Case Study of Clinicopathological Correlation of Benign Sinonasal Masses

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Abstract

In this retrospective prospective study, 147 various cases of benign nasal mass (BNM), both common and rare were encountered. In each case it was a challenge for us to arrive at a clinical diagnosis in the first glance, which was scrutinized with histopathological examination later on. In our case study, we have used both an endoscopic approach and an external surgical approach, for managing the cases depending upon the extent of the lesion with due respect given to its apparent gross pathology. The aim of our study is to put forward clinical diagnosis and histopathological features of various benign nasal masses in front of the clinician so as to enable them to diagnose the condition as early as possible and also to draw the attention to the fact that not all cases of rhinitis and nasal obstruction are due to infective rhinitis and allergic rhinitis and hence must be dealt with diligence.

Introduction

A mass anywhere in the body is like a riddle to both physician and surgeon alike, similarly a mass in the sinonasal area holds no exception, where an otorhinolaryngologist tries to gauge the mass using variables like history, clinical examination, radiological examination, gross appearance of mass, etc. and construes an opinion which is either confirmed or refuted on histopathological examination.

Benign nasal mass is an age old disease known to mankind since the days of ancient Egyptians, but because of the lack of existence of operating microscopes- an idea later theorized by Nylen (1921-1922) and...
popularized by Holmgren[1] and heavy reliance on traditional clinical methods of inspection and palpation, no wonder many cases might have gone undetected and were stereotypically treated by snare method as documented from the days of Hippocrates.

But in today's world with the availability of sophisticated endoscopes, high-end microscopes coupled with newer immunohistochemical techniques have opened the Pandora Box to include as many probable types of benign nasal mass (BNM) as one can think of and hereby we present only a fraction of the wide array of BNM conditions with respect to clinical features and histopathology. Our study attempts to address the issue of creating awareness and generating a high index of suspicion amongst clinicians so as to diagnose BNMs in early stages.

**Methods**

A study of prospective and retrospective nature was conducted by the ‘Department of Otorhinolaryngology’ in collaboration with the ‘Department of Pathology’ and ‘Department of Internal Medicine’, Government Medical College, Aurangabad from January 2007 to September 2011. All cases of BNM which were clinically and radiologically diagnosed and histopathology report proven are included in our study.

Amongst the study population of 147 patients, 86 were female and 70 were male. Inclusion criteria was entirely based on clinical signs and symptoms, laboratory tests, and radiological investigation with histopathology report conformation of the benign nature of the nasal mass. For our study and for the sake of simplicity, the BNM has been defined as a mass of benign origin, e.g., capillary hemangioma as well as a mass of non-neoplastic origin, e.g., antrochoanal polyp. Thus, all non-malignant masses are included in the study purview. All malignant nasal masses are excluded from the study domain.

All patients were subjected to nasal endoscopy and computed tomography of the paranasal sinuses, preoperatively. All cases required surgical intervention and the mode of approach – external or endoscopic was entirely based on the extent of the lesion documented on paranasal sinus CT Scan and also on gross pathology.

**Clinical Cases:**

- **Case 1: Capillary Hemangioma**
  

- **Case 2: Nasopharyngeal Angiofibroma**

- **Case 3: Extra-nasopharyngeal Angiofibroma**

- **Case 4: Nasal Schwannoma**

- **Case 5A: Schneiderian Papilloma - Everted Papilloma**

- **Case 5B: Schneiderian Papilloma - Inverted Papilloma**
  

- **Case 6A: Tropical Disease - Rhinosporidiosis**

- **Case 6B: Tropical Disease - Rhinoscleroma**

- **Case 7: TB of Maxillary Sinus (Nasal Tuberculosis)**

- **Case 8: Fibrous Dysplasia**

- **Case 9: Dermoid Cyst**

- **Case 10: Antrochoanal Polyp**
Results

Data, both retrospective and prospective, were compiled over the specified period. Analysis of 147 cases of benign nasal mass (BNM) revealed that 88 cases (59.9%) were females and 59 cases (40.1%) were males.

**SEXWISE DISTRIBUTION IN BNM STUDY**

Maximum numbers of 69 cases (46.93%) were seen in the 3rd decade followed by 42 cases (29%), 27 cases (18.36%), 5 cases (3.40%) in 2nd, 4th, 5th and 1 case each in (0.68%) 1st, 6th, and 8th decade.

**AGE DISTRIBUTION IN BNM STUDY**

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Mean age of presentation was 27.3 years with the youngest patient being only 7 days old and the eldest being 75 years old. In 82 cases (55.78%), the right side was involved, left side was seen to be affected in 54 cases (36.73%) whereas 11 cases were of bilateral nature (7.48%).

As shown in the Table and Figure below: Nasal polyps contributed the most to the number of cases (51.7%). They produced symptoms of nasal obstruction with or without nasal discharge. Nasal obstruction and drainage were the most common symptoms observed in this study and were found in 83 cases (56.46%), whereas the least common symptom was diplopia, observed in a sole case of maxillary tuberculosis.
<table>
<thead>
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<th>SYMPTOM</th>
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<td>DIPLOPIA</td>
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Table 1: Distribution of Cases As Per Histopathological Nature of the Lesion.
Discussion

Although not so uncommon in clinical practice, the condition of a benign mass in the sinonasal cavity is often neglected by the clinician suspecting the early symptoms of nasal obstruction and rhinorrhea to be associated with infective or allergic rhinitis. Incidence of ‘benign nasal mass ’ in the Indian subcontinent is poorly documented but western figures of overall nasal tumors including malignant tumors are estimated to be 1 in 1,00,000 people per year with males twice as much affected as females. Amongst which half are benign in nature. In our case study of 147 patients, the youngest patient was a 7-day-old newborn with a nasal dermoid cyst. Nasal dermoid is a congenital developmental anomaly with an incidence of 1:20000 to 1:40000 births. Some dermoid lesions can present as cystic lesions with or without intracranial extensions. We witnessed a single case of nasal dermoid cyst in a 7 day old neonate.

The oldest patient in the study was a 75-year-old female suffering from capillary hemangioma. Typically, such a patient presents with epistaxis and nasal obstruction as the most common symptoms. We encountered four cases of capillary hemangioma, all showing attachment to the nasal septum. All the patients were female. Hence, the role of strong hormonal influence for the pathology must be suspected and further evaluated. Surgical excision is the treatment of choice which was followed in this case.

By far the most common BNM encountered in our case study was the nasal polyp; 51.7 % of the cases revealed ethmoid polyp and 20.4% revealed an antrochoanal polyp. A study on BNM by Aminu Bakari, et. al, and Abu Humayun, et. al, reported the incidence to be 1.3% and 10%, respectively. In our study, there

<table>
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<th>NATURE OF LESION</th>
<th>NUMBER OF CASES</th>
<th>PERCENTAGE OF CASES</th>
</tr>
</thead>
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<tr>
<td>CAPILLARY HEMANGIOMA</td>
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<td>30</td>
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<td>ETHMOIDAL POLYP</td>
<td>76</td>
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<tr>
<td>TOTAL</td>
<td>147</td>
<td>100</td>
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was a statistically significant (P< 0.05) preponderance of cases of ethmoidal polyp. Also, an incidence of 28.3\% was reported for cases of antrochoanal polyp compared to an incidence of 13.2\% and 16\% reported by the aforesaid authors, respectively. 78\% of the ethmoid polyp cases showed dramatic improvement after a short course of a systemic steroid and local steroid nasal spray given preoperatively, a finding congruent with a study conducted by Rasp, G., et. al.\textsuperscript{11} It was obvious on the films of computed tomography of the paranasal sinuses done preoperatively. Three patients were not given systemic steroids due to systemic contraindication for intermediate to long-term administration of corticosteroids. Five patients with ethmoid polyp refused surgery as they were symptom free. All other patients underwent Functional Endoscopic Sinus Surgery (FESS) and were subjected to postoperative local steroids, intranasally.

The second most common BNM in our case study was nasopharyngeal angiofibroma. In all, 18 cases (12.24\% cases) were documented by the authors. K.V. Narayanswamy, et. al, studied eight cases of angiofibroma in a series of 30 cases of benign nasal masses (26.66\%).\textsuperscript{12} All the cases encountered in this study were young adolescent males having a history of profuse epistaxis. With the aid of imaging modality, 7 cases (38.88\%) were staged as grade I (tumor confined to nasopharynx), 5 cases (27.5\%) as grade II (tumor extending into nasal cavity or sphenoid sinus), and the remaining 6 cases (33.3\%) as grade III (tumor extending into pterygomaxillary, infratemporal fossa, cheek). None of the patients had extension into the ethmoid sinuses, orbit or cranium. However, a case study done exclusively on angiofibroma (18 cases), by M Jacobsson et al found only 2 cases in stage I (11.1\%), 7 cases in stage II (35.35\%), 8 cases in stage III (40.40\%), and 1 case with intracranial extension, i.e. stage IV (5.05\%).\textsuperscript{13} All patients underwent surgery, although the mode of approach [Trans-palatine, Lateral Rhinotomy and Weber-Ferguson] was chosen depending upon the extension of the lesion documented on CT scan done preoperatively. None of our patients had undergone embolization of the feeding vessel as we lacked the facility of interventional radiology in our institute.

In our case study, in the five cases of Schneiderian papilloma there were 4 cases were of inverted papilloma and one rare case that was an everted papilloma. The inverted papilloma was exclusively seen in females. All patients underwent surgery and none of them showed recurrence or malignant transformation.

In our case study, there were 7 cases of Tropical disease, 3 cases of rhinosporidiosis and 4 cases of rhinoscleroma were encountered. The 3 cases of rhinosporidiosis gave strong history of taking a bath in river/pond water and among the 3 patients one was a driver by occupation. All cases of rhinosporidiosis underwent surgical excision taking all necessary aseptic precaution in the operation theater.

Among the 4 cases of rhinoscleroma which were in the nodular stage, three patients underwent excision of the nodule and were subjected to nasal tubation for 2 months. All the cases of rhinoscleroma were kept on a long-term course of Rifampicin.

The only case in our BNM study showing orbital involvement was maxillary sinus TB. The only way to diagnose this condition was surgical debridement and HPR confirmation. The patient was kept on Anti Koch’s Treatment (AKT) for 9 months and was further continued with robust AKT therapy.

The other cases encountered in our study were nasal schwannoma, fibrous dysplasia, and extra nasopharyngeal angiofibroma. In our case study, 3 cases required immunohistochemistry examination. The purpose for the use of the special stain was to rule out other probable diagnoses of BNM and to come closer to a definitive diagnosis.
Conclusion

Our case study represents the tip of the iceberg for the enormous number of benign nasal masses cases. The purpose of our study is not only to present the various differentials of BNM and correlate them histopathologically but also to generate a high index of suspicion in the physician’s mind to enable them to catch these lesions in early stage of their natural course.

References


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Case 1: Capillary Hemangioma

A 75 year old female was seen with a history of left-sided nasal obstruction with on and off intermittent episodes of epistaxis. CT scan of the paranasal sinuses showed progressively enhancing soft-tissue density or mass occupying entire left nasal cavity causing deviated nasal septum to right side. Diagnostic nasal endoscopy showed a grayish white mass in the left nasal cavity. The external surface was covered by a hemorrhagic crust. The mass was removed by endoscopic approach and was sent for histopathology examination. Histopathology described thickened epithelial covering of squamous type with multiple irregular papillary folds lined by multilayered epithelium that was regular and with uniform nuclei with fibrovascular core infiltrating deeply into the fibro myxoid connective tissue stroma.

Figure 1: View of Capillary Hemangioma Filling the Left Nasal Cavity. The pathologist at our institute reported it as an angiofibroma.

Figure 2: CT Scan of Capillary Hemangioma

Enlarged Pictures at End of This Section

But considering the rarity of the extra nasopharyngeal angiofibroma in females, we decided to seek a second opinion and to differentiate between capillary hemangioma and nasopharyngeal angiofibroma. A special stain with CD 31 and CD 34 was set up that revealed its true nature as a capillary hemangioma.

Enlarged Pictures at End of This Section
Case 2: Nasopharyngeal Angiofibroma

A 24 year old male presented with complaint of left nasal obstruction with history of profuse epistaxis for 2 years. CT scan showed classical ‘Holman Miller’ sign of forward bowing of the posterior maxillary wall and was reported as an angiofibroma with extension towards the pterygopalatine fossa.

The mass was removed by Weber-Ferguson approach.

The histopathological report showed vascular spaces of varying caliber lined by endothelial cells, devoid of muscle layer separated by loose fibrous tissue and proved the mass to be angiofibroma (see Figure 4). This case was especially challenging in view of the need for complete removal despite its extension to the sphenoid sinus and poor direct access.
Figure 3: Surgical Specimen

Figure 4: Histological Appearance

Figure 5: Post-Operative View After Removal of Nasopharyngeal Angiofibroma by a Weber-Ferguson Approach.
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Case 3: Extra-nasopharyngeal Angiofibroma (ENPA)  

A 21 year old female was seen with complaints of right-sided nasal obstruction with a history of epistaxis aggravated by minor trauma to the nose. Her CT scan showed a mildly enhancing hypodense mass occupying the right anterior nasal cavity.  

Diagnostic nasal endoscopy showed a grayish white mass with a brisk episode of hemorrhage on probing the medial side. The mass was removed, endoscopically, and was sent for histopathological examination.
The histopathology showed vascular channels lined by a single layer of endothelial cells devoid of muscle layer in wall separated by loose fibrous tissue. Therefore, the lesion was reported as an angiofibroma.

As ‘angiofibroma in females’ is virtually unknown to the medical world, a second opinion was sought. Differentials of “vascular mass in nasal cavity” viz. hemangiopericytoma, solitary fibrous nodule, cavernous haemangioma, capillary haemangioma were kept in mind.

The immunohistochemistry showed angiomatous tissue surrounded by a fibrous layer and devoid of muscle fibers and confirmed it as angiofibroma and hence was labeled as ‘extra-nasopharyngeal angiofibroma in a female’ attached to the nasal septum. Among the cases of our article Case 1 diagnosed to be Capillary Hemangioma and Case 3 after ruling out other differentials was labeled as Extra-nasopharyngeal angiofiibroma

Figure 4: Histological Appearance of Nasopharyngeal Angiofibroma
Case 4: Nasal Schwannoma

A 35 year old male with a history of left-sided nasal obstruction. The CT scan showed an enhancing soft-tissue density or mass occupying the right nasal cavity extending into the right maxillary sinus and nasopharynx causing deviated nasal septum to left side. **Enlarged Pictures at End of This Section**

The mass was removed endoscopically and was sent for histopathology. The histopathology report showed a highly cellular picture composed of spindle cells, multiple nerve bundles surrounded by fibrous tissue.
Case 5A: Everted Papilloma

A 28 year old female was seen with complaints of left-sided nasal obstruction. The CT scan showed a hypodense mass in the left nasal cavity attached to the septum and left lateral nasal wall with collection in the left ethmoid and frontal sinuses.

The diagnostic nasal endoscopy showed some interesting findings. On primary inspection it resembled a nodular stage of rhinoscleroma, but on suctioning the mass exposed multiple papillae which comprised the mass. The mass was removed by endoscopic approach.

The histopathology showed multiple complex branching patterns having fibrovascular, core-typifying exophytic patterns. Papillae were lined by multilayered epithelium that contained both squamoid and transitional epithelium with occasional mucocytes. Fibrous stroma showed mononuclear infiltration.

Figure 1: Intranasal Appearance of an Everted Papilloma

Figure 2: Coronal CT Scan of an Everted Papilloma

Figure 3: Histological Appearance
Case 5B: Inverted Papilloma

A 65 year old female presented with the complaint of right-sided nasal obstruction with intermittent episodes of epistaxis.

The CT scan showed a hypodense mass in the left nasal cavity attached to the septum and right lateral nasal wall with blockage of the left ethmoid and frontal sinuses. Diagnostic nasal endoscopy showed a reddish brown mass which bled profusely on probing, the mass was removed endoscopically and was sent for histopathological examination. **Enlarged Pictures at End of Section**

The circumscribed margin of the lesion showed a thickened squamous type of epithelium. Multiple papillary folds with fibrovascular core were seen running into fibro myxoid stroma. Papillae were lined by multilayered epithelium that had regular nuclei.


**Figure 1:** Intra-Nasal Appearance of an Inverted Papilloma  
**Figure 2:** Coronal CT Scan of an Inverted Papilloma  
**Figure 3:** Histological Appearance
Case 6A: Tropical Diseases - Rhinosporidiosis

A 24 year old male presented with complaints of external nasal deformity and nasal obstruction. He gave a history of nasal surgery performed two years prior.

The diagnostic nasal examination showed a granulomatous nodular tissue on the lateral nasal wall. A biopsy was taken and sent for histopathology which revealed numerous globular cysts each containing numerous spores surrounded by inflammatory reaction. **Enlarged Pictures at End of This Section**

Figure 1: Preoperative Patient Appearance

Figure 2: Histological Appearance

**Enlarged Pictures at End of This Section**
Case 6B: Tropical Diseases - Rhinoscleroma

A 28 year old female presented with a complaint of bilateral nasal obstruction. The diagnostic nasal examination showed a nodular mass, from which a biopsy was taken and sent for histological examination. **Enlarged Pictures at End of This Section**

The histopathology revealed large, vacuolated histiocytes called Mikulicz cell and Russell bodies that are large, homogenous, eosinophilic cytoplasmic inclusions inside plasma cells and, hence, the lesion was labeled as Rhinoscleroma (see Figure 3). The debulking of the mass with bilateral insertion of a nasal tube to maintain the patency was done (see Figure 4).

The patient was given a course of Rifampicin and is following up in our outpatient department on a regular basis and is till now symptom free.

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Case 7: TB of Maxillary Sinus (Nasal Tuberculosis)

A 28 year old male was seen with complaints of left-sided nasal obstruction and left-sided proptosis and restriction of extra ocular eye movements (See Figure 1). The X-ray showed right-sided upper and mid-zones collapse-consolidation with right hilar lymphadenopathy and ESR showed significant rise in the count (See Figure 2).

A CT scan of his paranasal sinuses showed an enhancing soft-tissue density/mass involving the extraconal and intraconal compartments of the left orbit with extension into the left ethmoid sinuses and destruction of the lamina papyracea (Figure 3).

In order to take an adequate size specimen for biopsy, the endoscopic approach was chosen. Diagnostic nasal endoscopy showed a whitish doughy mass occupying the left middle turbinate. The maxillary sinus showed white caseous material with lot of inflammatory tissue. There was erosion of the superior border of the maxillary sinus and the eyeball protruded into the maxillary sinus on applying external pressure.
The histopathology report showed granulomatous lesions with central caseous necrosis surrounded by epitheloid cells, plasma cells and also presence of langhans giant cells and reported it as tuberculosis.

Patient was diagnosed as ‘Extrapulmonary tuberculosis (seriously ill)’ by internal medicine physician and was enrolled under category I (CAT I) anti Koch’s treatment (AKT) regimen under ‘Revised National Tuberculosis control Programme’ (RNTCP) with isoniazid 600mg, rifampicin 450 mg, pyrazinamide 1500 mg, ethambutol 1200 mg thrice weekly for 6 months and was followed up for 6 months. Thereafter he received another extended 2 months of AKT as per physician’s advice.
Case 8: Fibrous Dysplasia

A 28 year old male was seen with complaints of left-sided nasal obstruction. The CT scan showed a densely calcified solid mass occupying the right nasal cavity extending into the ethmoid sinus, frontal sinus and maxillary ostium with thinning of the anterior maxillary sinus wall and causing nasal septal deviation to the left side (See Figure 1).

The mass was surgically removed using a Weber-Ferguson approach. The two solid white balls of bony consistency were removed from the maxillary sinus and sent for histological examination. The histopathology report showed a Hallmark sign of Chinese letter pattern imparted by a narrow, curved, misshaped bone trabeculae that are surrounded by fibrous elements. The lesion was reported as fibrous dysplasia (See Figure 2).
Case 9: Dermoid Cyst

A 1 week old neonate was seen with a mass coming out of the left nostril since birth (Figure 1). The CT scan showed a hyperdense mass occupying the left side of the nasal cavity. The mass was removed by endoscopic approach and was sent for histological examination. Histopathology showed sebaceous content and the mass was diagnosed as a dermoid cyst.
Case 10: Antrochoanal Polyp

A 15 year old female presented with left-sided nasal obstruction associated with purulent nasal drainage.  Enlarged Pictures at End of This Section

Figure 1: Polyp Seen in the Left Nasal Cavity.

The CT scan showed a soft tissue density polypoidal lesion arising from the left maxillary sinus and extending into the nasal cavity towards the ipsilateral posterior choana.

Figure 2: Axial CT Scan Showing a Polypoid Mass in the Left Maxillary Sinus.  
Figure 3: CT Scan Showing the Polyp in the Nasal and Nasopharyngeal Cavities.

The mass was removed by performing functional endoscopic sinus surgery and sent for histopathology.  The histopathological report described mucous glands interspersed in loose mucoid stroma with infiltration by lymphocytes, plasma cells, mast cells and especially eosinophils (See Figure 5).
Figure 4: Appearance of Specimen

Figure 5: Histological Appearance.