

Verrucous carcinoma of the nasal cavity

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Case report

A 45-year-old male patient, presenting a verrucous lesion in the left vestibular region with onset 6 months ago and continuous growth. Due to the lesion, the patient reports the appearance of ipsilateral nasal obstruction associated with minor epistaxis. Denies comorbidities.

The removal of the entire lesion was performed, with a 0.5-cm margin under general anesthesia without interurrences (Figure 1). The anatomopathological examination evidenced the diagnosis of Verrucous Carcinoma (free margins). The patient is in follow-up after one year of the procedure, without signs of local recurrence.

Discussion

Malignant lesions of the nasal cavity and paranasal sinuses are rare, accounting for 3% of the neoplasms of the head and neck, and 0.2% to 0.8% of neoplastic diseases in general [1-7]. The risk factors are poorly known, however there is an association with exposure to wood powder, nickel and chemical solvents [2,4,8]. Furthermore, the coexistence of inverted papilloma, previous radiotherapy and

immunosuppression increase the risk of developing squamous cell carcinoma [8].

Squamous cell carcinoma is the type of tumor that arises more frequently at head and neck level and is currently a public health problem on a global scale, with high mortality and morbidity rates and an incidence of approximately 600,000 cases per year, with a survival rate of 50% to 5 years, being classified as the sixth most common type of cancer worldwide [9].

Verrucous carcinoma, also known as Ackerman's tumor, was first described by Ackerman in 1948 as a well differentiated clinical and histological variant of squamous cell carcinoma, which is distinguished by its proliferative growth, locally invasive, nevertheless with low metastatic potential [10]. It has a good prognosis, rarely determining regional metastases, and does not cause distant metastases [11-13]. Its three most common forms are represented by: anogenital verrucous carcinoma, plantar verrucous carcinoma and verrucous carcinoma of the oral cavity [14].

The etiology of verrucous carcinoma is primarily associated with HPV (subtypes 2, 6, 11, 16, 18 and 34), and also with smoking, the latter having a greater relation with oral cavity neoplasia. It is essential to relate this type of carcinoma in the differential diagnosis of common wart that does not respond to the usual treatment [14].

According to the literature, early stage tumors cause discrete symptoms that simulate chronic rhinosinusitis [2,4,13]. With the evolution of the disease, the symptoms become related to the site of origin of the lesion and the adjacent tumor extension, since, due to indolent growth, the tumor can reach deep tissues late [14].

Conclusion

The reported case aimed to contribute to the literature on malignant tumors located in the nasal cavity, especially on verrucous carcinoma and its rare location in this anatomical site.

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Figure 1. Verrucous lesion in the left vestibular region

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