INTRODUCTION
Rhinosporidiosis is chronic infection commonly affecting the mucous membrane of nose and nasopharynx. Occasionally conjunctiva, lips, palate, larynx, trachea, bone, rectum and external genitalia are also infected. The disease is endemic in India and Sri Lanka but occurs sporadically in other parts of the world due to immigration and wide spread travel. The nature of the organism is controversial, previously considered to be fungus but now considered to be parasite. It is an infective but not an infectious, contagious or toxic disease. History and histopathology of specimen with high index of suspicion are helpful for proper diagnosis. At present, surgical excision with cautery of base is considered the treatment of choice.

CASE REPORT
A 32 years old Indian male presented with history of recurrent epistaxis and progressive intermittent left nasal obstruction in ENT Outpatient Department, Rafha Central Hospital, North zone, KSA. On anterior rhinoscopy, a friable polypoidal mass resembling strawberry was found in left nasal cavity (Figure 1). Endoscopic examination confirmed friable mass to be arising from posterior part of nose in the region of inferior meatus, which bled on manipulation (Figure 2). CT with contrast was done and subsequently punch biopsy was taken for histopathological examination which confirmed the diagnosis. CT scan showed mass arising from nasal cavity with no bony erosion (Figure 3).

DISCUSSION
Rhinosporidiosis is chronic granulomatous disease caused by Rhinosporidium seeberi, endemic in India and Sri Lanka but found sporadically all over the world. The first reference to this condition was made by Malbran in 1812 from Argentina. The organism previously considered to be fungus is now classified under Mesomycetozoa as parasite. The disease has been found to be associated with animals like horses, mule, cats, dogs and wild ducks and man is infected by exposure to infected fresh water ponds while trauma seems to be the predisposing condition for inoculation. It commonly involves mucous membrane of nose, nasopharynx and conjunctiva. Other sites such as rectum, external genitalia, larynx, trachea and bone are also reported in literature to be involved.

Patients usually present with nasal obstruction and epistaxis, however, systemic and cutaneous involvement has been reported. The typical lesion is friable, vascular, pedunculated strawberry-like polypoidal mass which bled on touching. Histopathology is diagnostic showing multiple budding sporangia embedded in a fibrovascular stroma infiltrated by chronic inflammatory cells.

Wide local surgical excision with electrocaugulation of lesion base is the treatment of choice.
may be given in addition for longer periods to avoid recurrence. It is known to arrest the maturation of sporangia and promote fibrosis in stroma.6

This patient also belonged to an emigrant class with possible previous exposure and got cured on local excision and packing till the last follow-up.

REFERENCES


