

Rhinosporidiosis



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A 52-year-old man presented with left-sided nasal obstruction since 1 year and episodes of spontaneous epistaxis for 5 months. He has been operated on at least 3 times in the past 5 years for the same problem. Examination of the left nares revealed a reddish pedunculated fleshy mass with white spots (Figure 1). A provisional diagnosis of rhinosporidiosis was made. Complete excision of the mass and cauterization of the base of the mass with electric diathermy was carried out under general anesthesia. The postoperative biopsy report revealed respiratory epithelium with multiple cysts in the subepithelium, representing sporangia surrounded by dense inflammation, confirmatory of rhinosporidiosis (Figure 2). Rhinosporidiosis is a chronic granulomatous disease caused by *Rhinosporidium seeberi* in the class Mesomycetozoea.¹ Mesomycetozoea, formerly known as the DRIPS clade, lie in between fungi and animals and are mostly parasites of fish and other animals.¹ The disease is endemic to India, Sri Lanka, and tropical areas of Africa and South America. Although the nose is the primary site affected, mucous membranes of nasopharynx, oropharynx, conjunctiva, rectum, and external genitalia may also become affected.¹⁻³ The disease is transmitted by bathing in stagnant ponds in which animals also bathe; other modes of transmission, which are rare, include autoinoculation and hematogenous spread.^{3,4} The clinical presentation depends on the site involved; most patients present with a reddish nasal mass that bleeds profusely. It is diagnosed clinically and confirmed by pathology, which demonstrates round to oval sporangia and spores in the affected tissue.²⁻⁴ The treatment of choice is surgical excision followed by cauterization of the base of the lesion to prevent recurrence.³ No adequate medical treatment exists; however, dapson, at a dose of 100 mg per day for 6 months, has been used with some success to reduce recurrence.⁴ Although the disease is not fatal, it frequently recurs requiring patients to undergo multiple surgeries,²⁻⁴ often resulting in increased morbidity.

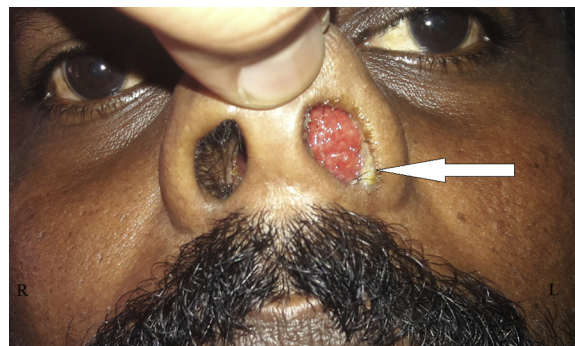


FIGURE 1. Left nares with reddish mass and white spots (arrow mark).

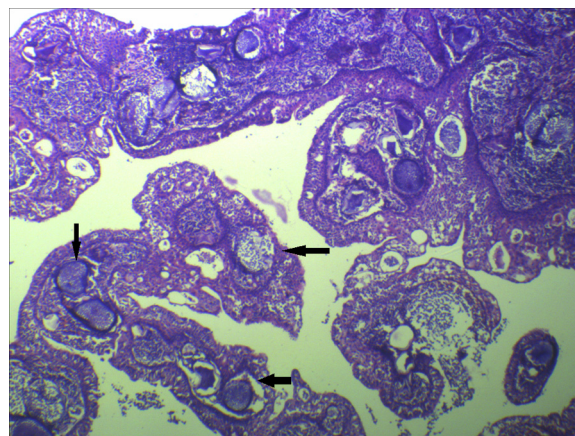


FIGURE 2. Respiratory epithelium with subepithelium showing edema and numerous blood vessels with stroma showing sporangia filled with sporangiospores (arrow marks) in various stages of development surrounded by dense eosinophilic and neutrophilic infiltration (HE, ×40).

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