Patients with nasal masses presented in our office complained for nasal obstruction and epistaxis. The commonest nasal masses are simple polyps. In this review we highlight some of the unusual nasal masses seen in our office the last 4 years.

We had 18 patients in our office. Besides clinical examination (endoscopy included), the patients underwent a CT. MRI is superior in imaging soft tissues and in distinguishing between inflammation and neoplasia, but MRI is inferior in nasal cavity due to its pure demonstration of bony architecture.

All patients were operated. The histochemical examination revealed 5 polyps, 1 plasmocytom, 2 inverted papillomas, 2 granulomas (1 Wegener granulomatosis), 2 cysts, 1 rhinofibroma, 2 angiofibroma, 1 adenocarcinoma, 1 Regaud carcinoma and 1 non-Hodgkin lymphoma. The follow-up revealed no recurrence.

Patients with nasal masses should be operated after a thorough clinical examination and imaging, as all of them could be potentially malignant.

Pyogenic Granuloma. Small, red, bleeding, on Locus Kieselbach. The skin is lined with squamous mucosa. There is granulation tissue consisting of acute and chronic inflammatory cells with lymphocytes, plasma cells, eosinophils and polymorphonucleophils

Amartomatous polyp. Max diameter 4,2 cm. One-sided tumor (left nostril), at first like an inverted papilloma.

Inverted papilloma. Patient with bloody discharge and smell changes.

Adenocarcinoma without any lymph nodes. Under the microscope there was a bland cytologic appearance, hard differentiated from benign papilloma.