

NASOPHARYNGEAL ACTINOMYCOSIS : A RARE MIMICKER OF MALIGNANCY IN THE NASOPHARYNX

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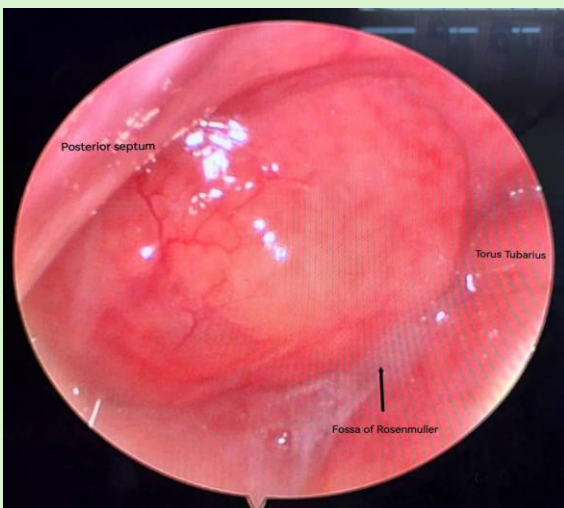


Introduction

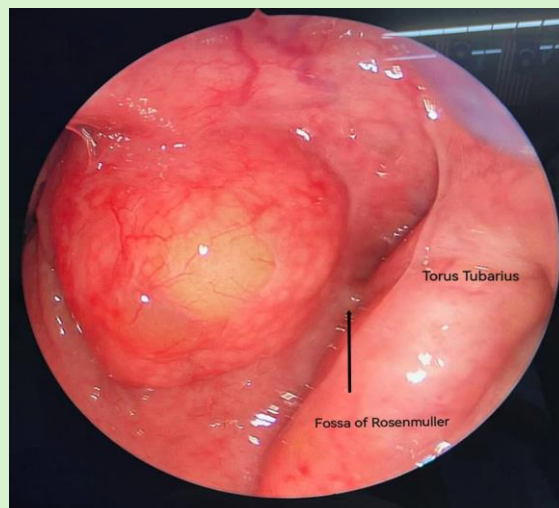
Nasopharyngeal actinomycosis is a rare chronic granulomatous infection of the nasopharynx, caused by anaerobic to microaerophilic gram-positive bacteria from Actinomycetaceae family (genus Actinomyces). It is often misdiagnosed due to its uncommon site in nasopharynx, and its clinical presentations are non-specific and resemble other conditions such as malignancy and chronic inflammatory disease like tuberculosis. Delay or incorrect diagnosis can lead to unnecessary interventions or complications. Early recognition and appropriate antibiotics therapy are the key to effective management.

Case Report

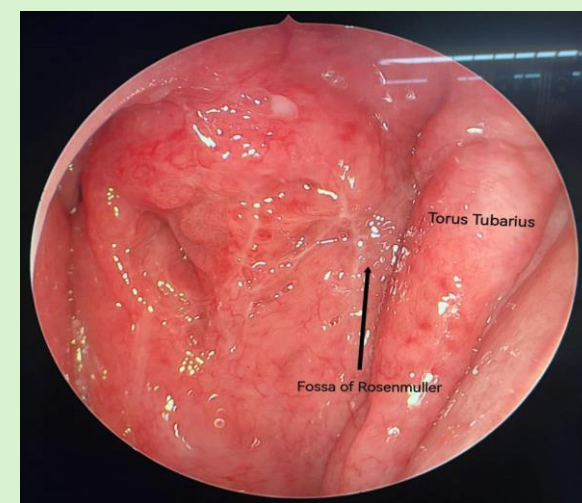
We report a rare case of nasopharyngeal actinomycosis in a healthy middle-aged gentleman, who presented with bilateral ear reduced hearing for two weeks. Nasoendoscope revealed a well-defined smooth surface mass at the midline of nasopharynx. Histopathological examination of the nasopharyngeal mass demonstrated features of reactive lymphoid hyperplasia with actinomyces seen. He was then co-managed with infectious disease team and started with a three-months course of oral amoxicillin. Post antibiotics showed complete resolution of symptoms and mass at the nasopharynx. Post treatment biopsy displayed absence of actinomyces on the histopathological examination.



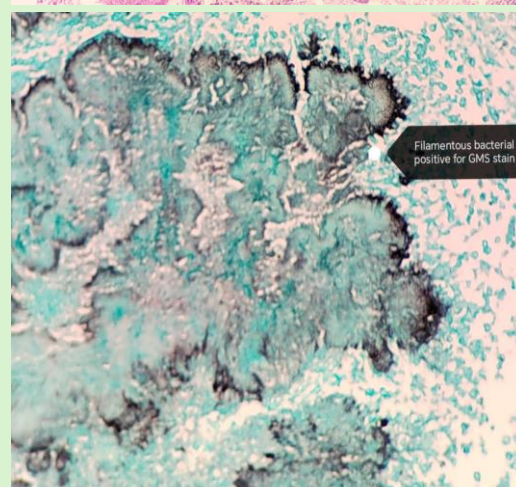
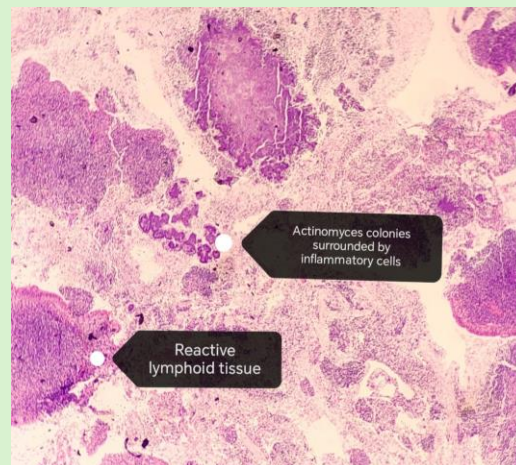
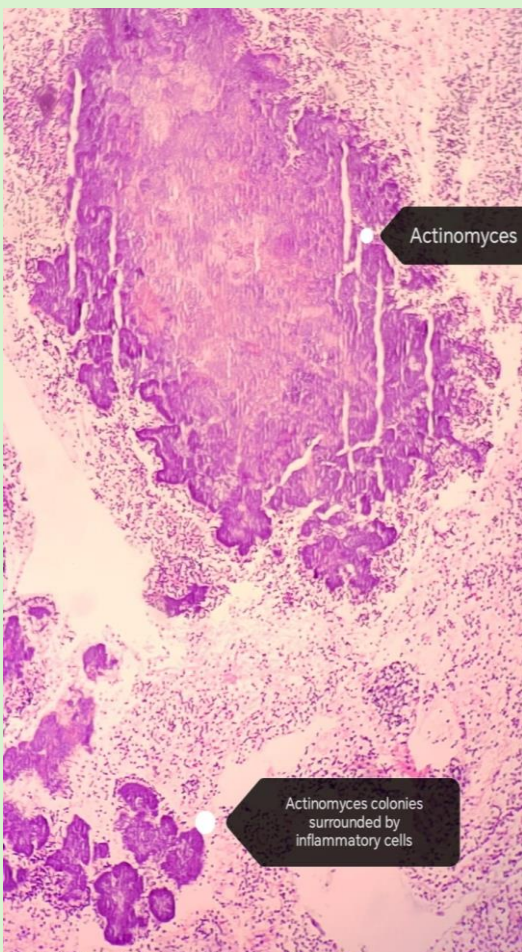
Initial presentation



1 month of treatment



3 months of treatment



Discussion

Nasopharyngeal actinomycosis can be a great mimicker of nasopharyngeal carcinoma which is prevalent in Southeast Asia. Despite the rarity of nasopharyngeal actinomycosis, it should be considered as one of the differential diagnosis in nasopharyngeal lesions. A high index of suspicion is crucial in reaching a correct diagnosis. Long term Penicillin is the main treatment for actinomycosis. Biopsy is of paramount importance to exclude malignancy. Regular follow up after treatment is important to monitor for recurrence.

References

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2. Kusaka T, Kuwashima S, Hiraumi H, Sato H : A case of actinomycosis in the Rosenmuller's fossa. Ear Nose Throat J.2022, 101:NP389-91. 10.1177/0145561320974850