



**A Case Report of a Rare Nasal Mass, Respiratory Epithelial Adenomatoid Hamartoma and
Review of Imaging and Pathology**

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Objectives:

Respiratory epithelial adenomatoid hamartoma (REAH) is an uncommon, benign tumor of the sinonasal tract. REAH is often misdiagnosed as nasal polyps or a malignancy. There is no consensus regarding pathogenesis or evidence based treatment recommendations. We will review a case of REAH, including the radiographic and endoscopic findings, and biopsy pathology.

Materials and Methods:

A 68 year old presented to the ENT clinic after an incidental finding of bilateral olfactory recess masses on computed tomography (CT) neck with contrast. The patient had a history of seasonal allergies and had recent intermittent epistaxis from his caudal septum bilaterally. On endoscopic exam, a polypoid mass was seen anterior and medial to the middle turbinate on the right side. Complete visualization of the left side was difficult due to a septal deviation. Differential diagnosis included bilobed middle turbinate, nasal polyps, inverted papilloma, olfactory cleft tumor, low grade carcinoma and encephalocele.

Results:

A CT maxillofacial with contrast was obtained showing bilateral olfactory recess masses without bony remodeling or evidence of intracranial extension, suggesting REAH. Biopsy of the nasal mass showed focal glandular hyperplasia confirming the diagnosis of REAH.

Conclusion:

REAH is an uncommon nasal mass, often mimicking other nasal pathology, making the diagnosis difficult. The etiology of REAH is most likely multifactorial, therefore it is important to recognize patients who may be at increased risk in hopes that we can develop more understanding of the pathophysiology of this benign neoplasm. Correctly identifying this benign pathology can avoid unnecessary and morbid treatment options.