Maxillary fibroma

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A pure fibroma is a relatively rare tumour in nose and accessory sinuses. When it does occur it usually arises from the posterior end of the middle or inferior turbinate. Its occurrence in the maxillary antrum is considered extremely rare. Earliest mention of fibroma arising in maxillary antrum is by Harper (1927). Only few cases of maxillary fibroma have been reported since then.

Case report

N.S., 12-year-old male child, was admitted on 31 March 1970, with the complaint of progressive painless swelling of the right cheek for the last two years. He also complained of nasal obstruction and epiphora from right eye. There was no history of trauma, fever, tooth extraction, or bleeding from nose.

On examination, there was a bony swelling on the right side of face. It was smooth, ill-defined, hard and non-tender. There was fullness in the right temporal region. Oral cavity examination revealed swelling on the sublabial region and bulging of right half of hard palate. It was firm to feel and non-fluctuant. Anterior rhinoscopy revealed naso-antral wall pushed medially. There was no growth in the nasal cavity (Figs. 1, 2).

X-ray of paranasal sinuses showed right antrum to be opaque and expanded with destruction of its infero-lateral wall (Fig. 3).

Biopsy from growth was taken by the sub-labial route. Histopathological examination revealed it to be fibroma. Complete excision of growth was carried

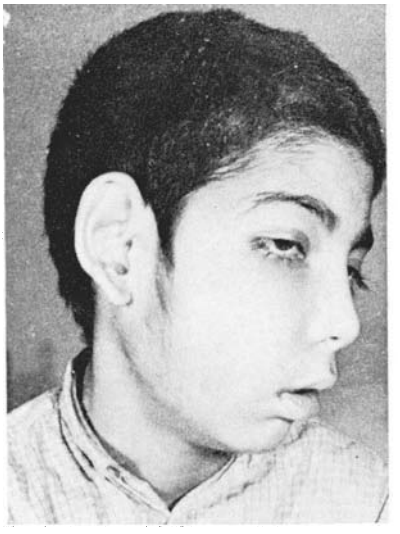


Fig. 1.
Showing swelling of right cheek and right temporal fossa.

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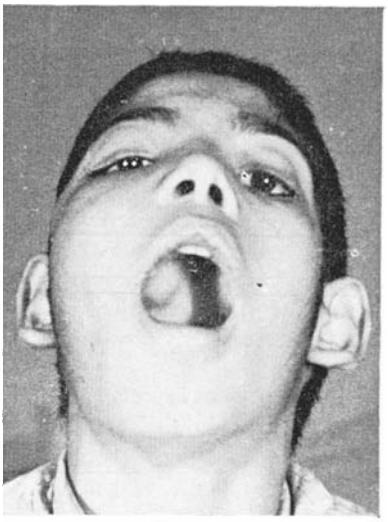


FIG. 2.
Showing bulging of right half of hard Palate and swelling of right side of face.



FIG. 3.
X-ray paranasal sinus showing opaque and expended right antrum with destruction of its infero-lateral wall.

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out by exposing the maxilla by lateral rhinotomy incision. Antero-lateral wall of maxilla was found expanded. It was papery thin and destroyed at places. Growth was found infiltrating the soft tissue of the cheek. A firm lobulated mass 13 cm. by 10 cm., weighing 104 gm., was removed from antrum (Fig. 4). Growth was extending into the pterygopalatine fossa, temporal fossa and

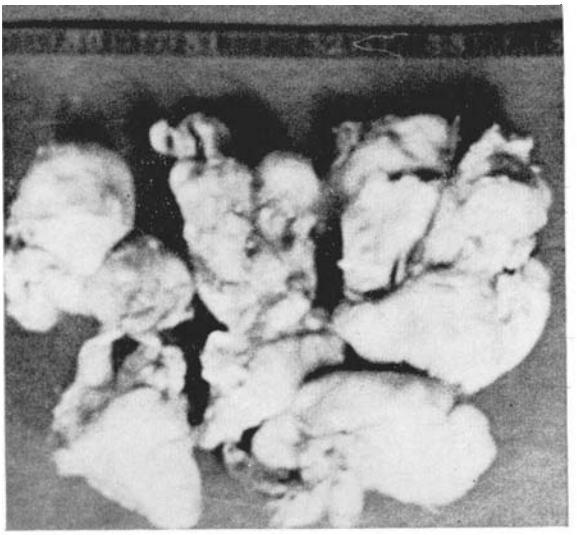


FIG. 4.
Fibroma after excision weighing 104 gm.

posterior part of nasal cavity. Internal maxillary artery was injured during the removal of extension from pterygopalatine fossa, resulting in profuse bleeding. It was controlled by immediate ligation of external carotid artery. About 1,000 ml. of blood was transfused.

Post-operative period was uneventful. Growth was sent for histopathological examination and was again reported to be fibroma (Fig. 5). One year follow up has not revealed any recurrence.

Discussion

Fibroma is a neoplasm of fibrous tissue, probably arising from true fibroblasts, which exhibit a wild cellularity and progressive local invasion but probably never metastasize. Its origin in the maxillary antrum is exceedingly rare. Harper in 1927 reported the first fibroma involving the floor of antrum. Since then only few cases have been reported in the literature. Fibromas of the jaws filling the antrum have been well described by Boemke-Giessen and by Stout (1947) and Scarff and Walker (Willis, 1953). Sadanga in 1961 and Eguchi in 1962 reported cases of maxillary fibroma. Conley, Healey and Stout (1966) found only two cases of fibroma involving the maxillary antrum in a survey of fibromatosis of head and neck.

Exact etiologic factor of maxillary fibroma is not known.

Fibromas of the sinuses are benign but are difficult to remove in their entirety because of bony and soft tissue designs that create technical difficulties

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and relative inaccessibilities. This is particularly true for this fibroma which was aggressive in nature and infiltrated into the surrounding structures in a rather broad and diffuse manner. This explains their tendency to recur. Maxillary fibroma should thus be treated by radical excision, sometimes even at the cost of disfigurement, to prevent recurrence.

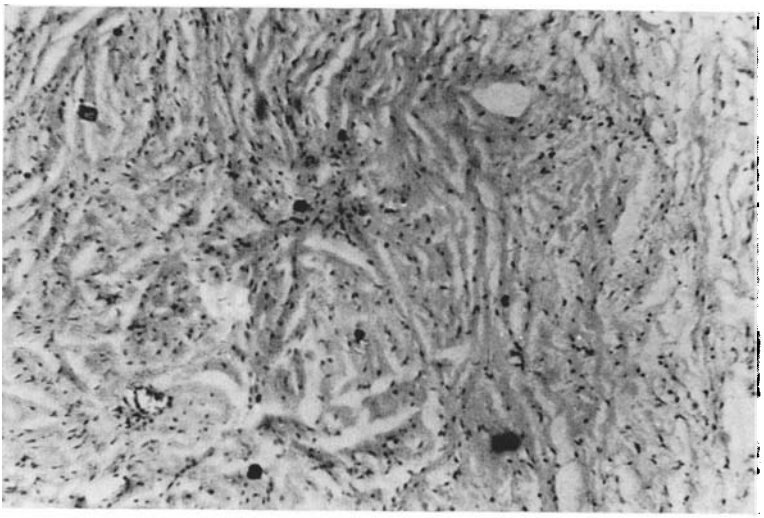


FIG. 5.
Histopathology of the fibroma under high power.

Summary

A case of maxillary fibroma in a boy of 12 years is reported. It was excised through lateral rhinotomy approach. One year follow up has not revealed its recurrence.

Acknowledgements

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