
P-27; RECURRENCE OF PARANASAL SINUSES AND MIDDLE EAR PAPILLOMATOSIS – CASE REPORT AND HISTO-CLINICAL ANALYSIS

Tatiana Gierek¹, Jaroslaw Paluch¹, Jaroslaw Markowski¹, Maciej Kajor²

¹*Silesian Medical University, ENT Department, Katowice, Poland*

²*Silesian Medical University, Pathomorphology Department, Katowice, Poland*

Background: Papillomas in mucous membranes are considered pre-neoplastic condition, where the HPV virus is responsible for its aetiology. HPV virus was discovered in the early 1970s, it is a DNA virus having the size of 52-55 nm, while its family comprises some 100 genotypes. A sub-group of oncogenetic viruses is made up of: HPV-16, -18, -21. The results of epidemiological studies indicate some 20% risk of occurrence of neoplasm in case of stated local HPV viremia.

Objectives: Case report.

Results: The patient admitted to the Clinic due to unilateral purulent and bloody rhinorrhoea on the left side. On otolaryngological examination a lively red granulation has been detected, which filled the nasal meatus orifice region on the left side. CT of sinuses has been performed in frontal projections, which revealed the presence of masses of tissue character that completely filled the entire left maxillary sinus, destroying its medial wall, with penetration of lesions to nasal cavity, ethmoid sinuses, as well as the medial part of the eye socket. Via lateral rhinotomy approach, the pathologic tissues have been removed. Histopathological examination: *papilloma planoepitheliale*.

After 12 months, purulent and bloody rhinorrhoea from the left ear occurred, accompanied by pain in that region and hypoacusia. Otoscopy revealed granulation of papilloma type. The CT of the petrous pyramid had the following result: "within the pneumatic cells of the mastoid process, intensified destruction can be noted, as well

as lack of pneumatization of mastoid process cells. The destruction leads to perforation of the posterior part of mastoid process wall. The orifice size is about 7 mm. External contour of bones, lateral as well as from the side of the external auditory meatus are uneven, with visible small defects of bones.

Within the external auditory meatus and middle ear tissue mass is visible, which fills the middle ear as well as all remaining available areas within the region of the mastoid process. Osteolytic defects in bones are also visible within the very squama of temporal bone, as well as towards the rear, to the orifice and the external auditory meatus, also on the left side of the mastoid process. Wall perforation is also visible between the mastoid process and the cranial cavity. Bone defects have the size of 5–7 mm, thus those regions are most surely divided merely by meninges.” The patient has been qualified for the radical surgical procedure of left ear. The patient is six months after oto-surgical intervention, at present undergoing treatment with interferon.

Conclusions: The authors indicate: – the possibility of spread of local HPV viremia from sinuses and nose, via Eustachian tube to middle ear structures, – aggressiveness and dynamics of papilloma recurrences, – usefulness of combining immunotherapy with surgical treatment.