

Clinical Image

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Pediatric sinonasal mass

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Abstract

We present a case of Fungus ball or aspergilloma in a 13- years-old girl with sinonasal mass that mimicking bony septal destruction. Fungal colonization inside affected sinuses showed High density opacities due to its concentration. Endoscopic findings demonstrated a huge amount of viscous greenish-brown fungal tangle with cottage cheese consistency which has the same principles as fungus ball.

Keywords: Pediatric sinonasal mass; Fungus ball; Aspergilloma; Rhinosinusitis; Nasal polyps.

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Clinical image description

A 13- years-old girl presented to our hospital with complaint of watery and occasionally purulent rhinorrhea, progressive bilateral nasal obstruction and post-nasal discharge from 5 years ago. Nasal endoscopy demonstrated a large mucous covered mass in her right nostril causing complete obstruction and severe septal deviation toward left. CT scan of the paranasal sinuses showed a huge mass with regular expanding margins and central irregular hyperdense foci mimicking bony septal destruction (Figure 1). MRI showed centrally hypointense mass in T2 and peripheral hyperintensity in T1 with contrast (Figure 2). During surgery, after removing the covering mucosa we noticed a huge amount of viscous greenish-brown fungal tangle with cottage cheese consistency which was consistent with fungus ball. Fungus ball or aspergilloma is a chronic fungal colonization inside sinuses usually within its normal boundaries. High density opacities in affected sinuses is possibly because of hemosiderin, iron or manganese concentration by fungi.

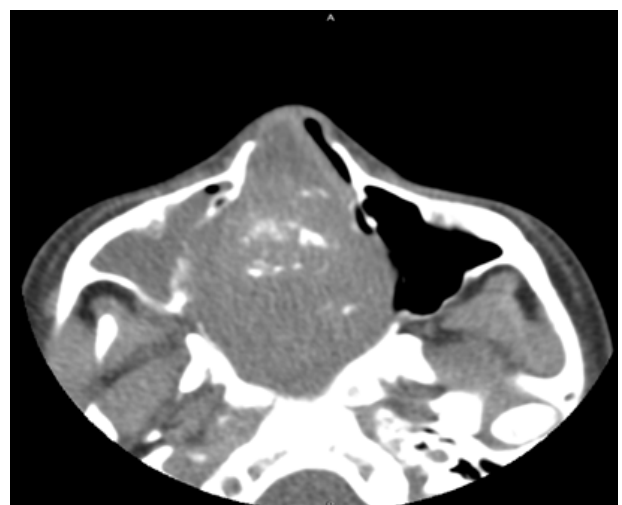


Figure 1:



Figure 2: