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Opinion *Volume 6 Issue 1*

Navigating Angiofifibroma: Perspective and Experience

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Opinion

Nasal or nasopharyngeal angiofibroma is a benign entity but may be an extensive one. Age group though documented as adolescent, in our experience we have seen boys younger than ten years of age and adults in their thirties, being affected. Patients usually present with nasal obstruction with epistaxis. Many-a-times there may be a polypoidal mass, deviating the nasal septum, or even eroding the sinus walls. Differentials include nasal polyp, cavernous hemangioma and even a hypertrophied nasal septum.

Blood supply is typically derived from External carotid Artery through the Internal Maxillary and Anterior Pharyngeal arteries, but sometimes collaterals from internal carotid may be observed. Embolization, either radiological (by putting endoscopic gelatinous material in the internal maxillary artery) and/or surgical (selective by modified Denker) is carried out as the common management practice. The mean volume of intra-operative blood loss has been found to be significantly lower in the patients who receive pre-operative arterial embolization than those who do not. This also reduces the mean surgical time in such embolized patients, without compromising the neurological or visual functions.

Advances in minimally invasive endoscopic resection have been made successfully, world over. However young age has not been found to correlate with more aggressive disease. The most recent advance in the treatment of this tumor is the application of endoscopic endonasal surgery and is highly preferable to the traditional open approaches. This has remarkably reduced the recurrence rates, duration of hospital stay, and cosmetic compromise. However, the surgeon has to be watchful of sensitivity impairment secondary to manipulation and sacrifice of various neurovascular structures. These, usually are temporary and improve post-operatively. Here the patients are selected as per the Radkowski staging system.

Some experts thus follow combined approaches in tumour's with significant intra-cranial extension or in tumour's with encasement of the internal carotid artery or optic nerve. Radiotherapy is reserved for patients with significant morbidity, advanced tumour's, or in residual or recurrent tumour's that involve critical neurovascular structures not suitable for surgical excision. On the surgical specimen thus obtained, routine histological staining with hematoxylin & eosin is sufficient to classify angiofibroma as predominantly fibrous or predominantly angiomatous. Occasionally, immunohistochemistry is used as adjunct. Antibodies of Vascular endothelial markers like ERG, CD31,CD34 are seen positive in the living cells of proliferating vessels and AR (Androgen Receptor) comes positive in stromal cells or the stellate fibroblasts. Angiofibroma of soft tissue, however, is a different entity. Angiofibroma of soft tissue is a benign soft tissue tumor characterized by bland spindle cells and a distinct branching vascular network. The majority of soft tissue angiofibromas harbor *AHRR::NCOA2* gene fusions.