ABSTRACT

Rhinoscleroma is a chronic, infectious and granulomatous disease of the respiratory tract. There is often a delay in diagnosis due to unfamiliarity with the disease and also because culture is not always positive. We report a case in a 26-year-old woman with granular mass obstructing bilateral nasal cavities and causing breathing difficulty. Histopathological examination showed characteristic Mikulicz histiocytes containing numerous Gram-negative intracellular rod-shaped bacilli consistent with the diagnosis of rhinoscleroma. The patient was treated with gemifloxacin and tetracycline and remains asymptomatic over a year follow-up period. It is important to consider rhinoscleroma in cases of chronic nasal obstruction. As culture is not always positive, histopathological examination may be crucial to the diagnosis.

Keywords: rhinoscleroma, nasal obstruction, histopathology.
The differential diagnosis includes mainly several infectious granulomatous processes: bacterial (tuberculosis, actinomycosis, syphilis, and leprosy), fungal (histoplasmosis, paracoccidioidomycosis, and sporotrichosis) and parasitic (mucocutaneous leishmaniasis). Rhinoscleroma also should be distinguished from Wegener granulomatosis, lymphomas and carcinomas. Specific diagnosis is made by identification in biopsy samples of histopathologic features and rod-shaped bacilli that are positive to periodic acid-Schiff (PAS) and Warthin-Starry stain. Immunoperoxidase staining with antcapsular antisera has also proved useful. Bacterial culture (blood or MacConkey agar) is positive in only 50% of the cases.

Rhinoscleroma is a slowly progressive disease characterized by periods of remission and relapse. Early diagnosis and prolonged therapy are critical to avoid recurrence and late sequelae. In previous study, oxytetracycline and ciprofloxacin were used with good results and without relapse during six to 12 months of follow-up. Untreated patients tend to progress to involvement of other parts of the respiratory system. In trachea the disease can lead to progressive airway obstruction, a life-threatening complication. Mortality from rhinoscleroma is extremely rare, resulting from upper airway obstruction in patients with undiagnosed disease or as a complication of a surgical procedure.

CONCLUSION
It is important to consider rhinoscleroma in cases of chronic nasal obstruction. As culture is not always positive, histopathological examination may be crucial to the diagnosis.

REFERENCES


Rhinoscleroma causing severe bilateral nasal obstruction