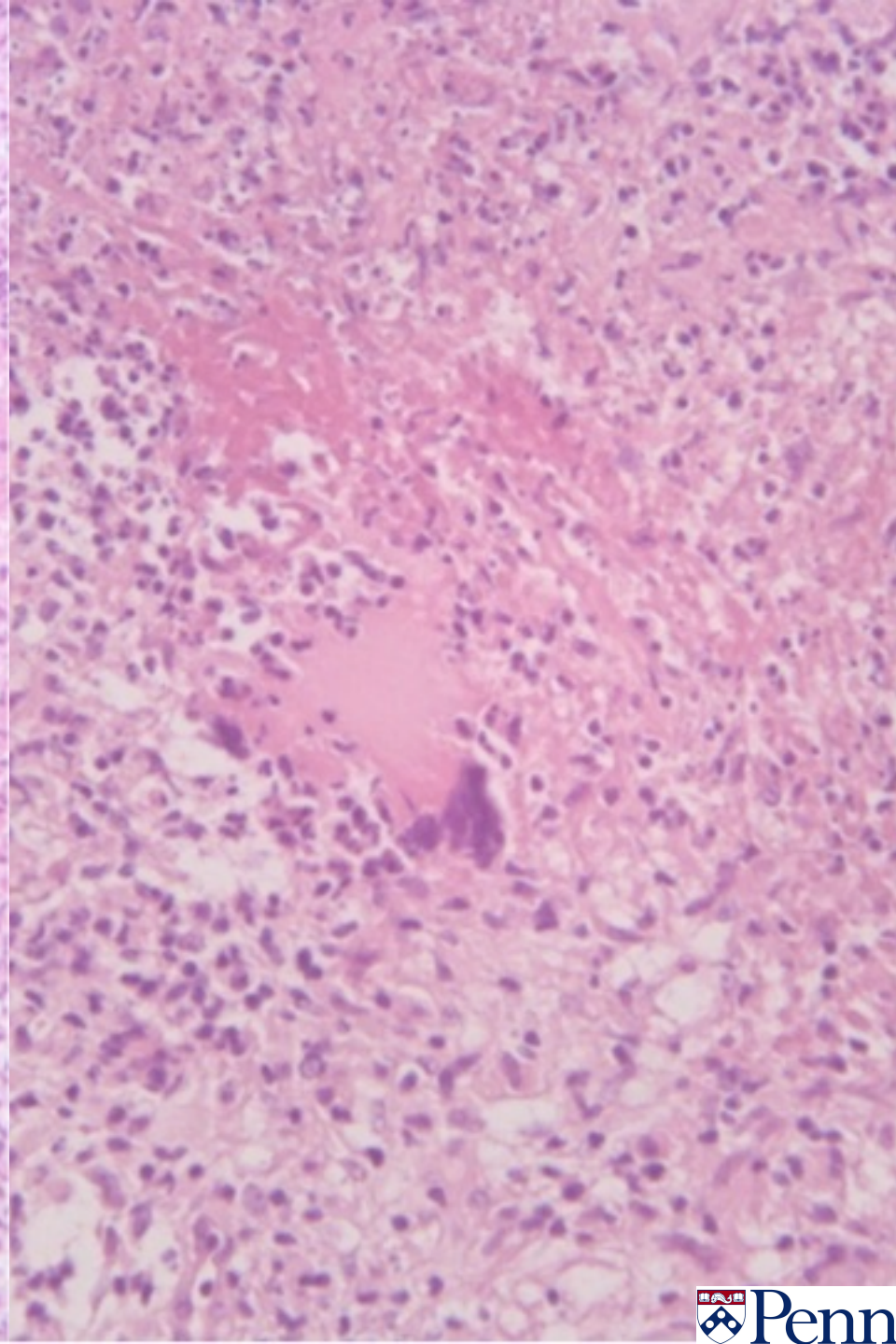
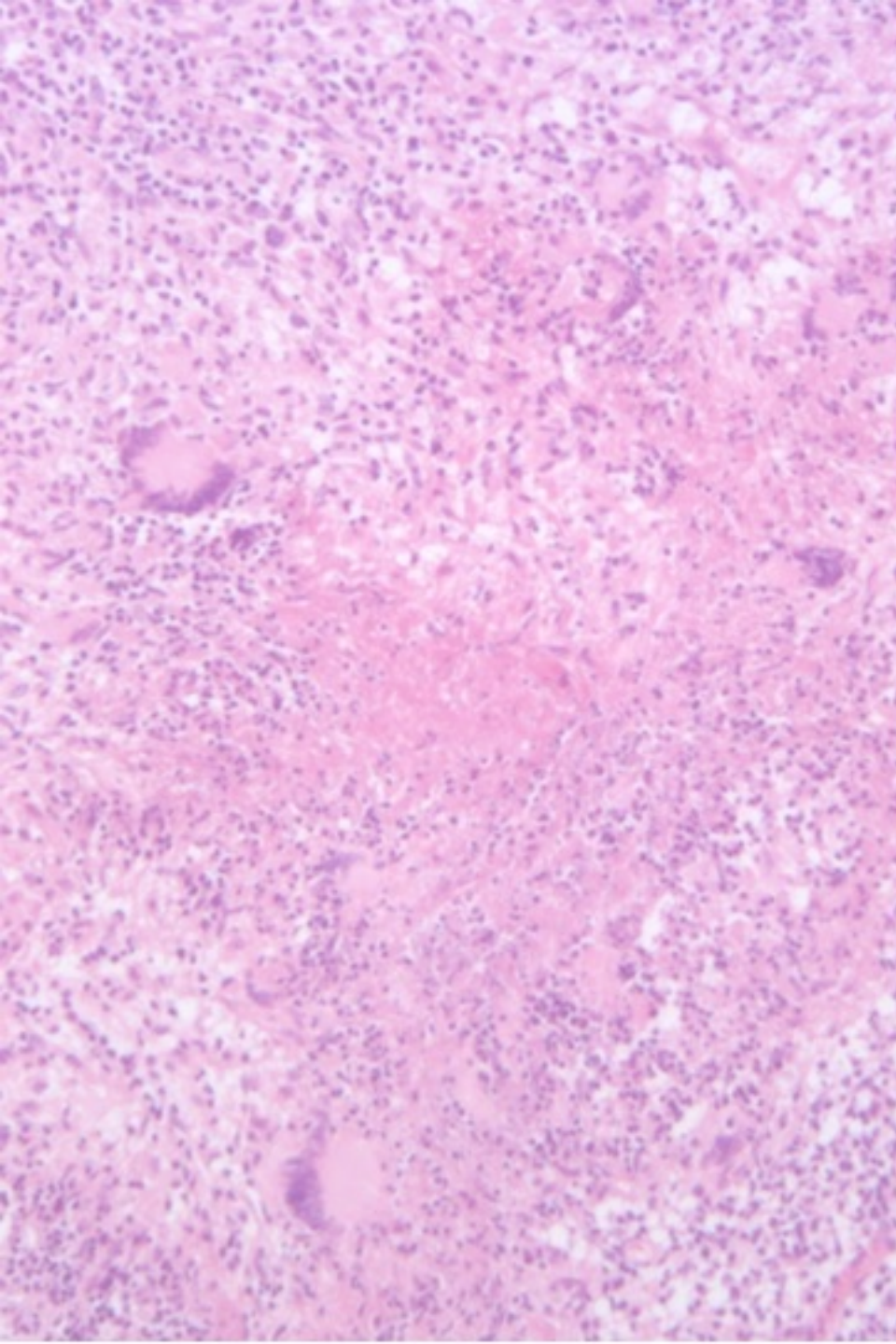




HEAD & NECK INTERESTING CASE #2

35-year-old man with chronic rhinosinusitis and nasal septal perforation

Submitted by Kathleen Montone, MD
Prepared by Sharon Song, MD



Cocaine-induced midline destructive disease

Gross: Potential destruction of nasal septum, leading to midline facial deformities

Histology: Ischemia and necrosis of mucosa and surrounding structures, granulomatous inflammation, giant cell reaction

Pathogenesis: Likely autoimmune in origin—p-ANCA; levamisole may be a contributing factor as cocaine is often cut with this agent

Differential diagnosis for necrotizing sinonasal disease:

- ✧ **Infections:** Bacteria, fungus, virus, protozoa (Gram, Grocott, AFB, Fite, Warthin-Starry/Steiner)
- ✧ **Vasculitis:** Granulomatosis with polyangiitis, Eosinophilic granulomatosis polyangiitis (Vasculitis, serologies, clinical history)
- ✧ **Neoplastic:** Extranodal NK/T-cell lymphoma (Atypical cells, density of cells, EBER)
- ✧ **Idiopathic:** IgG4, RAG mutations (Ex: Recombination activating gene 1)