Choanal polyp

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Fredrik Ruyseh (1691), a Dutch anatomist, was the first to describe a case of nasal polyp. Subsequently cases of nasal, antrochoanal, ethomoidal and sphenochoanal polyps have been fairly well documented in the literature. The choanal polyp, a polyp arising from choana, is so rare that a case of such an origin has been reported only once in literature by Clark and Berci (1968). The present case is another, which merits reporting.

Case report

D.D., a twenty-year-old male, presented to the E.N.T. O.P.D. of Safdarjang Hospital, New Delhi, with history of difficulty in breathing through the left nasal cavity since his childhood and a mass in the throat for the last five years. He also complained of altered speech and difficulty in swallowing. There was no history of nasal allergy or epistaxis. On examination, a polypoidal mass was found filling almost the whole of the oropharynx, extending down to the level of upper border of epiglottis. On coughing, the patient could bring the mass forward on to the tongue (Fig. 1). It was found pedunculated with pedicle

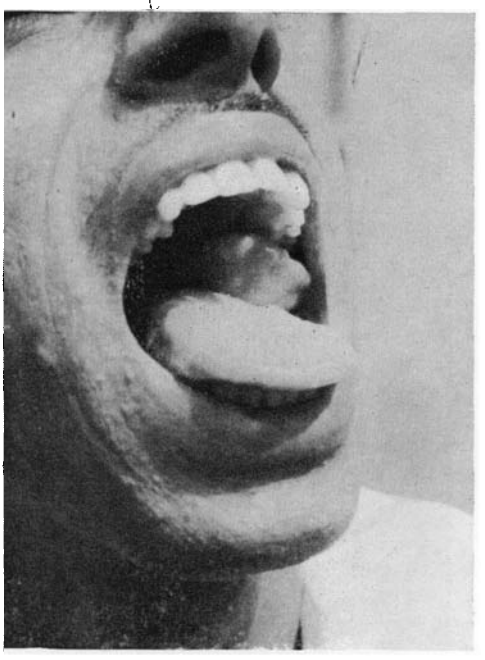


Fig. 1.

Patient with mouth open showing the polyp on the tongue left side.

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attached to the lateral wall of the left choana, which could be felt on palpation. The nasal cavities were free from any polyp or nasal discharge. Airway on the left side was inadequate. There was no significant lymphadenopathy and the general physical examination findings and other ear, nose and throat examination were non-contributory. Radiological investigation showed that the paranasal sinuses were clear (Fig. 2). Blood examination did not reveal any eosinophilia.

The patient was operated on 18 June 1969, under general anaesthesia. The mass was found to be arising from the region of choana about 1 cm. above and antromedial to the opening of the left eustachian tube. The polyp was removed by means of a snare. The bleeding was minimal. On removal it measured 6 cm. in length and 3 cm. in breadth (Fig. 3). The postoperative period was uneventful. The histopathology of the mass revealed a polyp lined up by stratified columnar, mucous secreting epithelium and multiple foci of chronic inflammatory cells in the subepithelial tissue (Fig. 4).

Discussion

Palfyn (1753) described the first case of a polyp presenting in the choana which was subsequently found to be of antrochoanal variety. The other uncommon sites of origin of polyp presenting in choana have been mentioned as follows:

(i) Posterior end of middle turbinate (Killian, 1906).

(ii) Sphenoidal Sinus (Zuckerkandl, 1892; Moore, 1919).

(iii) From superior border of hard and soft palate (Sernelender, 1866).

The polyp in the case under report was found to be arising from choana, the anatomical description of which has been given by Morris (1966). According to him, the choana have been defined as the opening on the back of the nose and



FIG. 2.
X-ray of paranasal sinus which is normal.

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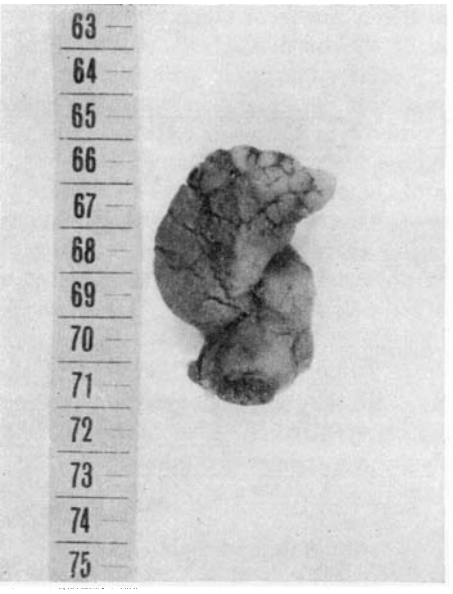


FIG. 3.
Gross picture of the choanal polyp removed.

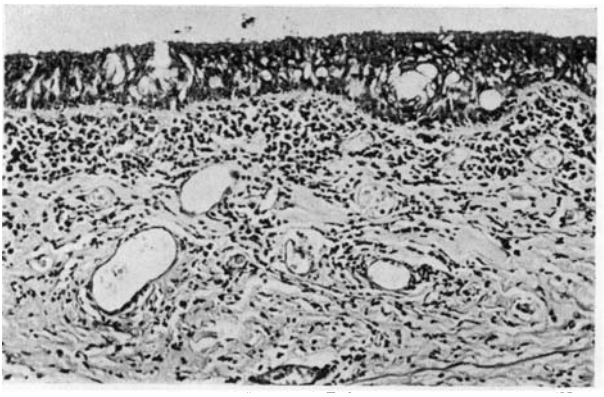


FIG. 4.
Microphotograph of the polyp showing the stratified columnar epithelial lining.

nasopharynx. They are bounded superiorly by the posterior margins of the alae of the vomer and vaginal process of the medial pterygoid plates, laterally by the posterior margins of the medial pterygoid plates, inferiorly by the posterior edges of the horizontal laminae of the palatine bones and medially by the free border of the vomer. On clinical examination, the choana is bounded superiorly by the shallow groove passing superolaterally from the free border of the vomer across the roof of the nasopharynx. The lateral boundaries are the posterior nasal sulci which can be seen as grooves on the lateral wall of the

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nose just anterior to the pharyngeal office of the auditory tube. The inferior limit is the junction of the hard and soft palates. The medial boundary is clearly visible as the posterior margin of nasal septum.

The site of origin of this freely mobile single polypoidal mass and absence of any polyp in the nose or in the sinus left no doubt about the diagnosis of choanal polyp in the case under study. Though this entity was not recognized or reported previous to the one by Clark and Berci (1968), it is felt that these types of polyps, however rare, should be treated on their own merit, separately from the polyp like nasal, antral, antrochoanal, etc. Since, for complete eradication of this polyp, it does not require any interference with any sinus, as is usually the case in other polyps.

Summary

A case of choanal polyp is described. Anatomical and clinical description of choana has been further clarified. Plea has been taken to recognize this entity separately from those commonly known. Its diagnosis and treatment has been discussed.

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