

CASE REPORT

**RARE LETHAL MIDLINE GRANULOMA OF THE NASOPHARYNX
(STEWART'S GRANULOMA)**

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ABSTRACT:

We report a case of lethal midline Granuloma of the Nasopharynx. Lethal midline Granuloma of the nose is a rare tumor and its occurrence in the Nasopharynx is still more rare.

CASE REPORT:

A 60 years old lady named Jenno Bibi was admitted to the female ENT Ward of DHQ Teaching Hospital on 31-3-1992 with the complaints of epistaxis, nasal obstruction enlarged upper deep cervical lymph node, weakness and lose of weight for the last 3 months. On examination:

1. Anterior Rhinoscopy, no growth was seen.
2. Posterior Rhinoscopy, there was a mass in the nasopharynx.
3. Enlarged mobile left upper deep cervical lymph node which was nontender.

Patient was prepared for G.A. Anesthetized and oral endotracheal tube was passed. Biopsy was taken from the mass in the nasopharynx and sent for histopathology.

HISTOLOGY REPORT

Gross:

Two specimens received.

- a) Labelled as oropharynx growth consists of a small piece of tissue. Embedded as such
- b) Labelled as tissue from nasopharynx consists a few pieces of tissue. Embedded as such.

MICROSCOPIC EXAMINATION

Section "A" of biopsy from nasopharynx show a small piece of tissue lined by thick keratinized stratified squamous epithelium showing focal ulceration. The fibrovascular core is edematous, congested and heavily infiltrated by acute and chronic inflammatory cells. The blood vessels are thick walled.

Section "B" from the biopsy of nasopharynx show four fragments of nasal mucosa, two of

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which are necrotic and one ulcerated. The blood vessels are partly hyalinized and thrombosed. No evidence of malignancy.

DIAGNOSIS: 1. Nasopharynx :) Changes compatible with midline
2. Oropharynx :) Lethal granuloma.

Patient was sent for radiotherapy of Nasopharynx and Neck Glands. Patient did not turn up for follow up.

DISCUSSION:

Non-healing lethal midline granuloma is a slowly progressive destructive ulceration of the tissues of the nose, sinuses and occasionally of the pharynx.¹ Soft tissues bones and cartilage are eventually destroyed by a chronic inflammatory process leading to severe mutilation. ² If condition remained uncontrolled death from cachexia hemorrhages or intercurrent infection sooner or later occurs.

The first clear account was published in 1921, when the Lesion was described as a wave of Granulations tissue advancing irregularly into healthy parts breaking down behind as it advanced in front.³⁻⁴ So, there was never any great depth of pathological growth present.

In essence the clinical behaviour is similar to that of a neoplasm whose rate of growth has been accentuated to varying degree by individuals own immunological defense. The Histology suggests malignancy and it is blamed that this Neoplasm is a histolytic lymphoma.

Treatment of choice is radiotherapy to both primary and regional lymph nodes.

Dosage of steroids is not indicated and must be harmful in this considered condition depressing the patient's immunological competence and could accentuate tumor growth.

REFERENCE

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