Inverted papilloma is a benign epithelial neoplasm that arises within the nasal vault and less commonly, in the paranasal sinuses. It is relatively uncommon, accounting for less than 4% of mucosal tumors in this region. The tumor is characterized by a high recurrence rate (emphasizing the importance of accurate tumor mapping and total tumor resection), associated epithelial malignant transformation (5-8%) and bony destruction.

CASE PRESENTATION
An 18 years old Indian man presented to our Hospital Tuanku Jaafar Seremban, with the chief complaint of worsening unilateral nasal obstruction associated with rhinorrhea for the past 3-4 years. The nasal obstruction was consistent and specific to the right nostril. There was no anosmia/hyposmia or bleeding from the nostril. Cranial nerves were grossly intact. There was no headache, facial pain, epiphora or impaired vision. Examination revealed a rounded pink fleshy mass in the right nasal cavity, and it was in right choana on posterior rhinoscopy. CT scan of the paranasal sinus showed soft tissue density occupying the right maxillary sinus extending posteriorly into the right posterior nasopharynx. He underwent endoscopic sinus surgery and polypectomy, uncinectomy and medial meatus antrostomy were done. Postoperative course was uneventful. Histopathology showed inverted papilloma of sinonasal origin. He is symptom free for the past 18months after surgery with no evidence of disease recurrence.
Inverted papilloma presenting as antrochoanal polyp in a young adult

comparable to the open method. Endoscopic surgery also leads to fewer complication (such as epistaxis, dacyrocystitis, facial pain), maintains nasal physiology and does not require external incision. It is recommended that endoscopic approach should be used for T1-2Krouse staging. Several studies proposed that better visualization can be obtained when combining endoscopic approach with limited external procedures, like involvement of the floor, superior, posterior, anterior an lateral recess of the antrum required additional procedures, such as Caldwell-Luc approach and canine fossa puncture. The site of attachment of the tumor can be predicted accurately, using radiological signs of hyperostosis/osteitis, as predicted site found preoperatively was confirmed to be accurate intraoperatively to about 95% when radiological sign of hyperostosis/osteitis is present. Systematic reviews have shown that these papillomas characteristically arise from the lateral nasal wall of middle turbinate or ethmoid recesses (93%) and only often extends secondarily into the sinuses, especially the maxillary (48%) and ethmoid (46%) and to a lesser extent, the sphenoid (12%) and frontal (8%). It is widely accepted that a single focus and site of attachment is typical in inverted papilloma and that multicentricity is, fortunately, rare.

As for our patient, due to unusual age presentation, the diagnosis was missed. An endoscopic biopsy of the lesion should be done to confirm the histopathological diagnosis in a lesion which has tell tale sign of inverted papilloma so that a concise treatment plan can be drawn down before embarking on surgical procedure. A tumor that recurred within 2 years of excision, usually indicates inadequate tumor removal. In conclusion, complete removal without mutilation, irrespective of the approach used should be the aim.

REFERENCES