

## Hemangiopericytoma like tumor of the nasal cavity: a case report

### Nazal kavitede hemanjiyoperisitom benzeri tümör: Olgu sunumu

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Sinonasal hemangiopericytoma originates from vascular pericytes. It may arise in any part of the body but it is an uncommon vascular tumor in the nose. It can show benign or malignant histologic features. Sinonasal hemangiopericytoma like tumor is important as it is recognized as a special variant of hemangiopericytoma. In this article, we present a 65-year-old male patient with hemangiopericytoma like tumor of the nasal cavity.

**Key Words:** Nasal obstruction; sinonasal hemangiopericytoma; vascular tumor.

Sinonazal hemanjiyoperisitom, vasküler perisit kaynağıdır. Vücudun herhangi bir bölgesinde görülebilmekle birlikte, burunda nadir rastlanan bir vasküler tümördür. Benign veya malign histolojik özellikler gösterebilir. Hemanjiyoperisitomun özel bir türü olduğu için, sinonazal hemanjiyoperisitom benzeri tümör de önemlidir. Bu makalede, nazal kavitede hemanjiyoperisitom benzeri tümör saptanan 65 yaşındaki bir erkek hasta sunuldu.

**Anahtar Sözcükler:** Nazal obstrüksiyon; sinonazal hemanjiyoperisitom; vasküler tümör.

Sinonasal hemangiopericytoma like (SHPCL) tumors are rare mesenchymal tumors which slowly enlarge at a local area.<sup>[1,2]</sup> Diagnostic differentiation between malignant and benign types of these tumors is rather difficult. Certain pathologic factors may correlate but there is no specific diagnostic test. It may be necessary to differentiate SHPCL tumors from other sarcomatous tumors.<sup>[3]</sup> Therefore clinical correlation as well as histological confirmation, electron microscopic examination and immunohistochemical staining is necessary to establish a diagnosis. It has a low incidence of metastasis and very little risk. Treatment consisting of wide local excision is usually curative.

### CASE REPORT

A 65-year-old male patient complained of progressive right nasal obstruction and facial pain which had been present for one year. Systemic examination of the patient was normal and his medical history was unremarkable. He did not mention epistaxis among his complaints. Anterior rhinoscopic and rigid nasal endoscopic examination showed a large polypoid lesion in the right nasal cavity which did not bleed easily with manipulation. Endoscopic examination of the left nasal cavity was normal. Paranasal computed tomography (CT) demonstrated a soft tissue density filling the right nasal cavity. The mass was