KREP

2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

MENTOR : Dr. Rahul S, Assistant professor, Dept. of radiodiagnosis

JJM MEDICAL COLLEGE, DAVANAGERE

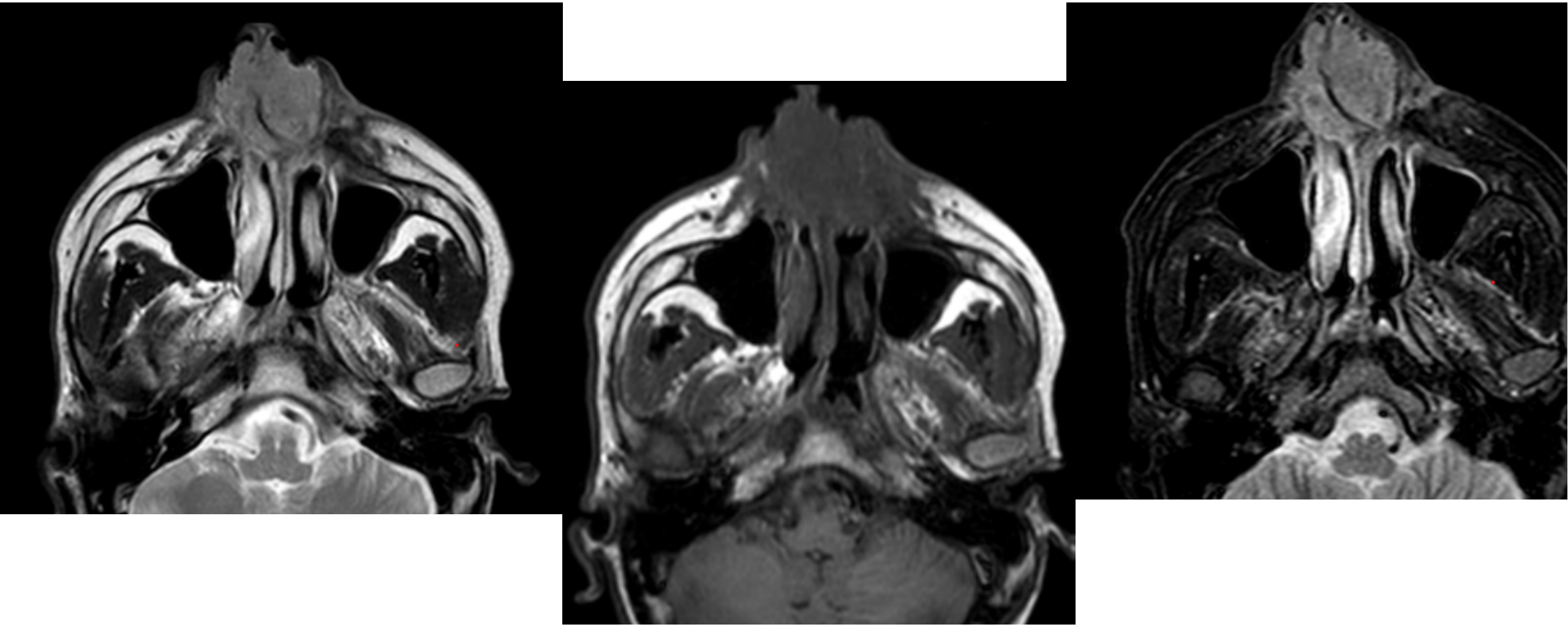
PRESENTER : Dr Akarsh, PG Resident

HISTORY

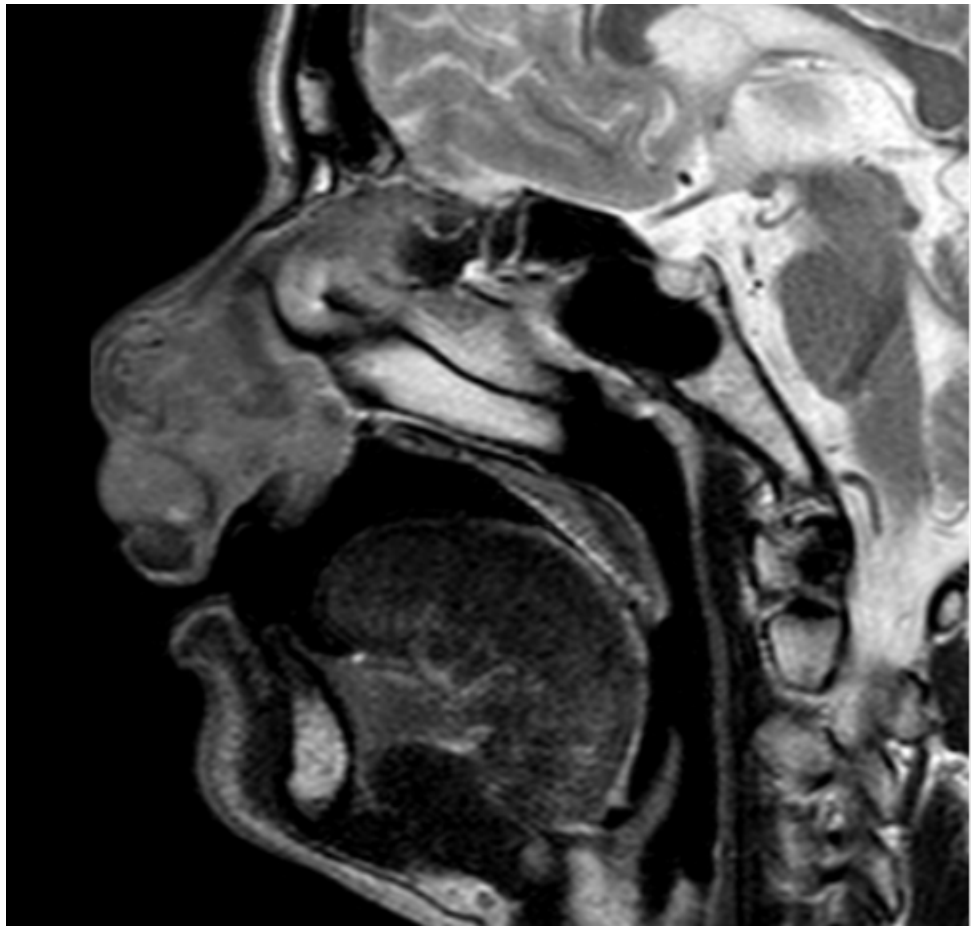
- 35 years old male patient complains of bilateral nasal obstruction, bleeding and growth in the bilateral nasal cavity since 6 months.
- No h/o fever, headache, recurrent sinusitis.
- He is tobacco chewer and smoker since 15 years
- Not an alcoholic and no other comorbidities.

O/E:

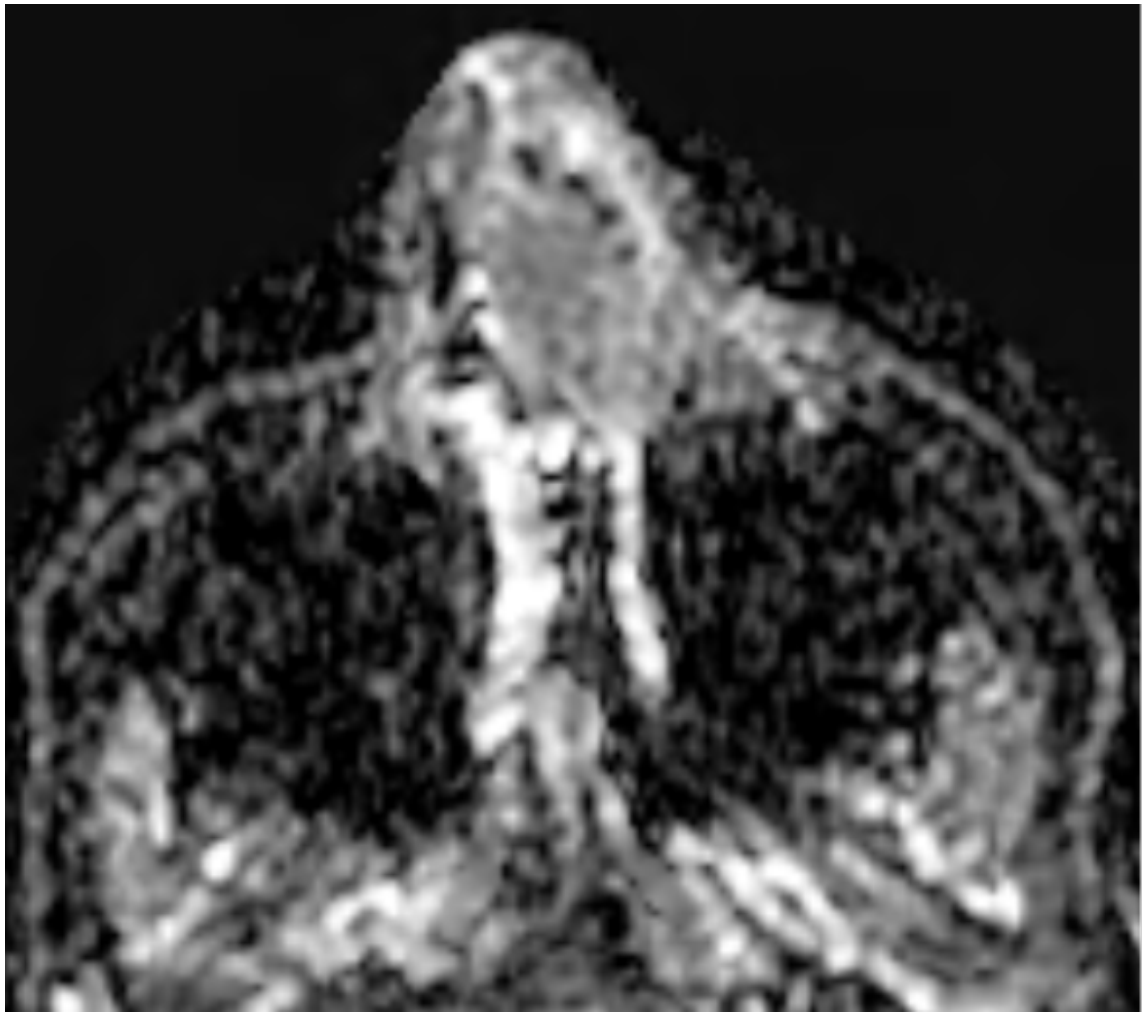
- Focal growth noted in bilateral nasal vestibule and philtrum.
- It appears lobulated and pinkish red in appearance

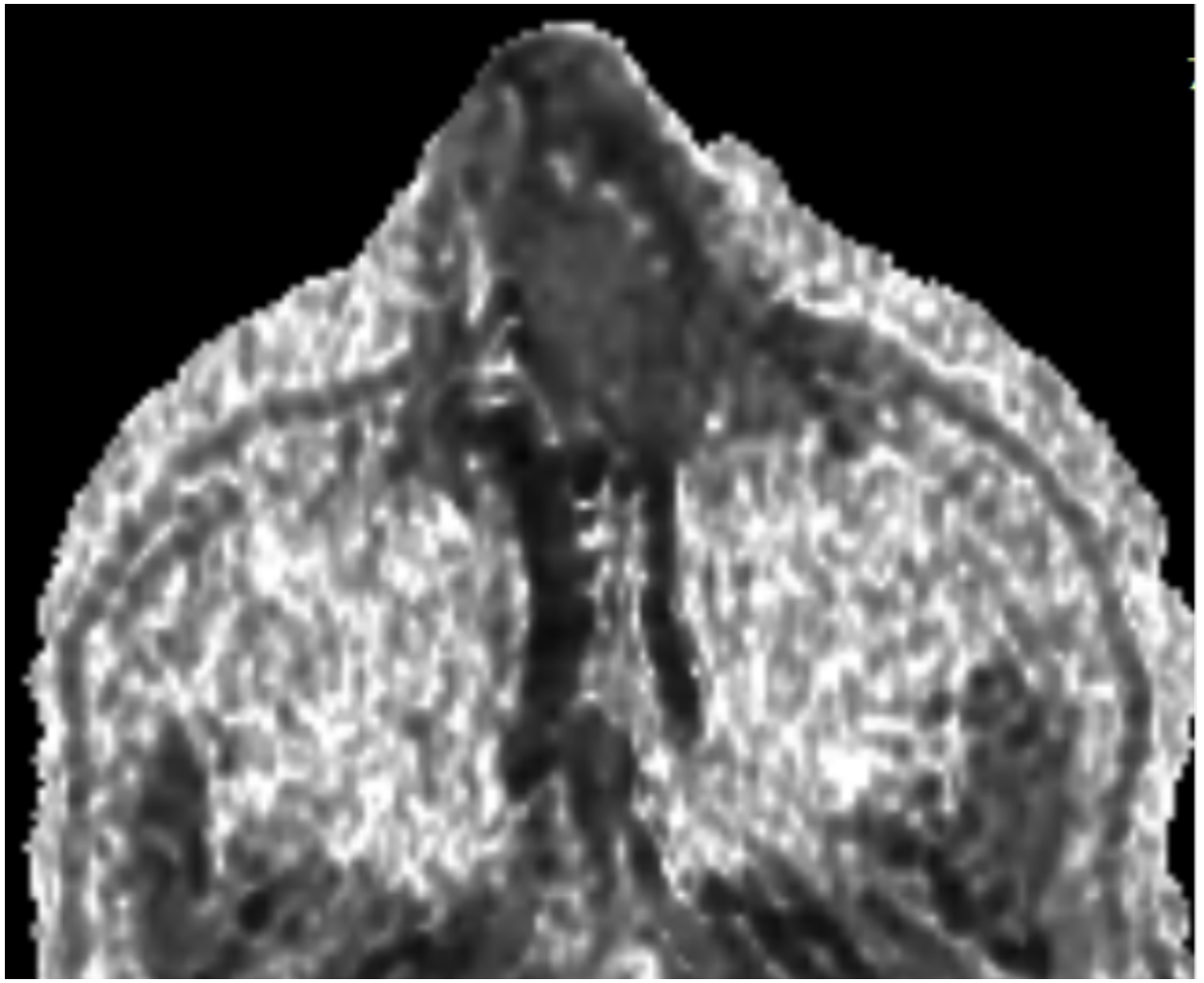


An ill-defined lesion which is T2/ STIR heterogeneously hyperintense (relative to adjacent muscles), T1 hypointense noted epicentered in anterior nasal cavity extending to bilateral nasal vestibule majorly on the left side and involving the nasal septum

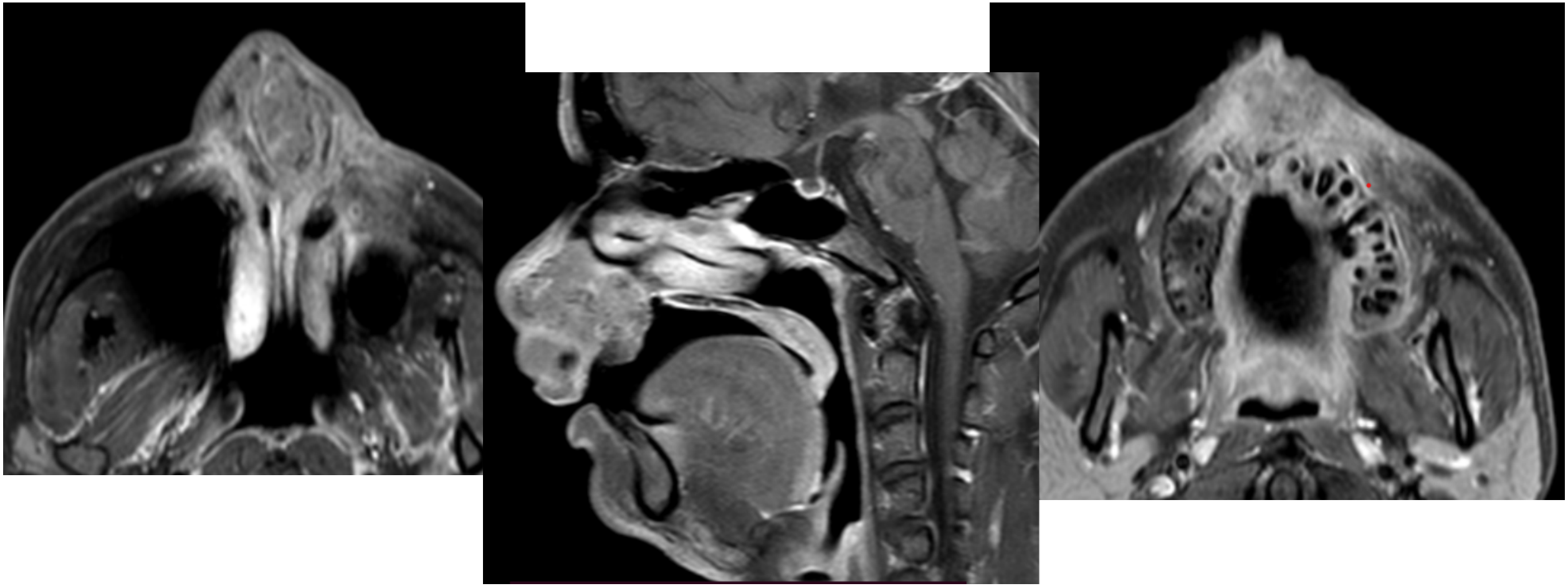


The lesion is mainly epicentered in the left nasal vestibule and involving the maxillary alveolar arch, hard palate and the upper lip. The lesion measures 3.8x4.1x3.5cm (APxTRxCC) in maximum dimension.





On diffusion weighted imaging the lesion shows true diffusion restriction



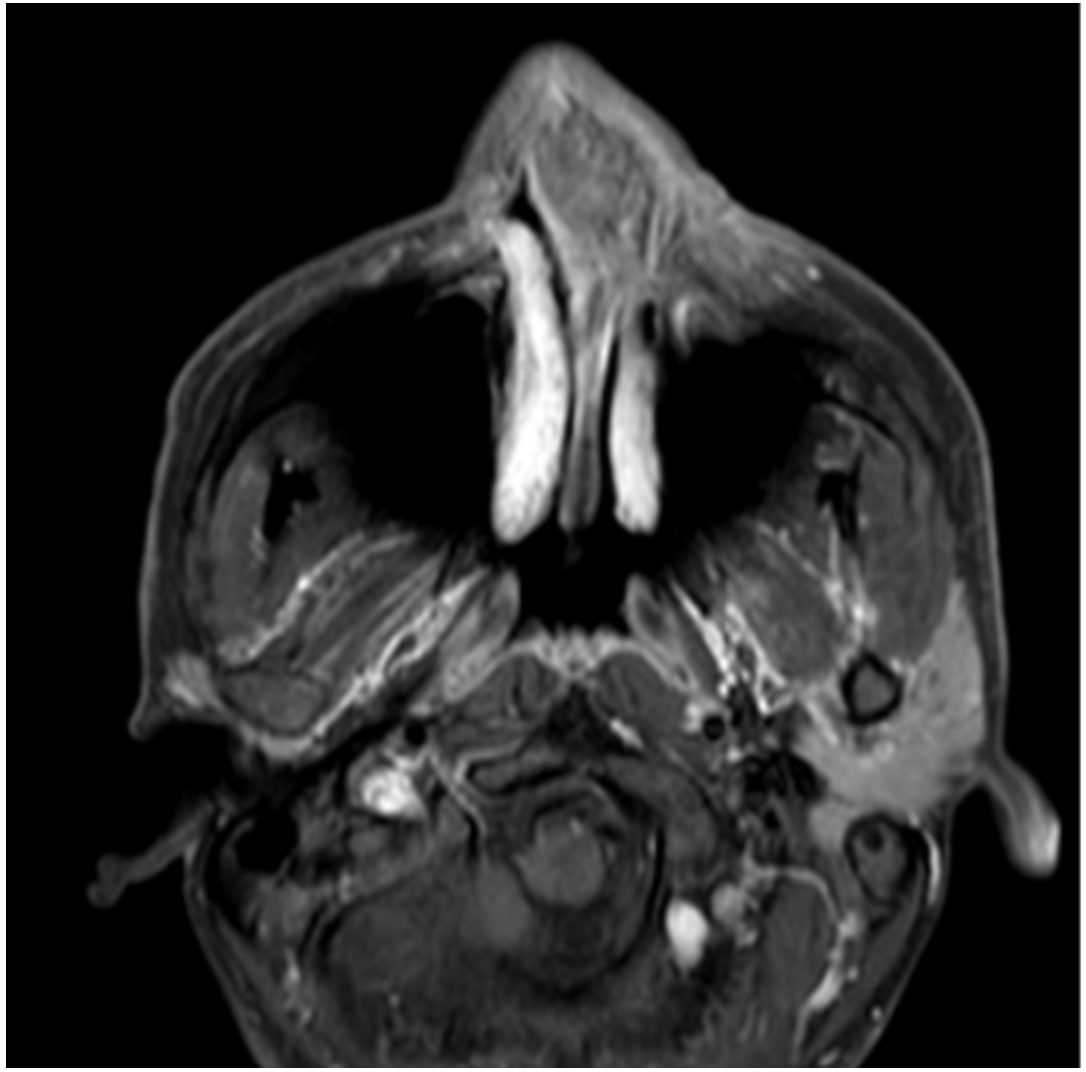
Post contrast study- heterogenous enhancement noted.

<u>Extent of the lesion</u>

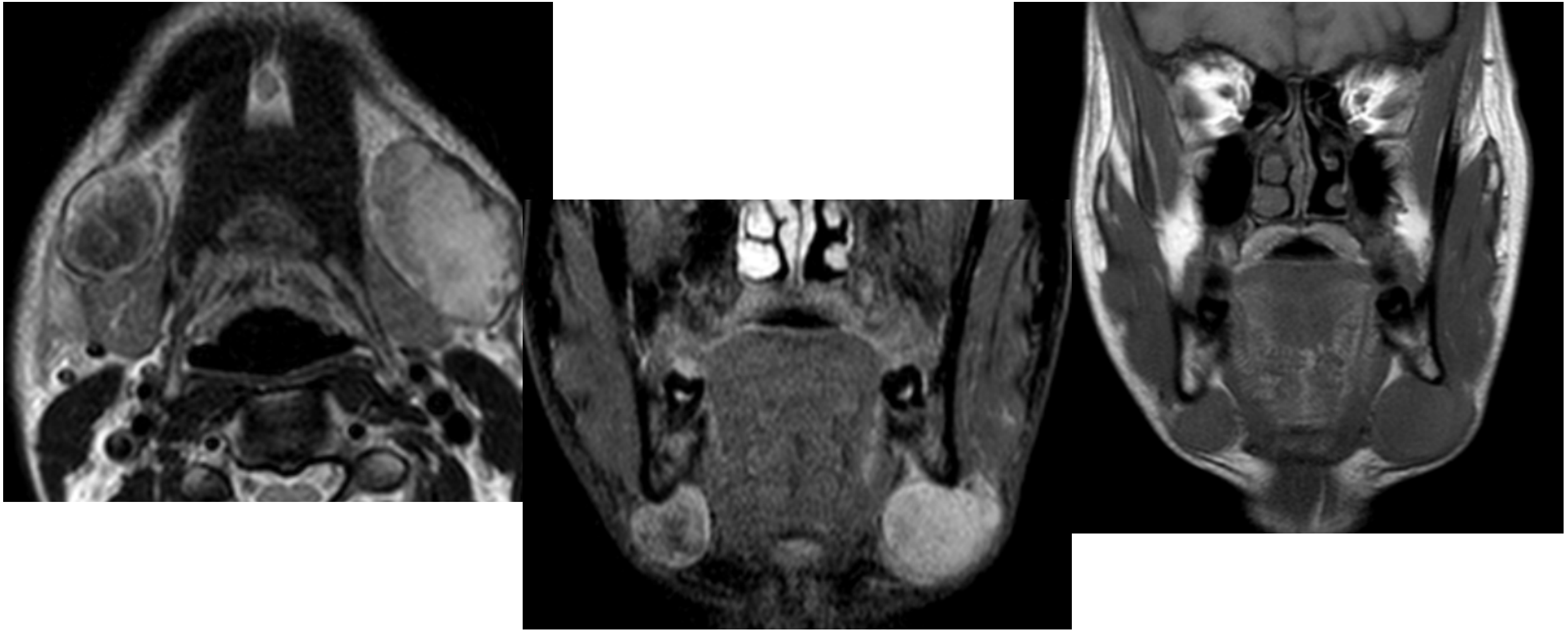
Anteriorly – The lesion is involving the nasal septum, columella and the upper lip

Posteriorly – It is limited up to the limen nasi and abutting the left inferior turbinate

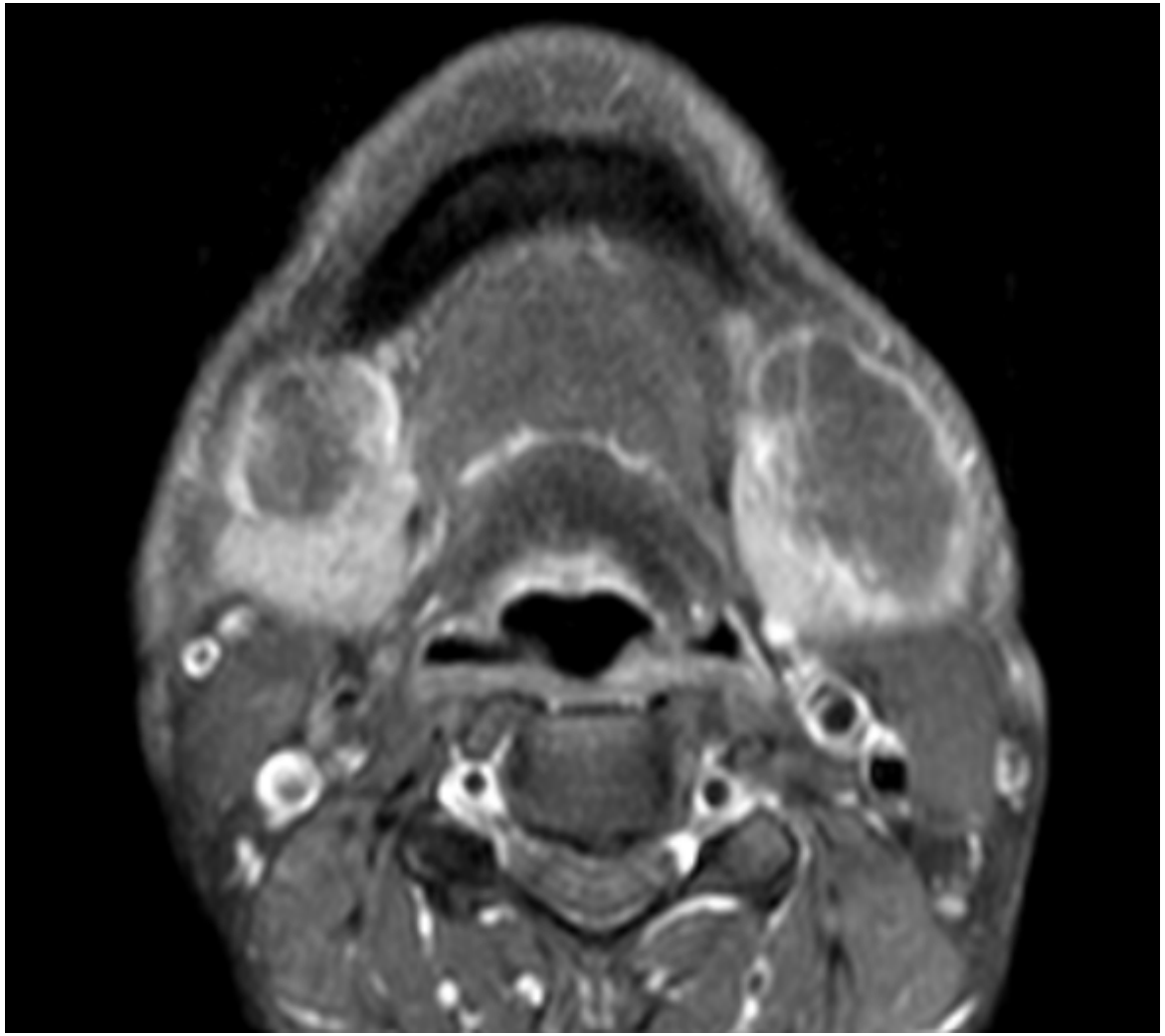
Inferiorly – it is involving the hard palate and the alveolar process upto premolar on the right side and 2nd molar on the left side.



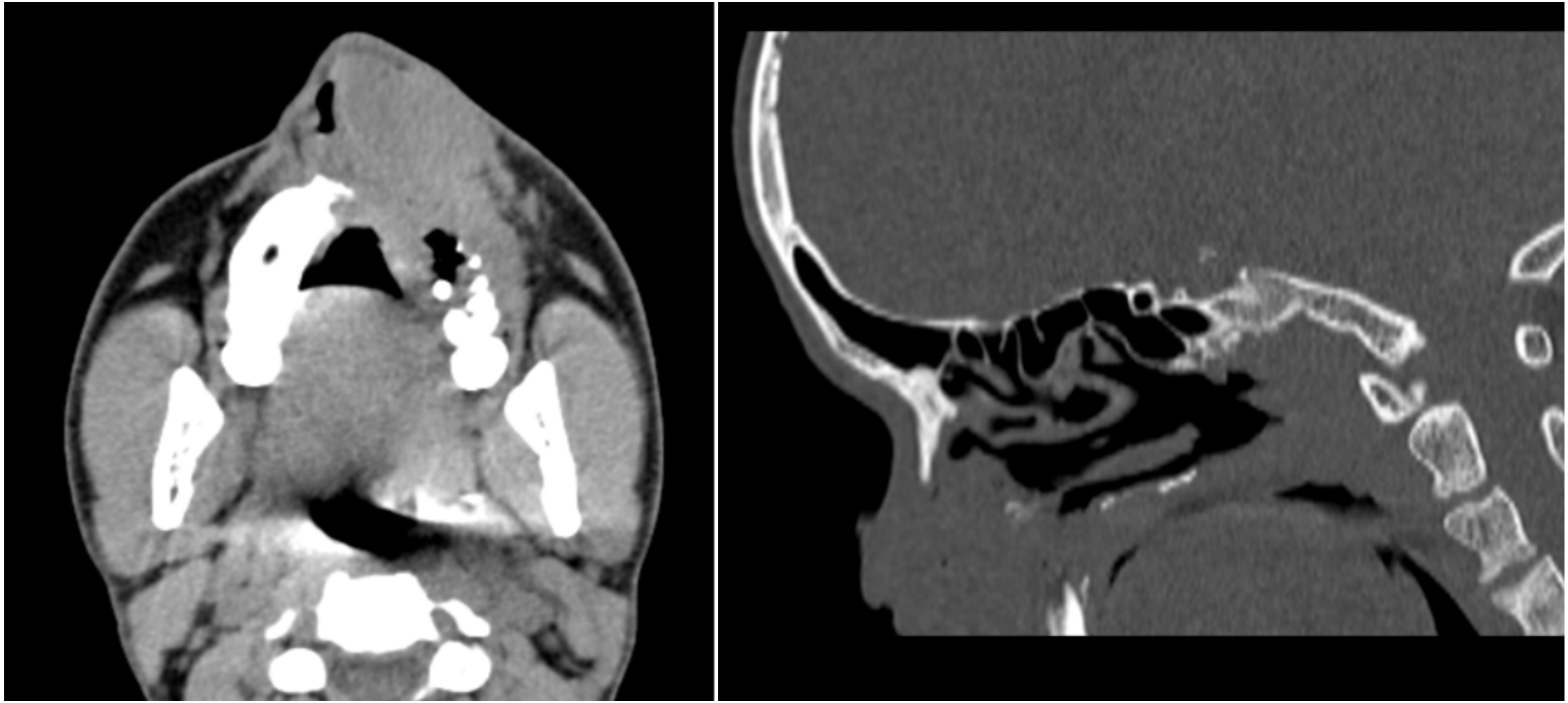
Bilateral fossa of rosenmuller appears free, no growth visualised (MC site of origin of nasopharyngeal ca)
Bilateral maxillary sinuses appears free (MC site of origin of sino nasal of carcinoma) and rest of the sinuses appears free



E/o well defined T2/ STIR heterogeneously hyperintense and T1 hypointense lesions with maintained fat planes with the submandibular glands noted in bilateral submandibular region , largest measuring 4x2.6x2.2cm (APxTRxCC) on left side – s/o lymph nodal involvement



The lesions showing post contrast peripheral enhancement – likely metastatic/necrotic lymph nodes.



<u>On complimentary CT</u>

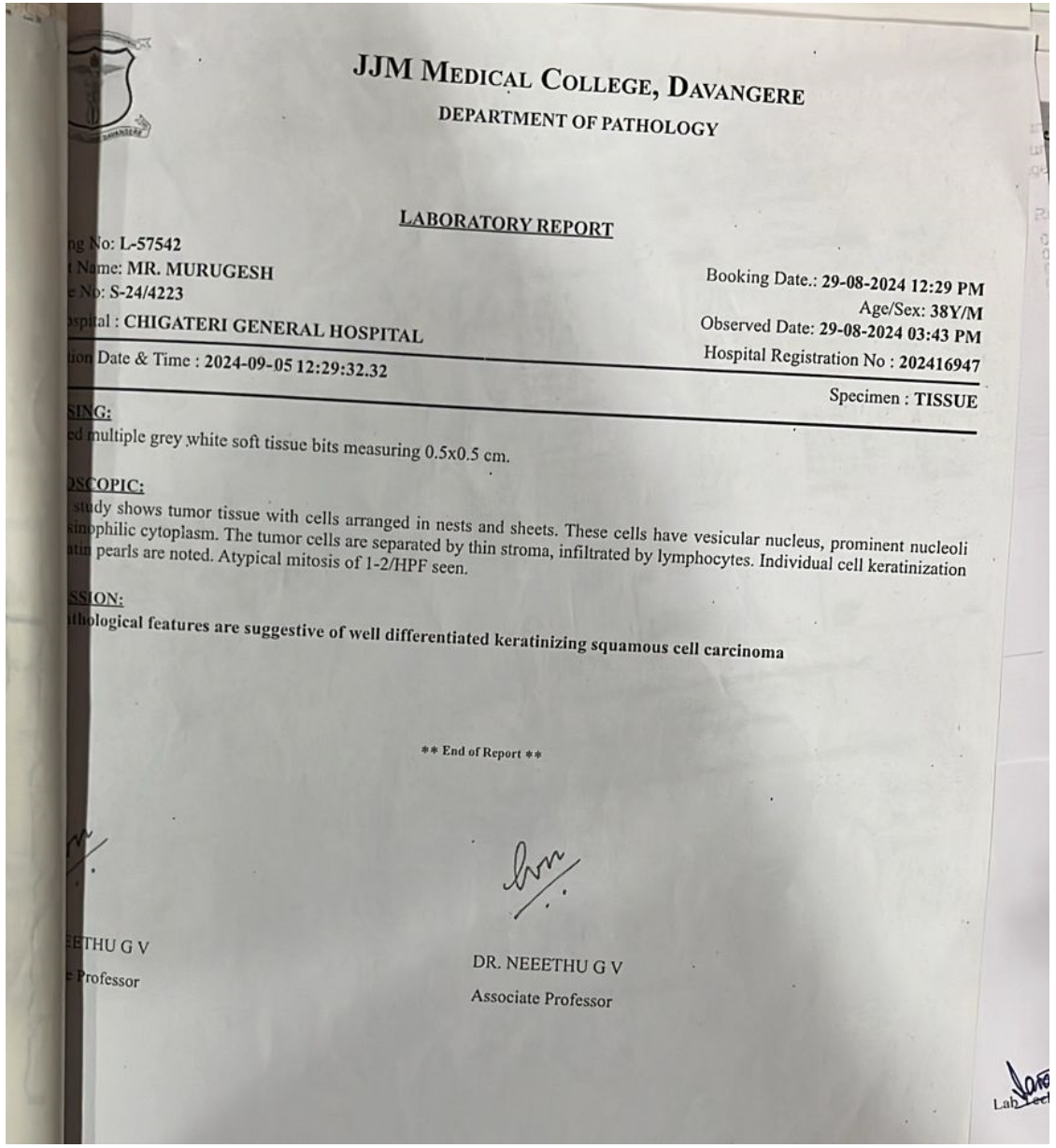
Evidence of a soft tissue attenuation lesion (HU:35) noted involving bilateral nasal vestibule mainly on left side with involvement of the alveolar process.

There is involvement and destruction of the hard palate and anterior alveolar arch predominantly on left side, inferiorly.

- **An ill-defined heterogeneously enhancing, T2/ STIR heterogeneously hyperintense and T1 hypointense lesion in the bilateral nasal vestibule with extensions as described**

→ Neoplastic etiology- *Nasal vestibular carcinoma with lymph nodal metastasis (TNM staging T3 N2c Mx)*

Follow up



JJM MEDICAL COLLEGE, DAVANGERE

DEPARTMENT OF PATHOLOGY

LABORATORY REPORT

ng No: L-57542
Name: MR. MURUGESH
e No: S-24/4223
spital : CHIGATERI GENERAL HOSPITAL
tion Date & Time : 2024-09-05 12:29:32.32

Booking Date.: 29-08-2024 12:29 PM
Age/Sex: 38Y/M
Observed Date: 29-08-2024 03:43 PM
Hospital Registration No : 202416947
Specimen : TISSUE

SING:
ed multiple grey white soft tissue bits measuring 0.5x0.5 cm.

OSCOPIC:
study shows tumor tissue with cells arranged in nests and sheets. These cells have vesicular nucleus, prominent nucleoli sinophilic cytoplasm. The tumor cells are separated by thin stroma, infiltrated by lymphocytes. Individual cell keratinization atin pearls are noted. Atypical mitosis of 1-2/HPF seen.

SSION:
thological features are suggestive of well differentiated keratinizing squamous cell carcinoma

** End of Report **

EETHU G V
e Professor

DR. NEEETHU G V
Associate Professor

Lab

THANK YOU