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ESTESIONEUROBLASTOMA VERSUS HEMANGIOPERICYTOMA IN THE NASAL CAVITY: PROBLEMS OF DIFFERENTIAL DIAGNOSIS.

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Rare non epithelial tumours of the nasal pathways can present special problems in differential clinical and histopathological diagnosis. In fact, the esthesioneuroblastoma (reviewed by one of us[1]) and hemangiopericytoma, as well as other sarcoma-like tumours can mimic each other, as was the case of the intranasal malignant growth in a 20 years old male presented here

A soft tissue mass covered by normal epithelium was seen In the right nasal floor in endoscopy after several episodes of epistaxis. CT-scan and NMR confirmed the origin form the posterior two-thirds of the nasal floor with an invasion of the hard palate all through to the buccal mucosa. The roof of the nasal fossa and the anterior third of the septum were free of tumour tissue. A first biopsy done in a peripheral hospital yielded the result of esthesioneuroblastoma. A review of the first specimen and a second biopsy seamed to confirm the diagnosis of ENB with HMB45 and S100 negative and NSE and Neurofilament focally positive. The patient was subjected to radical resection of the primary lesion and the whole tumour mass could be examined. The final histology showed a solid mass formed by round or spindle monomorphic cells without severe atypias and 4 mitosis for 10 high-power fields. The vascular structures were highly ramified with telengiectasia and osteocartilagineous infiltration Immunohistochemistry was: cytokeratin (AE1 and AE3), neuron-specific enolase, leukocyte common antigen (LCA), S100, synaptophysln, acid glial fibrillar protein (AGFP), neurofilament (NF), desmine and chromogranin negative;

actin, vimentin, CD34, FVIII positive. The pattern was considered compatible with hemangiopericytoma.

The case exemplifies the extreme histological variability of these lesions. Hemangiopericytoma in the splancnocranium is a rare entity, arising from inside the nasal cavity and extending to the paranasal sinuses. Differential diagnosis includes fibrosarcoma, leiomyosarcoma and atypical hemangioepithelioma, while estesioneuroblastoma is less mentioned[2]. Intranasal hemangiopericytoma appears not to be a separate entity from hemangiopericytomas in other sites

We suggest the establishment of a general registry of these rare lesions in order to allow for better epidemiological review.

1 Broich G, Pagliari A, Ottaviani F; Estesioneuroblastoma. A Review of the data published from 1924 to 1994. (Abs. 302); Anticancer Research 1995, 15: 1749.

2 Eichhorn JH, Dickercin GR, Bhan AK, Goodman ML; Sinonasal Hemangiopericytoma; Am. J. Surg. Path. 1990. 14: 856-866.