methods to detect specific fungal DNA in clinical specimens

The treatment for invasive fungal sinusitis, whether acute or chronic, is first the reversal of the source of immunocompromised, if present, followed by systemic antifungal therapy and surgical debridement. Immunocompetent patients with fungus ball are treated best with surgical removal of the fungus ball. There is a very low rate of recurrence, and systemic antifungal therapy is not required. The only therapy for saprophytic fungal colonization is mechanical endoscopic cleaning of nasal crusts or nasal saline irrigation. The surgical management of AFRS consists of conservative surgical exenteration of all fungal containing mucin, with systemic peri and postoperative steroids to downregulate the hypersensitivity reaction. The role of fungal containing immunotherapy is promising modality in preventing recurrence of this recalcitrant disease.

Key words: fungal rhinosinusitis, diagnosis, treatment.

RARE CASE OF INVERTED PAPILLOMA WITH SINGLE INSERTION OF THE NASAL SEPTUM AND NO LOCAL DESTRUCTION

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Introduction:
Inverted papilloma (IP) is the second most common benign lesion in the sinonasal region, and the most common surgical indication for benign tumors of the sinonasal tract. The lesion is estimated to represent 0.4% to 4.7% of all surgically removed nasal tumors, with an incidence ranging from 0.74 to 2.3 new cases per 100,000 inhabitants per year. The most common insertion site of the IP is the lateral nasal cavity, and the maxillary or frontal sinus(up to 30%). The septal insertion in progressive IP is extremely rare.

Case Presentation:
A 68 year old male patient visited our institution with difficulties in nasal breathing that were worsening in the last 2 years. Basic ENT exam was performed including otoscopy and oropharyngoscopy being without any notable pathology. Fiberendoscopic evaluation of the nose showed tumor mass that macroscopically looked like papilloma, filling the entire left nasal cavum and blocking the posterior part of the right nasal cavity.

CT scan was performed indicating that the tumor mass fills the entire left nasal cavum, the larger portion of the epipharynx, blocking both the choanal openings.

Functional Endoscopic Sinus Surgery was performed, during which the tumor mass was totally removed with its insertion on the nasal septum in the left