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CT Findings in a Case of Pharyngeal Rhinoscleroma

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Summary: The author describes the infectious disease rhinoscleroma and calls for its consideration in the differential diagnosis of nasal, pharyngeal, and tracheal masses seen in young immigrants.

Index terms: Neck, computed tomography; Neck, infection; Nasopharynx, infection

A 30-year-old male Mexican migrant worker presented with fever, cough, and halitosis of one month's duration. On physical examination, a mass was noted in the pre-epiglottic space. The mucosa covering the lesion was swollen and red, and its surface showed multiple minute ulcerations. A contrast-enhanced CT of the neck showed a homogenous soft-tissue mass (Fig. 1) in the pre-epiglottic region and no adenopathy. A biopsy was performed and was compatible with rhinoscleroma. Treatment with tetracyclines was initiated and a follow-up CT of the neck 2 months later demonstrated the lesion unchanged.

Rhinoscleroma is a chronic and progressive infectious disease of the respiratory passages most often presenting in the nose, and occurring in Latin America, Eastern Europe, and northern Africa (1). The causative organism is *Klebsiella rhinoscleromatis*. Patients generally complain of nonspecific symptoms such as nasal discharge/obstruction, cough, stridor, and dyspnea. Persons between 20 and 40 years of age are most commonly affected. Clinically, the lesions simulate carcinoma and usually present as multilobulated infiltrative masses. The overlying mucosa is hyperplastic and shows marked inflammation. In the chronic stage, scarring is prominent. Scarring of the airway may produce dyspnea even when the lesion is inactive. Biopsy shows squamous metaplasia, inflammatory and granulation tissues, and foamy histiocytes containing the microorga-



Fig. 1. Axial CT section through the pre-epiglottic space shows the mass (arrowheads) as well as soft-tissue density replacing the normal fat in the right paralaryngeal space (arrow) probably representing inflammatory changes or a small internal fluid-filled laryngocele.

nism (Mikulicz bodies) (1). Treatment with tetracyclines is usually prolonged.

Rhinoscleroma should be considered in the differential diagnosis of nasal, pharyngeal, or tracheal masses seen in young immigrants to this country. Unfortunately, as shown in our case, the imaging features are nonspecific and biopsy is required to reach a definitive diagnosis.

References

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