Ossifying Fibromyxoid Tumor Of The Nasal Septum

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Introduction
The fibromyxoid tumor is a rare soft tissue tumor usually presenting as an ossifying fibromyxoid tumor (OFMT). It typically occurs in the subcutis of the extremities of adults. The head and neck region is involved in 13\% of all cases. The histological appearance of OFMTs is unremarkable at first glance showing small, round and spindled cells arranged in cords within a myxoid stroma and a shell-like peripheral ossification. Only in the minority of these fibromyxoid tumors the characteristic shell-like ossifications of the tumor periphery are lacking. Most authors favour schwannian or chondroid origin of the stellate and spindled cells. Local recurrence is seen in 27\% after primary excision.

Case Report
A 49-year-old female presented to our clinic with right-sided nasal airway obstruction and enlargement of the right contour of the nose. Anterior rhinoscopy revealed a deviation of the nasal septum to the left side and a solid, bluish tumor blocking the complete nasal cavity of the right side. (figures 1,2). A computerized tomography demonstrated a 2 x 2 cm bulky heterogenous mass adherent to the middle part of the nasal septum (figure 3). After endonasal, endoscopic tumor resection the histologic examination the tumor showed spindle-shaped and some polygonal stellate cells, mucoid pseudocysts and a fibromyxoid stroma with minor focal calcifications without apparent chondroid differentiation. Mitotic activity was absent and bone formation was confined to the tumor margin. Immunohistology detected unspecific findings of vimentin in the spindle and stellate cells. Other marker proteins like S-100, CD 34 or smooth muscle actin were missing in this tumor.

Discussion
The majority of OFMTs in the head and neck region was found in the subcutis of the neck and the scalp. The most important differential diagnosis for the OFMT are myxoid chondrosarcoma, low-grade fibromyxoid sarcoma and schwannoma. Histoarchitectural features together with more specific immunohistochemical findings in the other tumor entities help to distinguish the OFMT from the other tumors on the basis of the histomorphological investigations. The clinical behaviour of OFMT in general is benign but some reports have documented atypical tumors with histologic signs of malignancy as nuclear atypia, high mitotic activity and histologically proven distant metastasis. Complete local resection is the treatment of choice.

Figure 1  Figure 2  Figure 3

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