Introduction
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During the last few decades, tremendous advances has been made in various fields of medicine. New concepts have broadened out our outlook in understanding many obscure and complicated problems.
One of the most important vital and interesting fact about human beings is that they are equipped with sense organs through which they keep in contact with the world around them.
Nose is one of the important sensory organ concerned with smell and other important functions. Nose and nasal cavity constitute a common site for polypoidal masses, granulomatous lesions as commonly encountered clinical and pathological entities revealing wide spread histopathological spectrum on histopathology.
The incidence of nasal masses and especially nasal polyps is approximately 1 to 4% (Bateman et al, 2003); commonly affecting males. No age is bar. The incidence is continuously on the rise because of exposure to various industrial pollutants, occupational hazards and various environmental factors and viruses (Jerome B Taxy, 1996).
Polypoidal and Granulomatous masses in the nasal cavity can be inflammatory (chronic polypoidal sinusitis), bacterial (Rhinoscleroma, Tuberculoma, Leprosy), Fungal (Rhinoporphidiosis, Aspergillosis) etc.
Benign tumours excluding polyps include papillomas, schwannomas, meningioma, haemangioma and others. Malignant tumours of nasal cavity are not very common, still constitute a important cause of nasal obstruction, morbidity and mortality. Malignant tumours occur in the form of adenocarcinoma, squamous cell carcinoma, melanoma and
various sarcomas. Sometimes paranasal sinuses tumours present as a protruding nasal mass. (Friedmann and Osborn, 1976).

Nasal masses have been studied by different workers viz cases of Rhinosporidiosis have been studied by Minchin et al (1905), Tirumurti (1914), Sengupta SK (1957), Purandare and Deoras (1953), Satyanarayana (1960), Dube and Veliath (1964), Allen and Dave (1956), Sammadar and Sen (1990), 3 cases of Rhinomycosis have been studied by Pai et al (1993); cases of Rhinoscleroma have been studied by Handousa (1958), Derapa KP (1965), Yassin et al (1966); cases of Tuberculoma have been studied by Mesolella (1965), Ahmed Hakeem (1958).

Nasal polypoidal masses - 344 cases reported by Das Gupta et al (1996); 38 cases by Alyea (1966), 113 cases by Dandapat et al (1993). A case of hairy polyp have been reported by Phansalkar et al (2000).

Cancer of the nasal cavity or paranasal sinuses is a relatively rare problem with a yearly risk factor estimated at approximately one case for every 100,000 people. These cancers occur more often in men (2 to 1) and usually appear after the age of 40. Nasal cavity and ethmoid sinus adenocarcinomas have been linked to occupations associated with wood dust, those in the furniture industry, sawmill work and carpentry. Other occupations with dust filled work environments such as shoe making, baking and flour milling also have been implicated as a cause of adenocarcinomas. Thorotrast, containing the radioactive metal thorium, is a known etiologic agent in maxillary sinus carcinomas. Almost all malignant tumours arising in the nasal vestibule are squamous cell
carcinomas; basal cell carcinomas and adnexal carcinomas are also reported. (Mendenhall et al, 2000).

Frequently encountered neoplasm of nasal cavity and paranasal sinuses are of epithelial origin- squamous cell carcinoma and adenocarcinoma. Mesodermal tumours are uncommon neoplasms include osteosarcoma, fibrosarcoma, chondrosarcoma and lymphoma.

A case of fibroangiomyxosarcoma in nasal fossa in 8 year girl has been reported by Perrino (1960), a case of Hemangiopericytoma of nasal cavity studied by Mangwana et al (1996), 3 cases of Sinonasal teratocarcinoma have been studied by Pai et al (1997).

Neoplastic lesions of the nose - 410 cases reported by Bhardwaj et al (1997); 97 cases (23.6%) were found to be neoplastic and the remaining 313 cases (76.4%) were inflammatory.

Methods used for the diagnosis of nasal masses include commonly used routine diagnostic procedures as well as specialized methods including X-Ray, cytopathology and biopsy. In suitable cases are subjected to immunohistochemical methods as diagnostic tool. Insulin like growth factor I has been demonstrated in nasal polyps in the form of immunoreactivity - Petruson et al (1988).

Above all histopathological diagnosis remains a useful proper criteria for the diagnosis and management of such patients.

Literature testifies to the rarity of such kind of work ever attempted in “Bundelkhand region of U.P.”, hence the present study is being undertaken.