Pharyngeal rhinosporidiosis

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DESCRIPTION

A 38-year-old man presented to our hospital with complaints of a foreign body sensation in throat and frequent spitting of blood-tinged saliva for 6 months duration. On examination, a reddish pedunculated mass studded with whitish spots was seen hanging in oropharynx just behind uvula (**figure 1A**). On nasal endoscopy, mass was seen attached along the under surface of left inferior turbinate, which bled on contact. The patient also gave history of taking frequent baths in local ponds. After a clinical diagnosis of rhinosporidiosis, he underwent complete excision of the mass after bipolar cauterisation of the base under local anaesthesia (**figure 1B**). Postoperative histopathology revealed multiple sporangia in various stages of maturation with dense inflammation suggestive of rhinosporidiosis (**figure 1C**). At 1-year follow-up, the patient had no recurrences.

Rhinosporidiosis is a chronic granulomatous disease caused by *Rhinosporidium seeberi*, which are mostly parasites of fish, in the class Mesomycetozoa.¹ Disease is endemic to India and other Southeast Asian countries and is transmitted to people taking bath in contaminated water bodies like stagnant ponds.¹ Primarily a disease of nose which usually presents as a reddish nasal mass that bleeds on touch, it can also affect the mucous membrane of nasopharynx, oropharynx, conjunctiva, rectum and external genitalia. Pharyngeal rhinosporidiosis is a rare disease, which can be an extension of nasal or nasopharyngeal lesion or an isolated lesion with very few reported cases in literature.² It can present as dysphagia, nasal or oral bleeding and even respiratory distress in case of complete oropharyngeal involvement. Pharyngeal rhinosporidiosis must be differentiated from any bleeding nasal mass with oropharyngeal extension like angiomatous polyp, rhinoscleroma, angiofibroma, inverted papilloma and even malignancy. The diagnosis is clinical by its usual classical 'strawberry appearance' (reddish mass studded with white spots of sporangiospores) and can be confirmed by

Patient's perspective

I was having foreign body sensation in the throat which was associated with it occasional spitting of blood stained sputum for 6 months. I consulted hospital for this complaints and doctor told me that I am having a mass in the throat probably coming from nose and which require surgical removal. They also told me that the mass is because of some parasitic infection, which I would have acquired through bathing in a contaminated pool that I used to do in the past. My surgery was uneventful and I am symptom free since last 1 year although doctors suggested that the infection may recur in the future and also warned me regarding taking bath in contaminated ponds.

Learning points

- ▶ Rhinosporidiosis is a chronic granulomatous disease of the nose, which usually presents as a fleshy bleeding nasal mass but can also involve nasopharynx, oropharynx, conjunctiva and facial skin.
- ▶ Surgical excision is the treatment of choice, and diagnosis is confirmed by histopathology of excised tissue.
- ▶ Rhinosporidiosis has a high recurrence rate requiring multiple surgeries, so long-term follow-up is mandatory.

histopathology of excised specimen, which reveals typical sporangia and spores in the affected tissue. The treatment of choice is complete surgical excision along with cauterisation of base to prevent the recurrence as diathermy abate the endospore spilled in the adjacent mucosa. Although no adequate medical therapy exists, dapsone that interferes with maturation of spores has been used in preventing the recurrence.³ Rhinosporidiosis has a high recurrence rate requiring multiple surgeries resulting in increased morbidity.⁴

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Figure 1 Rhinosporidiosis. Clinical image showing a 'strawberry mass' just behind the uvula (A). Excised specimen (B). Histopathology showing multiple spores in different stages of maturation (black arrows) along with sporangiospores (white arrows) suggestive of rhinosporidiosis (H&E x40) (C).

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