## Radiology Quiz Case 2

Francesco Mattioli, MD; Matteo Alicandri-Ciufelli, MD; Marco Trebbi, MD; Gabriele Molteni, MD; Livio Presutti, MD; University of Modena, Modena, Italy

68-YEAR-OLD MAN PRESENTED WITH A 10-year history of a persistent bilateral nasal obstruction that was associated with moderate headache and hyposmia. No visual dysfunction was reported. His medical history was otherwise unremarkable. An office-based nasal endoscopic examination revealed the presence of a large mass that was totally obstructing the right nasal fossa, with posterior extension to the nasopharynx.

High-resolution computed tomography of the paranasal sinuses showed a total absence of bony structures (ethmoidal cells, the middle turbinate, and a displaced

inferior turbinate were present) in the right nasal cavity and the presence of a large hollow mass involving the entire nasal cavity, protruding posteriorly into the nasoropharynx and oropharynx, and displacing the posterior portion of the nasal septum to the left. No expansion into the anterior cranial fossa was detected (**Figure 1**). The left nasal fossa was completely occupied by inflammatory material that was compatible with nasal polyps. This large hollow cavity was partially filled with inflammatory material and well delimited by a bony wall (**Figure 2**).

What is your diagnosis?



Figure 1.

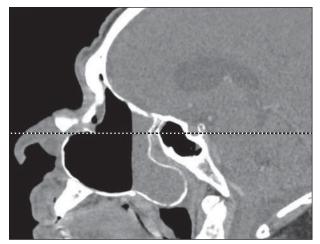


Figure 2.