Bleeding Polyp of the Nasal Septum

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An 18-year-old male presented with recurrent bleeding episodes from his right nostril since 2 months. He had a history of continuous nose picking since 1 year but no history of headache or nasal obstruction. On examination, a reddish mass was observed developing from the right nasal septum (Fig. 1). A provisional diagnosis of the bleeding polyp of the nasal septum was performed, and the mass was excised along with its cauterized base. Postoperative biopsy confirmed capillary hemangioma (Fig. 2). The patient was asymptomatic at 3-month follow-up with no evidence of recurrence.

Histopathologically, hemangioma can be divided into capillary, cavernous, and mixed types. Among these, capillary hemangioma is the most frequent type, is observed mostly in younger population and in the anterior septal cartilage, and can regress spontaneously. Cavernous hemangioma is rare, observed in late adulthood and in the bony nasal septum or lateral nasal wall. Bleeding polyp of the nasal septum is a type of capillary hemangioma. Its incidence is higher in females than in males, and it is common in the third decade of life (1). Gingiva is the most common site, but its occurrence in the nasal cavity is unusual. Various proposed etiologies include trauma, hormonal imbalance, and arteriovenous malformation (2). Patients usually present with symptoms such as unilateral epistaxis, nasal obstruction, nasal discharge, and headache depending on the site of lesion (1). Its diagnosis is clinical although contrast-enhanced CT may be necessary for an extensive lesion. The standard treatment is excision, which can be performed using various techniques such as cold instrumentation, electrocoagulation, cryotherapy, and LASER. Further, recurrences are rare and long-term follow-up is not required (2).

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REFERENCES