

EXTRANASAL RHINOSPORIDIOSIS : A CASE REPORT

D. R. PATIL, M. R. THATTE AND R. L. THATTE

SUMMARY

Clinical findings, pharmacological control and the surgical treatment adopted in an unusual case of extranasal rhinosporidiosis without a nasal lesion is being presented.

Case Report

A 65 year old male patient, from Kerala was seen with a nodular, ulcerated lesion over medial half of right lower eyelid extending to the medial canthal and infraorbital region upto nasolabial fold. The lesion was exophytic and non-pigmented (Fig. 1).



Fig. 1. Pre-operative picture showing close-up view of nodular, ulcerated lesion over medial half of right lower eyelid and infraorbital region.

The nodule had appeared in the medial canthal region and had increased slowly over a period of 4 years and later ulcerated in the centre. There was no history of discharge from the ulcer. Neither was there history of epiphora or nasal airway obstruction. Vision in the right eye was normal. Preauricular and sub-mandibular lymph nodes were not palpable. The clinical picture was suggestive of a basal cell carcinoma.

However, a biopsy revealed the lesion to be a Rhinosporidiosis (Fig. 2). Re-examination of the nasal cavity and nasopharynx showed no evidence of rhinosporidiosis. In view of the

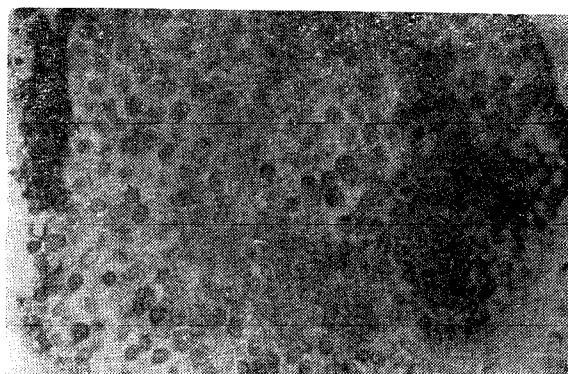


Fig. 2. High power view of a sporangium showing multiple spores in it.

extreme rarity of the extranasal rhinosporidiosis, particularly, without a nasal lesion biopsy was repeated from two other sites. This re-confirmed the earlier diagnosis.

Prior to surgical treatment diaminodiphenyl sulfone 300 mg. orally daily in three

divided doses was given for two weeks.

To avoid spread during excision of the lesion self sticking plastic adhesive drapes were used. The surface of the lesion was cauterized with coagulating cautery to avoid spillage of spores of *Rhinosporidium seberi*. The lesion was excised with a margin of normal tissue to ensure complete excision. The resultant defect was covered with a preauricular transposition flap. Flap donor defect was closed primarily by undermining and advancement

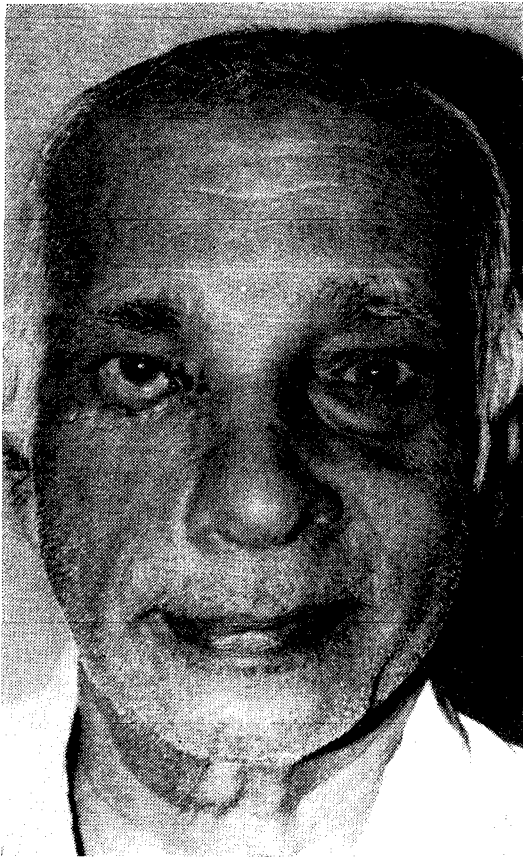


Fig. 3. Ten months post excision picture showing well settled flap. There is no evidence of recurrence.

quite comfortably as tissues were lax. Post-operative faradic stimulation and physiotherapy helped to improve the function of the orbicularis oculi. 10 months post excision there was no evidence of recurrence (Fig. 3).

Discussion

Rhinosporidiosis is caused by *Rhinosporidium seberi* or *Rhinosporidium kinealy*. It has been reported from certain parts of India, Ceylon, Africa, Italy, Brazil, Malaya and Pakistan (Khan, A. A. et al., 1969). Rhinosporidiosis predominantly affects the mucous membrane of the nose and the nasopharynx. Occasionally it affects lips, palate, uvula, maxillary antrum, conjunctiva, lacrimal sac, epiglottis, larynx, trachea, bronchus, ear, scalp, skin, penis, vulva and vagina (Chatterjee, P. K., 1977). Although infection is limited to surface epithelium wide dissemination with visceral involvement is known. This is a chronic infection and leads to papillomatous and polypoidal lesions. Essentially it spreads locally. However, its spread to bone without involvement of overlying skin suggests a possible haematogenous spread (Chatterjee, P. K., 1977).

Trial of pharmacological control with Diaminodiphenyl sulfone is reported by Nair, K. K. (1975). In his study recurrence rate was no better than surgery and was noted to be 28.6%. However, he has reported that recurrent lesions were small and bleed less and show more fibrosis histologically. Based on this we decided to give a course of Diaminodiphenyl sulfone to shrink the lesion and to reduce its vascularity. We also noticed a marked reduction in vascularity of the lesion following use of Diaminodiphenyl sulfone.

REFERENCES

1. CHATTARJEE, P. K., KHATAU, C. R., CHATTARJEE, S. N. AND DASTIDAR, N. : Recurrent multiple Rhinosporidiosis with osteolytic lesions in hand and foot—A case report. *The Journal of Laryngology & Otology*, 1977; 91 : 729.
2. KHAN, A. A., KHALEQUE, K. A., HUDA, M. N. : Rhinosporidiosis of the nose. *The Journal of Laryngology & Otology* 1969; 83 : 461.

3. NAIR, K. K. : Clinical trial of Diaminodiphenyl Sulfone (D.D.S.) in nasal and nasopharyngeal Rhinosporidiosis. *Laryngoscope*, 1975; 89 : 291.

The Authors

DR. DHIRENDRAKUMAR L. PATIL, M.S., F.C.P.S., M.Ch., *Reader*, Deptt. of Plastic Surgery, L. T. M. G. Hospital and L. T. M. M. College, Sion, Bombay-400 022.

DR. MUKUND R. THATTE, M.S., M.Ch., *Registrar*, Deptt. of Plastic Surgery, L. T. M. G. Hospital and L. T. M. M. College, Sion, Bombay-400 022.

DR. RAVIN L. THATTE, M.S., *Hon. Prof. & Head*, Deptt. of Plastic Surgery, L. T. M. G. Hospital and L. T. M. M. College, Sion, Bombay-400 022.

Request for Reprints

DR. DHIRENDRAKUMAR L. PATIL, *Reader*, Department of Plastic Surgery, L. T. M. G. Hospital and L. T. M. M. College, Sion, Bombay-400 022.