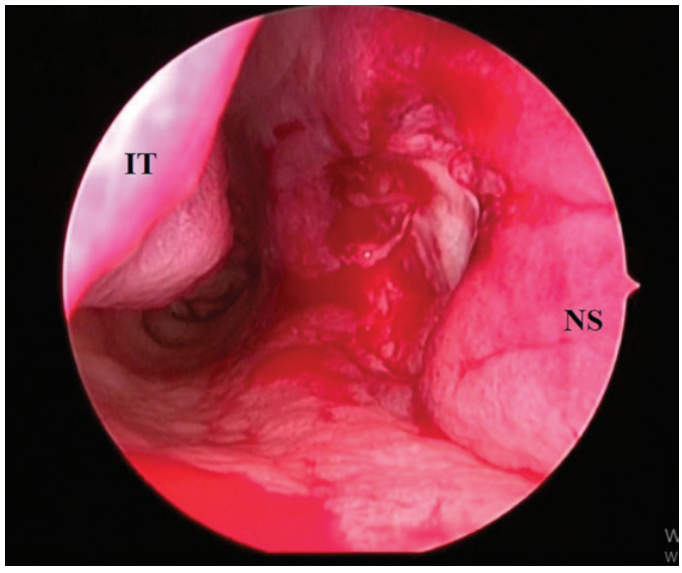

FIG. 3. Image shows the nasal septum after excision of the mass.
NS: Nasal septum, IT: Inferior turbinate.

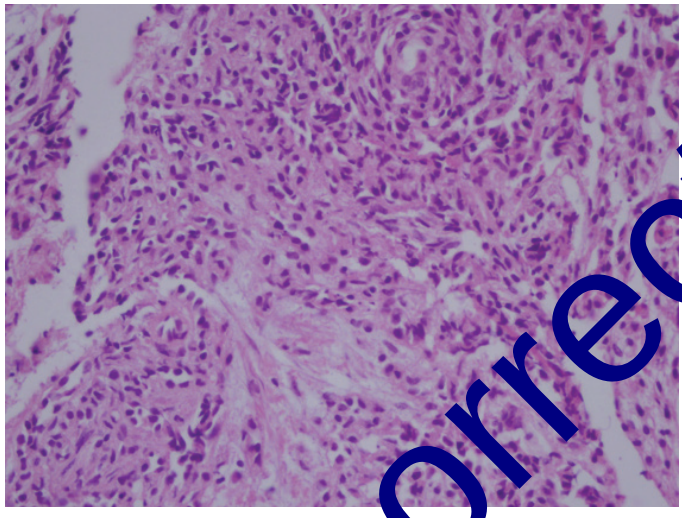

FIG. 4. A high-power view a lobul[illegible]ow[illegible] the compact proliferative of capilleries (H&E x400).

LCH which is also known as pyogenic granuloma typically occurs on the skin and in the oral cavity. Nasal cavity is an uncommon area for LCH (1). It is most frequently seen in the third and fifth decades of life, especially most commonly in women. Trauma and hormonal factors are considered for the etiology (2). LCH is usually violescent, ulcerous, pedunculated or sessile lesions which bleeds on touch. It has variable sizes

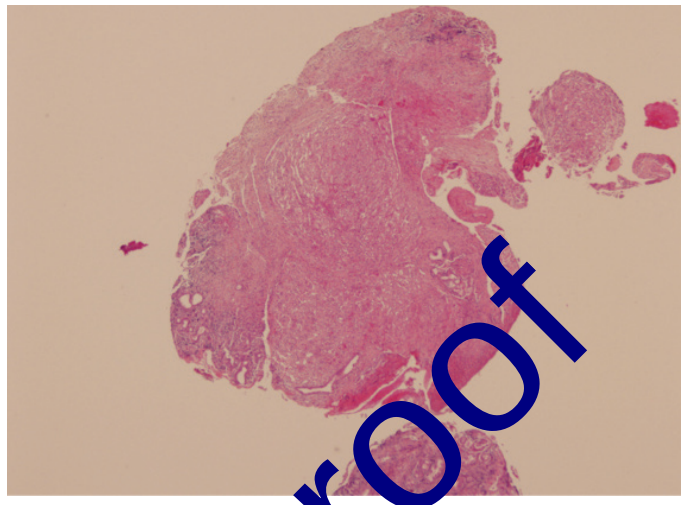

FIG. 5. A low-power vi[illegible] lobu[illegible] shows the compact proliferative of capilleries (H&E x40[illegible]

ranging from a few millimeters to a few centimeters. Nonspecific symptoms such as epistaxis, nasal obstruction, and purulant rhinorrhea have been reported in majority of the patients (3). CT or magnetic resonance imaging is useful for preoperative evaluation. CT is important for assessing of nasal and paranasal bone structures, particularly for the large-sized lesions which is originate from the nasal roof because the osseous destruction of the skull base can be seen (4). Endoscopic surgery is the preffered approach for the treatment (5).

Conflict of Interest: No conflict of interest was declared by the authors.

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