Sinonasal Seromucinous Hamartoma: A Case Report and Review

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Objectives:

Among the many benign nasal masses, seromucinous hamartoma (SH) is one of the rarest neoplasms, with only around 30 cases described in the literature to date. This mass is characterized by several unique histologic features and a typical radiographic and clinical appearance. Here we describe a case of seromucinous hamartoma and review diagnostic and management considerations.

Materials and Methods:

A 60 year old male presented to the clinic for dysphonia. Workup included flexible nasopharyngoscopy, which incidentally revealed a polypoid mass originating from the left posterior nasal septum. The patient was otherwise asymptomatic. CT imaging was obtained that revealed a soft tissue mass on the posterior left septum.

Results:

He was taken to the operating room for resection of the posterior nasal mass. Final pathology revealed a polypoid proliferation of compact seromucinous glands lined by ciliated respiratory epithelium, consistent with a SH. Six months postoperatively there was no evidence of recurrence on exam.

Conclusions:

Seromucinous hamartoma is one of a number of rare, benign epithelial proliferations of the sinonasal tract. Clinically, they appear as fleshy, polypoid masses that most often arise from the posterior septum. The clinical, radiographic and histologic appearance is very similar to a number of other sinonasal epithelial neoplasms, particularly respiratory epithelial adenomatoid hamartoma (REAH) and low-grade non-intestinal type adenocarcinoma. The primary treatment for seromucinous hamartoma involves complete surgical excision. Though they are rare, it is important for the practicing otolaryngologist to be aware of the range of sinonasal epithelial neoplasms to include the seromucinous hamartoma.