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Case Report
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Translational Cell Carcinoma of the Nose in a Developing Community

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Abstract

Transitional cell carcinoma of the nasal cavity is rare. Single case reports have appeared in the recent literature. Accordingly, we report a case from a developing community in Nigeria. It is deemed to be worthy of documentation.

Keywords: Nose; Transitional cell carcinoma; Different countries; Developing community; Nigeria

Introduction

The transitional cell carcinoma of the nose is a rarity. Single cases of it have been reported recently from India [1-3] as well as Australia [4]. Therefore, we report a case from Nigeria with special reference to the Ibo ethnic group [5]. It is deemed to be worthy of documentation, especially as it followed the recommendation of a Birmingham (UK) group concerning epidemiological analysis being the result of the establishment of a histopathology data pool [6].

Case Report

ON, a 70-year-old man of the Ibo ethnic group, attended the Balsam Clinic, Enugu, Nigeria, where Dr Basil Ezeanolue, the junior co-author, attended to him. He complained of left nasal mass associated with bleeding for 3 months. There was a fleshy mass obstructing the left nasal cavity, arising from the ethmoid air cell system. Inverted papilloma was suspected, and biopsy undertaken. Numerous, irregularly surfaced soft, pale masses measuring up to 3.5cm across were obtained. On microscopy by the corresponding author, there are benign looking papillary structures as well as mitotically active tumor cells diagnostic of transitional cell carcinoma.

Discussion

Indian associate mentioned that transitional cell carcinoma is "also known as non-keratinizing carcinoma of sinonasal tract" [2]. They went further to add that "According to the World Health Organization (WHO) classification, it has many synonyms, including, Schneiderian carcinoma, transitional cell carcinoma, cylindrical cell carcinoma, Ringertz carcinoma, and respiratory epithelial carcinoma." Another group included only three of these, namely, "Respiratory epithelial carcinoma, Ringertz carcinoma, Cylindrical carcinoma" [1].The age range is said to be "most commonly seen in 5th to 7th decade" [3]. Our 70-year-old patient is in this range.

Conclusion

Good news followed a review of the relevant literature which ended nicely thus: "A dramatic and complete tumor response to chemotherapy with cis-platinum, methotrexate, and bleomycin is described in a patient with advanced proptosis due to extensive local recurrence of transitional cell carcinoma" [7]. Of course, this is a fan cry in a developing community such as ours. Indeed, as regards treatment, our patient was lost to follow up.

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