

Myopericytoma in Nasal Cavity

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SUMMARY

- Introduction:** The myopericytomas represent about 1% of the vascular tumors, is relatively common in the region of head and neck, 25% of the cases, and uncommon in the nasal and paranasal cavities.
- Objective:** To describe one case of myopericytoma in nasal cavity.
- Case Report:** We present a case of an adult patient, of the female sex, with complaints of nasal obstruction, pain in the nasal cavities region and eventual epistaxis in the right nasal cavity, which present an angiomatous and easily bleeding, non-pulsatile mass occupying all the right nasal cavity.
- Final Considerations:** The myopericytomas are uncommon vascular tumors, rarely located in the nasal cavity and in the paranasal sinuses. They must be included in the differential diagnosis of the well delimited, vascular and slow growth masses upon computed tomography.
- Keywords:** hemangiopericytoma, nasal neoplasms, nasal obstruction, vascular tumor.

INTRODUCTION

The benign perivascular neoplasms comprise the family of glomic tumors and hemangiopericytomas (1). The glomic tumor is an uncommon neoplasm original from neuromyoarterial cells (glomus cells).

The hemangiopericytomas comprise about 1% of the vascular tumors, and occur in about 25% of the cases in the region of the head and neck, especially in the scalp, face and neck. The occurrence in the nasal and paranasal cavities is rare (2).

Histologically, the hemangiopericytomas present blood vessels branched with thin walls and reticulate pericellular fibers. However, it's been shown that mesenchymal neoplasms of several differentiation lines have been fitting into this definition, and the term "hemangiopericytoma" is characteristic of a morphologic standard of growth rather than a distinct clinicopathological entity (1).

In fact, a group of lesions formerly called hemangiopericytomas represents cases of myopericytomas, which show a radial and perivascular arrangement of ovoid neoplastic cells that range from voluminous fusiform to round, which are called myopericytes (myocytes) (1, 3, 4).

CASE REPORT

MAP, 66 year-old female patient from Curitiba / PR, sought the otorhinolaryngology service of the Hospital Angelina Caron on August 15 2006. Then she presented with complaints of persistent nasal obstruction, pain in the nasal cavities region and eventual epistaxis in the right nasal cavity which had been worsening for about 8 months.

Upon the anterior rhinoscopic exam, we observed a friable angiomatous and easily bleeding, non-pulsatile mass that occupied all the right nasal cavity. The tomographic exam verified a concealing by soft tissue density material across the right nasal cavity.

We opted for the performance of incisional biopsy of the lesion through the right nasal cavity with a cutting instrument after topical anesthesia with a solution of neotutocaine and vasoconstrictive agent with anterior splint with cotton wet in a vasoconstrictive agent.

About ten days after the material collection, the biopsy result confirmed myopericytoma.

On the 20th of September 2006, we carried out an

arteriographic study that confirmed a well-vascularized, delimited mass that occupied the entire right nasal cavity.

With such information, we opted for the accomplishment of embolization ten days before the endoscopic surgical procedure. On the first of November 2006, we carried out an endoscopic nasosinusoidal surgical intervention under general anesthesia, by removing the right nasal cavity lesion that was pediculated in the postero-superior septum mucosa.

The patient evolved well without any postoperative bleeding and so far presented an excellent evolution without symptoms.

DISCUSSION

The term "myopericytoma" was first suggested by REQUERA and cols (3) in 1996 to describe a set of cutaneous myofibromas in adults.

In spite of being rare, the myopericytomas must be recalled in the differential diagnosis of the well delimited masses upon tomography. The angiographies show these tumors are widely vascularized (5).

They affect more frequently middle-aged adults and may locate in the dermal or subcutaneous tissue preferably through the distal portion of the extremities (6).

The clinical picture depends on the location and size and may cause nasal obstruction and epistaxis when in the nasal cavities (2).

Most myopericytomas behave in a benign manner (painless and of slow growth); however, uncommon cases of malignant myopericytoma have been reported lately and these are more aggressive cases (1, 6).

GRANTER and cols. (7) described seven cases locating in the subcutaneous region. COX and GILTMAN (4) reported a case in the thoracic vertebrae that caused osseous lysis.

Its treatment is surgical (6), and may, like the nasoangiofibroma be carried out endoscopically or by open access (8). Today it's important to carry out the selective tumoral embolization before all the techniques to make the surgical access easier. The endoscopic technique is an excellent option, because besides being less aggressive, we observe a lower morbidity, minimum bleeding, shorter time of surgery and higher efficacy, in addition to less trans and postoperative complications (8).

The sinonasal hemangiopericytomas recurs locally after surgery in 25% of the cases and less than 5% metastasize (2).

FINAL CONSIDERATIONS

The myopericytomas are uncommon vascular tumors, rarely located in the nasal cavity and in the paranasal sinuses. They must be included in the differential diagnosis of the well delimited, vascular and slow growth masses upon computed tomography.

BIBLIOGRAPHICAL REFERENCES

1. Mentzel T, Dei Tos AP, Sapi Z, Kutzner H. Myopericytoma of Skin and Soft Tissues Clinicopathologic and Immunohistochemical Study of 54 Cases. *Am J Surg Pathol*. 2006, 30(1),104-13.
2. Sennes LU, Sanchez TG, Butugau O, Miniti A. Hemangiopericitoma nasal: relato de um caso. *Rev Bras Otorrinolaringol*. 1993, 59(3),209-11.
3. Requena L, Kutzner H, Hugel H, et al. Cutaneous adult myofibroma: a vascular neoplasm. *J Cutan Pathol*. 1996, 23(5):445-57.
4. Cox DP, Giltman L. Myopericytoma of the thoracic spine: a case report. *SPINE*. 2003, 28(2),E30-E32.
5. Alves APX, Félix PR, Cruz AAV. Hemangiopericitoma de órbita. *Arq Bras Oftalmol*. 2001, 64:159-62.
6. Torres AM, Carrera ML, Megias VC, Dovaio JT. Nódulo em dorso de Muñeca. Serviço de anatomia patológica. Reunión de la Asociación Territorial de Madrid Acceso em 01/04/2007, Disponível em <http://www.seap.es/regional/madrid/junio04/hfuenlabrada.htm>
7. Granter S, Badizadegan K, Fletcher C. Myofibromatosis in adults, glomangiopericytoma, and myopericytoma: a spectrum of tumors showing perivascular myoid differentiation. *Am J Surg Pathol*. 1998, 22:513-25.
8. Ferreira LMBM, Gomes EF, Azevedo JF, Souza JRF, Araújo RP, Rios ASN. Ressecção endoscópica de nasoangiofibroma. *Rev Bras Otorrinolaringol*. 2006, 72(4):475-80.