



: (angiomatous polyp)

:
5
:
가 3 가 4
, 2
:
가 4
가 1
, 4
4

(choanal polyp)

가

(1-3). (angiomatous polyp)

가 5
(4). 70 37 14
가 4 (Table 1). 5 1
(5).
가 1 4
(6). Tomoscan SR 7000(Philips, Netherland)

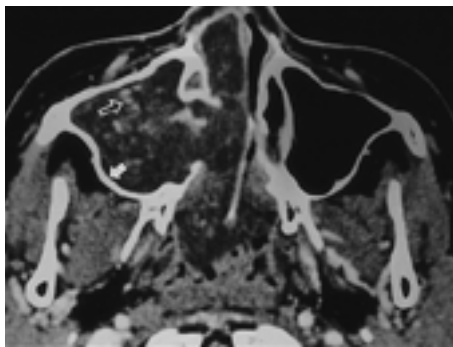
5mm
2cc kg 2ml
25
15-30cc 가

¹

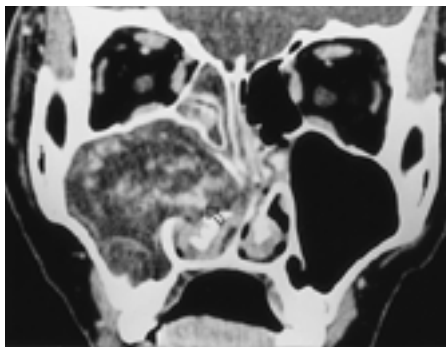
²

Table 1 Summary of Angiomatous Polyps in Five Patients

Case No.	Age/Sex	Clinical diagnosis	Bony change of walls of the maxillary sinus			Extent of the primary lesion			
			anterior	medial	posterolateral	maxillary sinus	nasal cavity	nasopharynx	pterygopalatine fossa
1	14/F	Angiomatous polyp	thickening	destruction, erosion	thickening	+	+	+	-
2	48/F	Nasal polyp	no change	no change	no change	-	+	-	-
3	32/M	Maxillary cancer	thickening	destruction	thickening	+	+	+	-
4	21/F	Nasal polyp	thickening	destruction	thickening	+	+	-	-
5	70/F	Maxillary cancer	destruction	destruction	thickening	+	+	-	-



A

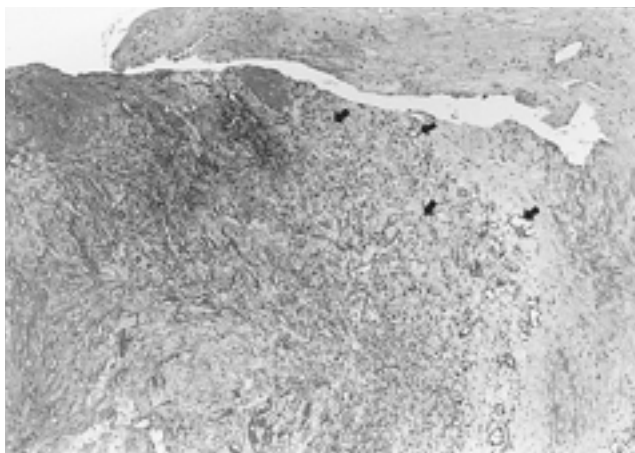


B

Fig. 1. Case 1.

Postcontrast axial (A) and coronal (B) CT scans show a soft tissue mass in the right maxillary sinus extending into the right nasal cavity and the nasopharynx. There are multiple irregular, punctate and tubular enhancement within the mass (open arrow). Thickening of posterolateral wall of maxillary sinus is associated (closed arrow).

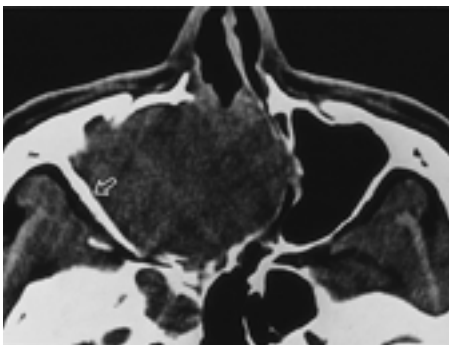
Histologic examination (C) reveals multifocal interstitial hemorrhage and fibrin deposition in and around the blood vessels. Lymphocytic infiltration in perivascular interstitium and proliferative small blood vessels (arrows) similar to those of granulation tissue are noted. (H & E 20)



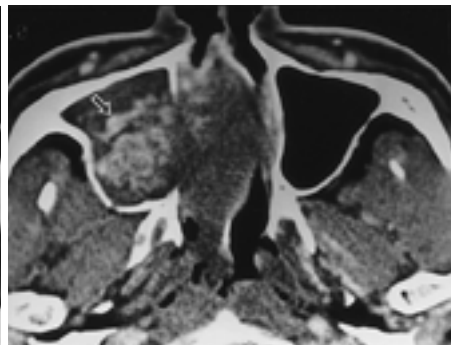
C

1 가 3 4
가 .
(Fig.1-3).
5 CT Table 1
(1).
(7).
(2).
(pterygopalatine fossa)
2 가
(bowing)

가 (8). Batsakis (4) . Parsons (6)
가 (pseudosarcomatous stromal cell change) . Dubois
(9)
5
(cavernous)
(graunlation tissue)
(angiofibroma)
5
가 (7)
4
가
placement), (remodelling), (expansion) (dis-
(sclerosis) 가 (9-11). (9)
가 가 0.5% 가 (14-18)
(juvenile angiofibroma)



A

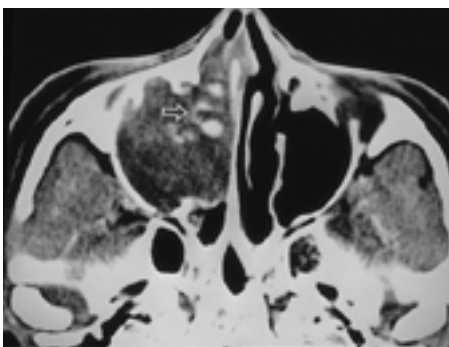


B

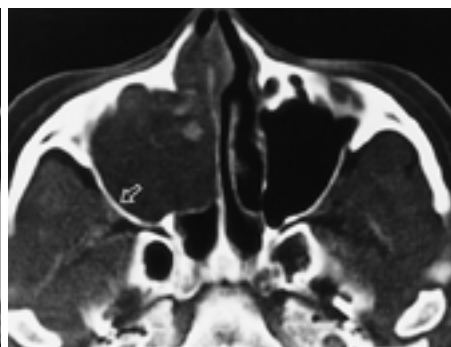
Fig. 2. Case 3.

A. Precontrast CT scan shows a soft tissue mass occupying right maxillary sinus and nasal cavity displacing the nasal septum. Bony thickening of posterolateral wall of maxillary sinus is associated (arrow).

B. Postcontrast CT scan shows multifocal, irregular enhancement in a part of the mass (arrow). The tumor extends into the nasopharynx.



A



B

Fig. 3. Case 4.

Postcontrast axial (A) CT scan and bone window setting image (B) shows tubular enhancement (arrow) and thickening and bowing of posterolateral wall of maxillary sinus (arrow)

(89%), (61%), (43%) (5,8).
(35%)
(5,14).

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CT Findings of the Angiomatous Polyp in the Nasal Cavity and Paranasal Sinus¹

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Purpose : To assess the characteristic CT findings of the angiomatous polyp.

Materials and Methods : Five cases of pathologically-proven angiomatous polyp were retrospectively evaluated. All underwent CT scanning, but in only four cases were postcontrast CT scans obtained. In analysing CT findings we focused on adjacent bony change, and the extent and enhancement pattern of the mass.

Results : All but one case involved the maxillary sinus, showing thickening of the posterolateral wall and erosion or destruction of the medial wall. As for involvement of the anterior wall of this sinus, bony destruction was seen in one case, and thickening in three.

In four cases the tumor involved the maxillary sinus and nasal cavity, and two cases showed nasopharyngeal extension. No case involved the pterygopalatine fossa, however. On contrast enhanced CT scans(n= 4), all cases showed enhancement as strong as blood vessels, and a multiple focal punctate or tubular pattern.

Conclusion : Angiomatous polyp tends to show bone thickening rather than bone destruction, not to involve the pterygopalatine fossa, and to reveal a strong punctate or tubular enhancement pattern. These findings may be helpful in the differential diagnosis of angiomatous polyp from other tumors such as maxillary cancer, angiofibroma and nasal polyp

Index words : Nose, CT
Nose, neoplasms
Paranasal sinuses, CT
Paranasal sinuses, neoplasms

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