Otologic presentation of nasal rhinosporidiosis:
A clinical picture

Marlapudi Sudheer Kumar1*; Roohee Singh1; Jeenu Varghese2; Sanjay Kumar1; Angshuman Dutta1

1Department of ENT-HNS, Command Hospital Airforce, Bangalore, India.
2Department of Pathology, Command Hospital Airforce, Bangalore, India.

*Corresponding Author:
Marlapudi Sudheer Kumar
Department of ENT, Command Hospital Airforce, Bangalore, India.
Tel: +91-8121525345;
Email: sudheerjoel.medico@gmail.com

Received: May 15, 2023
Accepted: Jun 13, 2023
Published: Jun 20, 2023
Archived: www.jcimcr.org
Copyright: © Kumar MS (2023).
DOI: www.doi.org/10.52768/2766-7820/2464

Figure 1: (A) (R) Tympanic membrane with fluid menisci (arrows) behind it.
(B) Mass with white spots (arrow) over the surface along (R) inferior turbinate (star) and floor of nose.
(C) Endoscope assisted posterior rhinoscopy showing nasopharyngeal mass (arrow head) with white spots over the surface.

**Clinical image description**

25 year, male, pilot by profession presented with complaints of blockage and pain in (R) ear for 2 weeks. Otoendoscopic examination revealed fluid menisci behind (R) Tympanic membrane (Figure 1a). On Diagnostic nasal endoscopy, a bluish-grey mass arising near (R) inferior meatus was seen extending posteriorly over the nasal floor with a pinkish hue with multiple white spots (classical strawberry appearance) over the surface (Figure 1b). (R) eustachian tube orifice opening was occluded due to extension of mass into the nasopharynx. Endoscope-assisted posterior rhinoscopy revealed a pedunculated mass with multiple white spots over the surface hanging from (R) choana (Figure 1c)

Concomitant CECT and MRI of paranasal sinuses and nasopharynx revealed a soft tissue lesion epicentered around (R) Inferior meatus extending along the nasal floor into the nasopharynx. The patient underwent Endonasal endoscopic excision of nasal mass in toto. Histopathological examination was (Figures 2a,2b,2c) consistent with Rhinosporidiosis. Postoperatively the patient was started on Tablet Dapsone 100 mg once daily for 06 months

**Discussion**

Rhinosporidiosis is a chronic granulomatous infection of the mucus membranes. It grows in stagnant waters and infects humans by gaining access through the traumatized epithelium and lining mucosa. The characteristic lesion is a painless friable polypoid vascular mass, which may be pedunculated or sessile with surface studded with tiny white dots from spores beneath the epithelium, giving it a “strawberry-like” appearance [1,2].

Differential diagnosis include antrochoanal polyp with squamous metaplasia, inverted papilloma, extra nasopharyngeal angiofibroma, etc., [2]. Rhinosporidiosis is most easily and definitively diagnosed via microscopy. No culture media for the isolation of *Rhinosporidium seeberi* are available.

**Declarations**

**Conflicts of interest:** Nil

**Research involving human participants and/or animals:** Nil

**Informed consent:** Informed consent was taken from the patient for this publication.

**Funding:** No funding was received to assist with the preparation of this manuscript. The authors have no relevant financial or non-financial interests to disclose.

**References**

