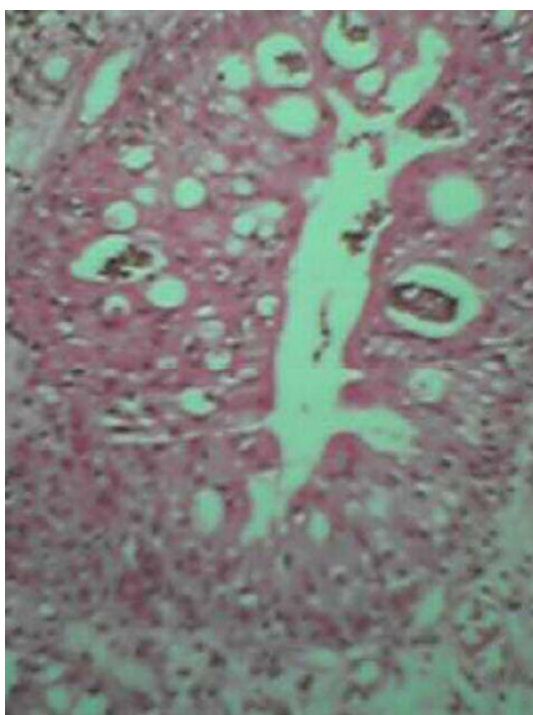
has received several topical medications without relief. Past medical history was not contributory. No known drug allergy, and currently on a topical antihistamine nasal drop. The patient is a second of six siblings in a monogamous family. Trades in food stuffs, neither drinks alcohol nor insufflates tobacco. No significant family history.

Physical examination showed no obvious respiratory distress and there was good social hearing. Normal nasal pyramid. There was a pale fleshy growth completely occluding the cavity of the right nasal cavity arising from the roof and is free

from the lateral wall, with copious mucoid ipsilateral nasal secretions. The left nasal cavity was patent with moderately sized turbinates. Septum was central.

Complete blood count, erythrocyte sedimentation rate and blood film, retroviral screening, serum electrolyte urea and creatinine were all normal. x-ray of the paranasal space showed a right nasal cavity filled up by soft linear shadow probably nasal polyps. There was haziness of maxillary antra right more than left, with normal bony margins. Nasal clearance and bilateral intranasal antroscopy was done and tissue sent for histopathology. Histopathology of the tissue showed features of oncocytic Schneiderian papilloma (Figure 1). Nine months later he had a recurrence whose histological features were indistinguishable from the previous lesion.

**Figure 1.** Initial biopsy histology (H&E x 400) showing a papillary structure lined by multilayered oncocytic epithelium with abundant deeply eosinophilic finely granular staining cytoplasm, the nuclei were bland moderate degree of pleomorphism



## Discussion

Oncocytic Schneiderian papilloma, fungi form papilloma and inverted papilloma are three morphologically separate tumors that arise from the Schneiderian membrane.<sup>1</sup> They are quite rare in our environment and to the best of our knowledge have never been reported. Oncocytic Schneiderian papillomas comprise about 3%-5% of these entities, and occur mostly in patients over 50 years of age.<sup>2</sup> No sex predilection is noted in contrast to the male

predominance of inverted and fungiform papillomas. Hyam<sup>3</sup> classic histological description of oncocytic Schneiderian papillomas emphasized the presence of both exophytic and inverted growth patterns composed of multilayers of columnar cells with eosinophilic cytoplasm and small uniform dark nuclei. Barnes and Bedett<sup>4</sup> demonstrated that the epithelial cells of oncocytic Schneiderian papilloma are true oncocytes which arise from the Sino nasal respiratory membrane hence the term oncocytic Schneiderian papilloma was used. Pathologically, this multilayered epithelium separates the oncocytic Schneiderian papilloma, from the single layered well-differentiated adenocarcinoma of the sino nasal tract,-the entity with which the oncocytic Schneiderian papilloma, has previously been confused.

Clinically symptoms vary in duration from months to years. Typically as in this case they include unilateral nasal obstruction and epistaxis.<sup>4</sup> The latter was absent here. The clinical behavior of oncocytic Schneiderian papilloma parallels that of inverted papilloma due to its propensity for recurrence and association with malignant disease.<sup>5</sup> The synchronous discovery of carcinoma with oncocytic Schneiderian papilloma is reported in 15% of patients at the time of diagnosis.<sup>4</sup> Whether such carcinomas represent a malignant transformation of the papilloma or simply a coexistence of the carcinoma with papilloma at the same anatomic site is uncertain.<sup>5</sup> These dysplastic cells in oncocytic Schneiderian papilloma, which might represent possible site of origin for invasive carcinoma were also documented.<sup>5</sup> In addition bony destruction in radiograph or found intra-operatively usually indicates associated malignancy.

In the present report the oncocytic Schneiderian papilloma was derived from the superior wall of the right nasal cavity and partly from the right maxillary sinus. No malignancy was seen histologically. Because of the high rate of recurrence and the possibility of missing a focus of malignancy meticulous removal of all associated adjacent mucosa is advocated despite the seemingly good postoperative result recorded in this report. Sino nasal endoscopic technologies have now made these procedures less traumatic and are now feasible.<sup>6</sup> The cause remains unknown. There is no convincing evidence of association with allergy, chronic infection, smoking or with environmental noxious agents.

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