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A CASE REPORT OF AN INVERTED PAPILLOMA OF THE SPHENOIDAL SINUS PRESENTING WITH AUDITORY SYMPTOMS

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СФЕНОИДАЛ СИНУСНИНГ ИНВЕРТЛАНГАН ПАПИЛЛОМАСИ, ЭШИТИШ СИМПТОМЛАРИ БИЛАН НАМОЁН БЎЛГАН КЛИНИК ҲОЛАТ

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КЛИНИЧЕСКИЙ СЛУЧАЙ ИНВЕРТИРОВАННОЙ ПАПИЛЛОМЫ СФЕНОИДАЛЬНОЙ ПАЗУХИ, ПРОЯВЛЯЮЩЕЙСЯ СЛУХОВЫМИ СИМПТОМАМИ

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Резюме. *Қулоқда шовқин кўплаб касалликларнинг кенг тарқалган симптоми ҳисобланади. Қулоқда шовқин халқум шикастланишлари натижасида юзага келиши мумкин, аммо бу симптомнинг манбаи кўпинча номаълум бўлиб қолади. Ушбу ҳолатда халқум инвертланган папилломаси тасвирланган бўлиб, унинг ягона дастлабки симптоми шовқин, шивирлашга ўхшайди. Барабан мембранаси шикастланмаган, импеданс аудиометрияси ҳамда эшитиш тестининг натижалари нормал эди. Бироқ, сонотубометрия эустахия трубкасининг тўлиқ тиқилиб қолганини кўрсатди. Халқум ўсма билан тўлган бўлиб, у хоанадан бошланиб, бемор гапирган ёки ютганида шивирлаш товуши чиқарарди. Ўсма олиб ташлангандан сўнг, қулоқда шовқин бутунлай ёқолди. Бизнинг маълумотларимизга кўра, ўсманинг келиб чиқиши ва унинг клиник намоён бўлиши жуда кам учрайдиган ҳолат бўлиб, халқумнинг текшируви номаълум эшитиш бузилишларини аниқлаш учун зарурдир.*

Калит сўзлар*: Қулоқда шовқин, папиллома, халқум, ўсма.*

Abstract. *Tinnitus is a prevalent symptom of many illnesses. A particular tinnitus may be caused by nasopharyngeal lesions, however the origin is usually unclear. Here, we describe a case of nasopharyngeal inverted papilloma in which the only initial symptom is rustling tinnitus. The tympanic membrane was undamaged, and the impedance audiometry and hearing test results were normal. Sonotubometry, however, revealed that the Eustachian tube was completely blocked. The nasopharynx was occupied by a big tumor that started in the choana and made a rustling sound when she spoke or swallowed. After this tumor was removed, the tinnitus completely disappeared. As far as we know, this case's tumor origin and presenting symptom are extremely uncommon, and a nasopharyngeal examination is necessary to diagnose unidentified hearing complaints.*

Keywords*: Tinnitus, papilloma, nasopharynx, tumor.*

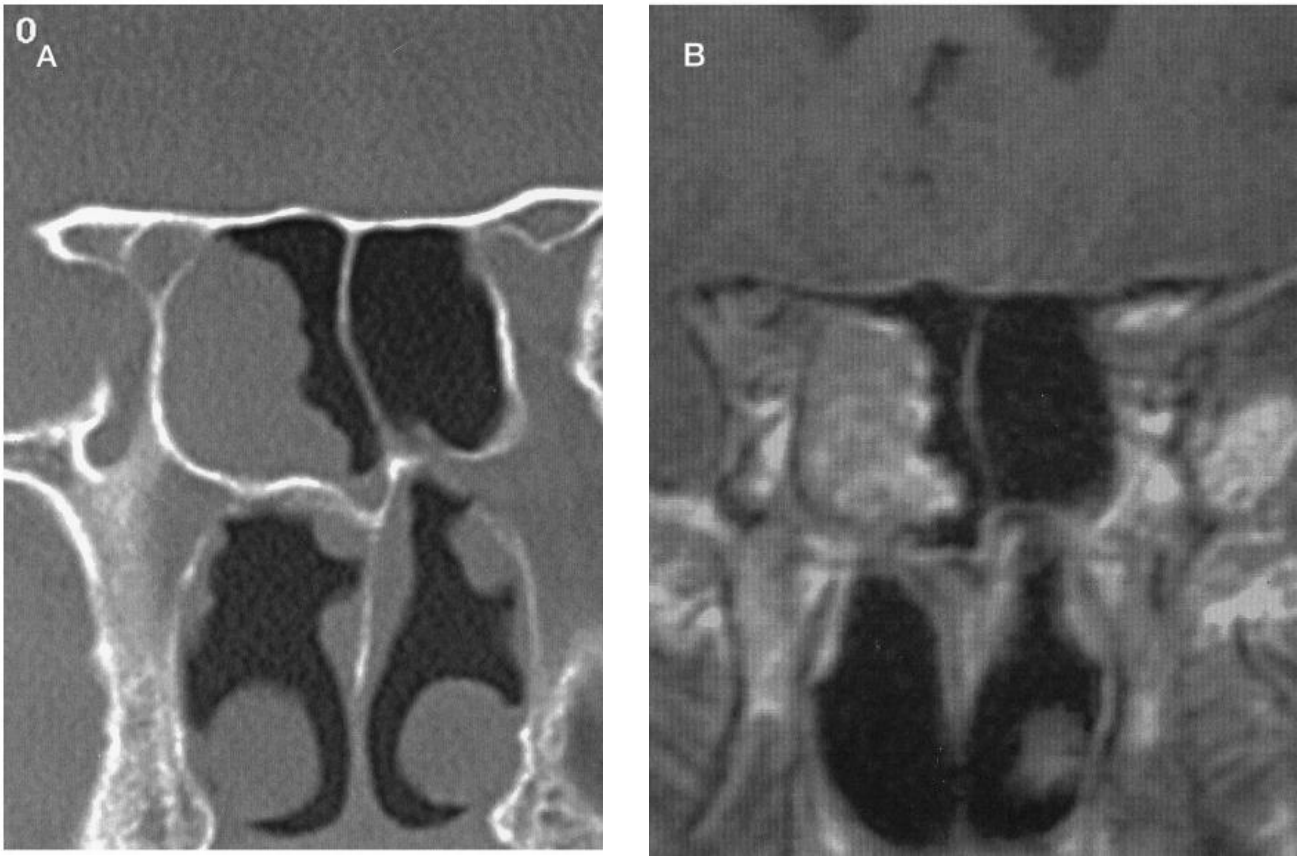
Introduction. Meningioma, pleomorphic adenoma, schwannoma, inverted papilloma (IP), osteoma, juvenile angiofibroma (JA), haemangiopericytoma, and haemangioma are examples of benign tumors. Although the lateral wall, ethmoids, and maxillary sinus are the most often afflicted main sites, any part of the nasal cavity and paranasal sinuses may be impacted. For unclear reasons, the sphenoid and frontal sinuses are uncommon main locations. The benign, locally aggressive nasal lesion known as an inverted papilloma (IP) is notable for its propensity for local recurrence and correlation with cancer. It makes about 0.5% to 4% of all sinonasal tract neoplasms [1], [2], and [3]. In as many as 5% of cases, IP is linked to sinonasal cancer. In clinical settings, it is most frequently

observed in male participants between the ages of 50 and 60. This tumor typically starts in the lateral nasal wall, namely in the middle meatus's osteomeatal complex and the nearby inferior and middle turbinates. Following that, it affects the adjoining paranasal sinuses, most commonly the maxillary sinus and then the ethmoid sinus. Here, we describe a case of IP that manifests as episodic tinnitus and originates from the choana. Although their unilateral nature may arouse alarm, early symptoms including nasal obstruction, blood-stained discharge, and loss of smell are frequently disregarded. Presentations are frequently delayed. Proptosis, diplopia and epiphora, trismus, pain, oroantral fistula, paraesthesia, or other neurological deficits or a mass may result from subsequent extension into the orbit, nasolacrimal system, anterior cranial cavity, cavernous sinus, pterygomaxillary fissure, palate, skin, and infratemporal fossa.

Case report. Throughout the day, a 37-year-old male frequently complained of left-sided intermittent pulsating tinnitus that lasted several minutes. Only his use of continuous positive airway pressure (CPAP) at night for obstructive sleep apnea made his medical background noteworthy. The patient did not take any drugs and had no history of head trauma. The patient had no symptoms at the time of the first assessment. The left side's sphenoid and posterior ethmoid sinuses were opacified on a coronal CT scan. A sphenoid sinus soft tissue mass with surrounding fluid was visible in a coronal T2-weighted picture of a comparable segment with fat saturation (Fig. 1). These imaging examinations did not reveal any further lesions. Despite the patient's lack of signs of sinonasal disease, the highest level of medical therapy was started with several courses of antibiotics and steroids for suspected sinusitis. There were no metabolic anomalies found.

A follow-up coronal CT scan showed that the lesion was still present. There were no middle ear or internal auditory canal abnormalities found on any CT scan. To debride the left-side posterior ethmoid, the patient had limited functional endoscopic sinus surgery. Histological analysis revealed an inverted papilloma. He still complained of sporadic pulsating tinnitus after the resection. Upon physical examination, his tympanic membranes were found to be normal and bruit-free. The middle ear spaces showed no signs of masses. Although the patient had no symptoms of hearing loss and the gross assessment of hearing was normal, there was no audiogram available. A polypoid mass that started in the left-side sphenoethmoid recess and extended medially to the left-side middle turbinate was discovered during nasopharyngoscopy. With the exception of a septal deviation, the right side's examination results were normal. Purulent sinusitis was not evident on either side. The patient had a left-side maxillary antrostomy, a left-side frontal sinusotomy, and a left-side total sphenoethmoidectomy in addition to endoscopic lesion resection. Histologically, the removed lesion was determined to be an inverted papilloma. During a five-month follow-up following the second resection, the patient had no pulsatile tinnitus.

Conclusion. Tinnitus, with or without hearing loss, is an uncommon sign of a sphenoid sinus inverted papilloma. Sphenoid tumors ought to be taken into account when assessing this symptom.



A **B**

Fig. 1. (A) Coronal computed tomography image at initial presentation of case 1 revealed a density within the right-side sphenoid sinus. (B) Coronal T1-weighted magnetic resonance imaging scan through a similar section after gadolinium demonstrates heterogeneous enhancement of the sphenoid sinus mass

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Резюме. *Шум в ушах является распространённым симптомом многих заболеваний. Шум в ушах может быть вызван поражениями носоглотки, однако происхождение этого симптома часто остаётся неясным. В данном случае описан случай инвертированной папилломы носоглотки, при которой единственным первоначальным симптомом был шум в ушах, напоминающий шелест. Барабанная перепонка не была повреждена, а результаты импедансной аудиометрии и теста слуха были нормальными. Однако сонотубометрия показала полную закупорку евстахиевой трубы. Носоглотка была занята крупной опухолью, которая начиналась в хоане и издавался шелестящий звук, когда пациентка говорила или глотала. После удаления опухоли шум в ушах полностью исчез. Насколько нам известно, происхождение опухоли и её клиническое проявление в данном случае являются крайне редкими, и проведение обследования носоглотки необходимо для диагностики неясных нарушений слуха.*

Ключевые слова: *Шум в ушах, папиллома, носоглотка, опухоль.*