HEAD & NECK
INTERESTING CASE #1

21-year-old man with asthma, chronic sinusitis, polyps, headache and proptosis

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Allergic fungal rhinosinusitis / Allergic mucin

Clinical: Not a true fungal infection but rather an allergic immune response to fungus in the sinonasal tract. Typically affects young, atopic/asthmatic patients. Can present with nasal polyposis, orbital proptosis, mucocele, diplopia.

Gross: Thick, inspissated white-tan to yellow, brown-green mucus with consistency of peanut butter or cottage cheese

Histology: Eosinophilic to basophilic mucin containing degenerated cells (eosinophils, neutrophils, epithelial cells) that form a layered/lamellated appearance with admixed Charcot-Leyden crystals. Allergic mucin required for a diagnosis of AFRS. May see fungal forms.

Pearl: Allergic mucin can also be seen in patients with aspirin intolerance