ISSN 2717-7076

IJORCES

INTERNATIONAL JOURNAL OF CONFERENCE SERIES ON EDUCATION AND SOCIAL SCIENCES.

PUBLISHER: ÇORUM: OCERINT -INTERNATIONAL ORGANIZATION CENTER OF ACADEMIC RESEARCH

IJORCES

IJORCES

International journal of conference series on education and social sciences. (Online)

January 2024

Science Editor: **Cetin Avci**
(Kadir Has University)

Available at ijorces.org
Published:
Çorum: Ocerint -International Organization Center of Academic Research
ISSN 2717-7076
Bursa
Bursa, Turkey

Editorial Board Members

NASOPHARYNGEAL ANGIOFIBROMA IN AN ADULT MALE: REVIEW OF THE LITERATURE.

Lutfullaev G.,
Narziev M.,
Buronov F.,
Turaqulov I.,
Zoirov O.
Samarkand state medical university,
Samarkand, Uzbekistan

Abstract: Nasopharyngeal angiofibroma frequently referred to as "juvenile nasopharyngeal angiofibroma," is an uncommon benign tumor that exhibits strong vascularity and sluggish development. It usually affects male adolescents between the ages of 14 and 25, and symptoms such as nasal blockage or epistaxis are typical. Adult prevalence and incidence numbers have not yet been determined with precision. Because of its propensity for local invasiveness, the tumor can represent a serious risk even when it is benign. The recommended course of treatment is complete surgical resection, with preoperative angiography helping to visualize arteries connected to the tumor and embolization.

Keywords: Benign tumours, adolescent, juvenile nasopharyngeal angiofibroma, male, symptoms.

Nasopharyngeal angiofibroma is a rare condition that can affect older persons. This disease's limited prevalence is confirmed by the statistic.It is still unknown what causes juvenile nasopharyngeal angiofibroma, due to the increased frequency in male teenagers. Furthermore, according to some fairly new hypotheses, partial regression of the first branchial artery may be the cause of the nasopharyngeal angiofibroma, which is a vascular malformation. The sphenopalatine foramen region is typically where this tumor begins, grows to occupy the postnasal space, and frequently spreads to the orbit, pterygomaxillary and infratemporal fossae, sphenoid sinus, and even the middle cranial fossa. Radiologic exams continue to be the most crucial diagnostic instruments because they provide accurate assessment of tumoral extension and support the surgeon in selecting the most appropriate surgical strategy for tumor removal. It's critical to understand the extent of the tumor in order to forecast its course. It is necessary to employ a staging system for that reason. Numerous staging criteria have been created for the assessment of a juvenile: angiofibroma of the nasal cavity, such as Fisch, Radkowski, or Andrews. Based on clinical and radiological standards, the Radkowski criteria appears to be the most often employed in contemporary literature. The patient needs to undergo a selective angiography on the internal and external carotid arteries, regardless of the stage or surgical strategy selected, to assess the major arterial branches that guarantee the tumor's blood supply. Under certain circumstances, the angiography can proceed with the embolization of the main arterial branches. Less invasive surgery has become the norm in terms of surgical approach, which makes sense given that the majority of patients are still growing. Even in cases when the tumor has little cerebral penetration, the endoscopic method has been shown to produce remarkably positive outcomes and low recurrence rates. Gamma knife has also been utilized in a few chosen cases with very tiny tumors, and the reported outcomes have been quite encouraging.

Conclusions: Despite the fact that nasopharyngeal angiofibroma is typically linked to teenagers, it is crucial to take this diagnosis into account for a wider range of ages. Accurate diagnosis and successful treatment of adult nasopharyngeal angiofibroma depend

on the recognition of its appearance. The main therapy strategy is still surgical resection, and further study is required to identify any unique features of the disease and develop care plans for elderly individuals.

References:

1.McKnight CD, Parmar HA, Watcharotone K, Mukherji SK. Reassessing the Anatomic Origin of the Juvenile Nasopharyngeal Angiofibroma. J Comput Assist Tomogr. 2017 Jul/Aug;41(4):559-564.

2.Alshaikh NA, Eleftheriadou A. Juvenile nasopharyngeal angiofibroma staging: An overview. Ear Nose Throat J. 2015 Jun;94(6):E12-22.

3.Allensworth JJ, Troob SH, Lanciault C, Andersen PE. High-grade malignant transformation of a radiation-nave nasopharyngeal angiofibroma. Head Neck. 2016 Apr;38 Suppl 1:E2425-7.

4.Park CK, Kim DG, Paek SH, Chung HT, Jung HW. Recurrent juvenile nasopharyngeal angiofibroma treated with gamma knife surgery. J Korean Med Sci. 2006 Aug;21(4):773-7.

5.Mallick S, Benson R, Bhasker S, Mohanti BK. Long-term treatment outcomes of juvenile nasopharyngeal angiofibroma treated with radiotherapy. Acta Otorhinolaryngol Ital. 2015 Apr;35(2):75-9.

6.Overdevest JB, Amans MR, Zaki P, Pletcher SD, El-Sayed IH. Patterns of vascularization and surgical morbidity in juvenile nasopharyngeal angiofibroma: A case series, systematic review, and meta-analysis. Head Neck. 2018 Feb;40(2):428-443.

7.Makhasana JA, Kulkarni MA, Vaze S, Shroff AS: Juvenile nasopharyngeal angiofibroma. J Oral Maxillofac Pathol. 2016, 20:330.

8.Stubbs VC, Miller LE, Parasher AK, Glicksman JT, Adappa ND, Palmer J: Nasopharyngeal angiofibroma: a forgotten entity in older patients. Clin Med Insights Case Rep. 2019,

9.McGarey PO Jr, David AP, Payne SC: Nasopharyngeal angiofibroma in a 32-year-old man. BMJ Case Rep. 2018, 2018:10.1136/bcr-2017-222763

10.Rahmadiyanto Y, Romdhoni AC: Multidisci pline management of giant reccurent nasopharyngeal angiofibroma which extends to paranasal sinuses, orbita, and intracranial in adult. Int J Surg Case Rep. 2022, 99:107579. 10.1016/j.ijscr.2022.107579

11.Scholtz AW, Appenroth E, Kammen-Jolly K, Scholtz LU, Thumfart WF: Juvenile nasopharyngeal angiofibroma: management and therapy. Laryngoscope. 2001, 111:681-7

12.Shah N, Hathiram BT, Dwivedi A, Sheth K, Grewal DS, Behl NK: Nasopharyngeal angiofibroma-an unusual origin & presentation. Indian J Otolaryngol Head Neck Surg. 2000, 52:179-81.

13.Sarafoleanu C, Raluca E, Sabaru I: Unusual case of nasopharyngeal angiofibroma in adult male patient. Rom J Rhinol. 2011, 1:218-20.

14.Zhang HK, Wang JJ, Liu ZF, Wang DH: Management of nasopharyngeal angiofibroma in a 72-year-old male through a sublabial and buccolabial incision approach: A case report and literature review. Oncol Lett. 2015,