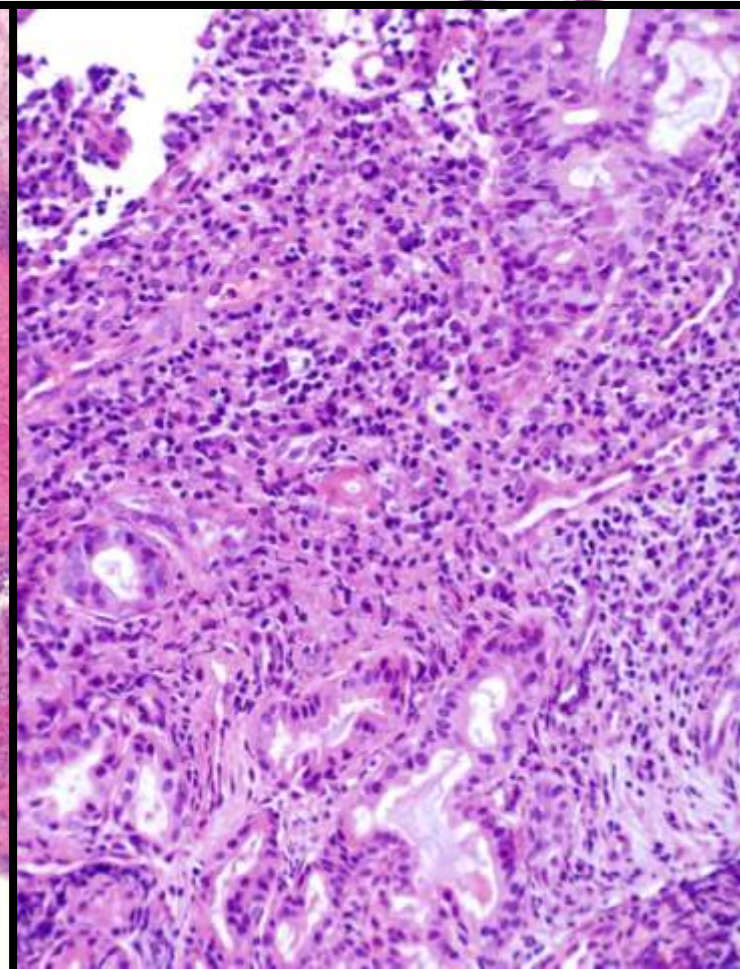
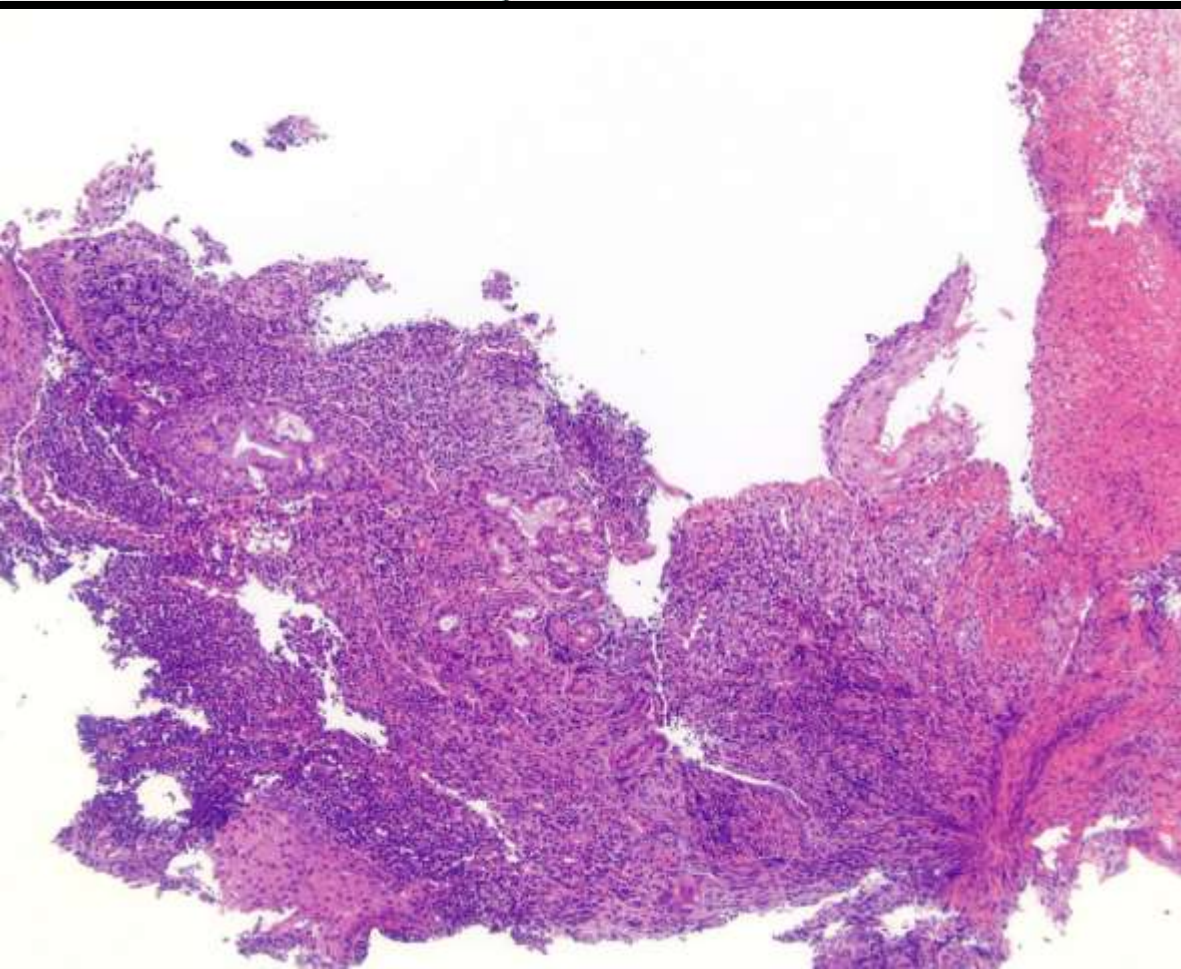
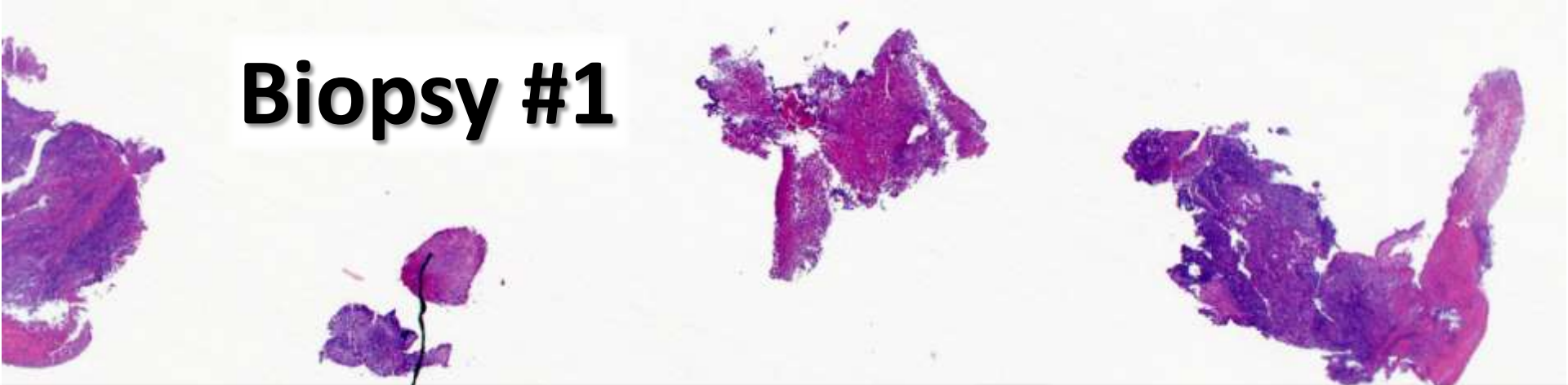
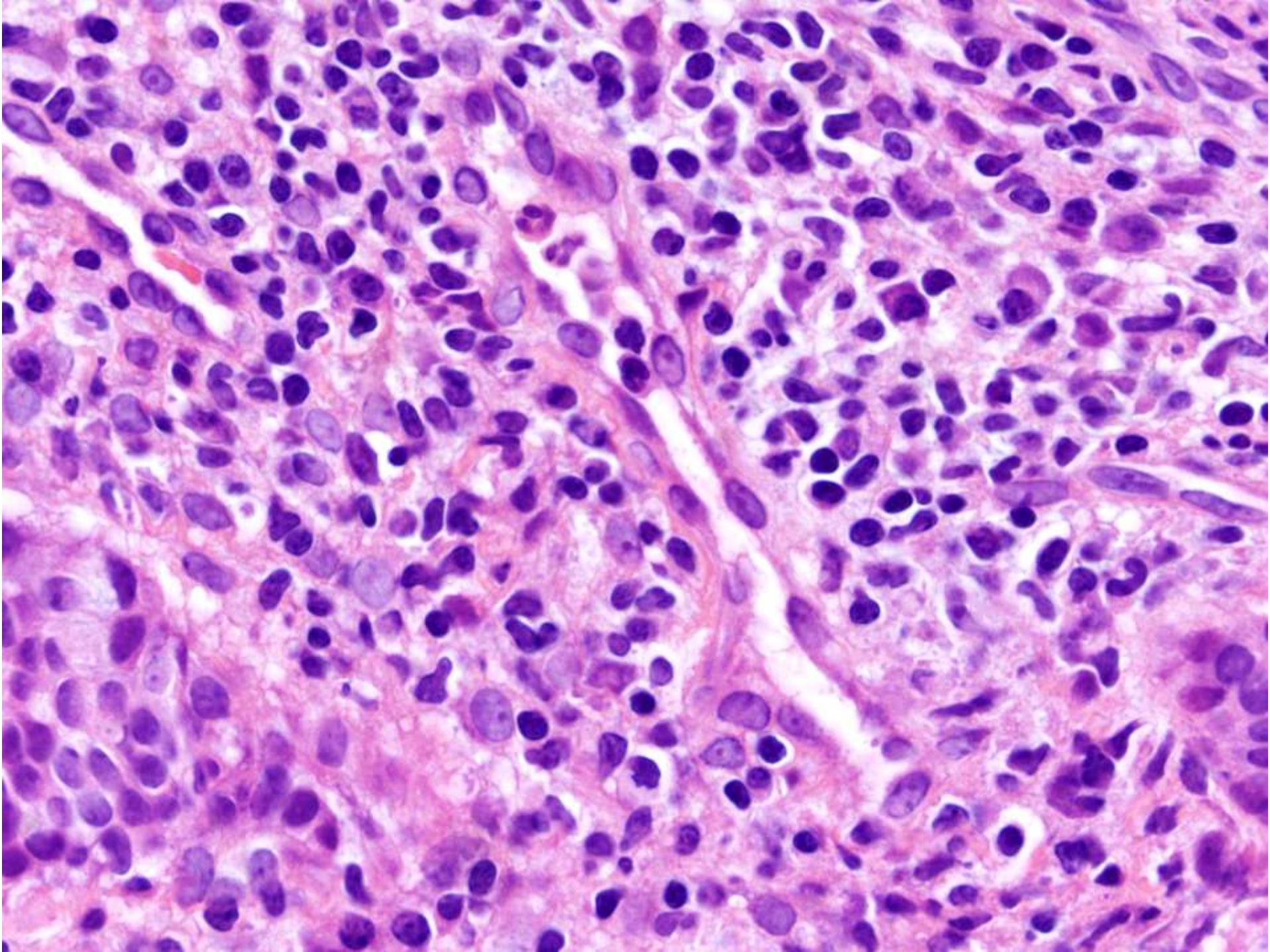


Case 5

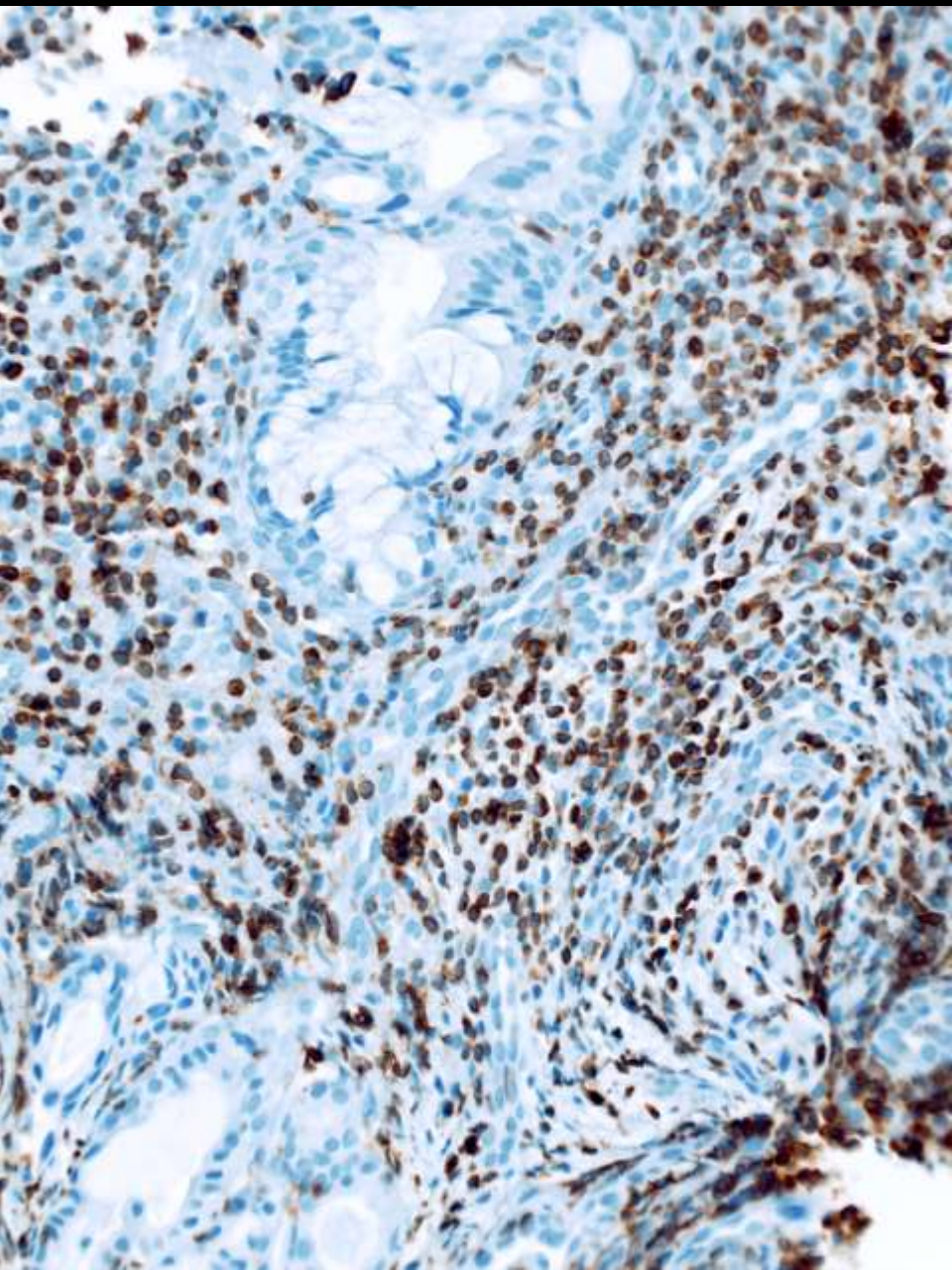
- 61 year old female with a nasal septal perforation of unknown duration, attributed to remote trauma, presented with 3 months of increased nasal crusting, occasional epistaxis, foul odor and recumbent nasal obstruction. CBC, p-ANCA and c-ANCA were normal. A biopsy was performed. Over the next 8 months, her symptoms waxed and waned, with intermittent episodes of acute left rhinosinusitis that improved with culture-directed antibiotics for *S. aureus*. She had 2 additional biopsies over this time. Eight months after her initial presentation, CT was repeated and showed the septal perforation and mucosal thickening of the left maxillary, ethmoid and frontal sinuses. A 4th set of biopsies of “osteomeatal complex, sinus contents, right and left” was then performed. The 1st & 3rd biopsies are illustrated here.

Biopsy #1

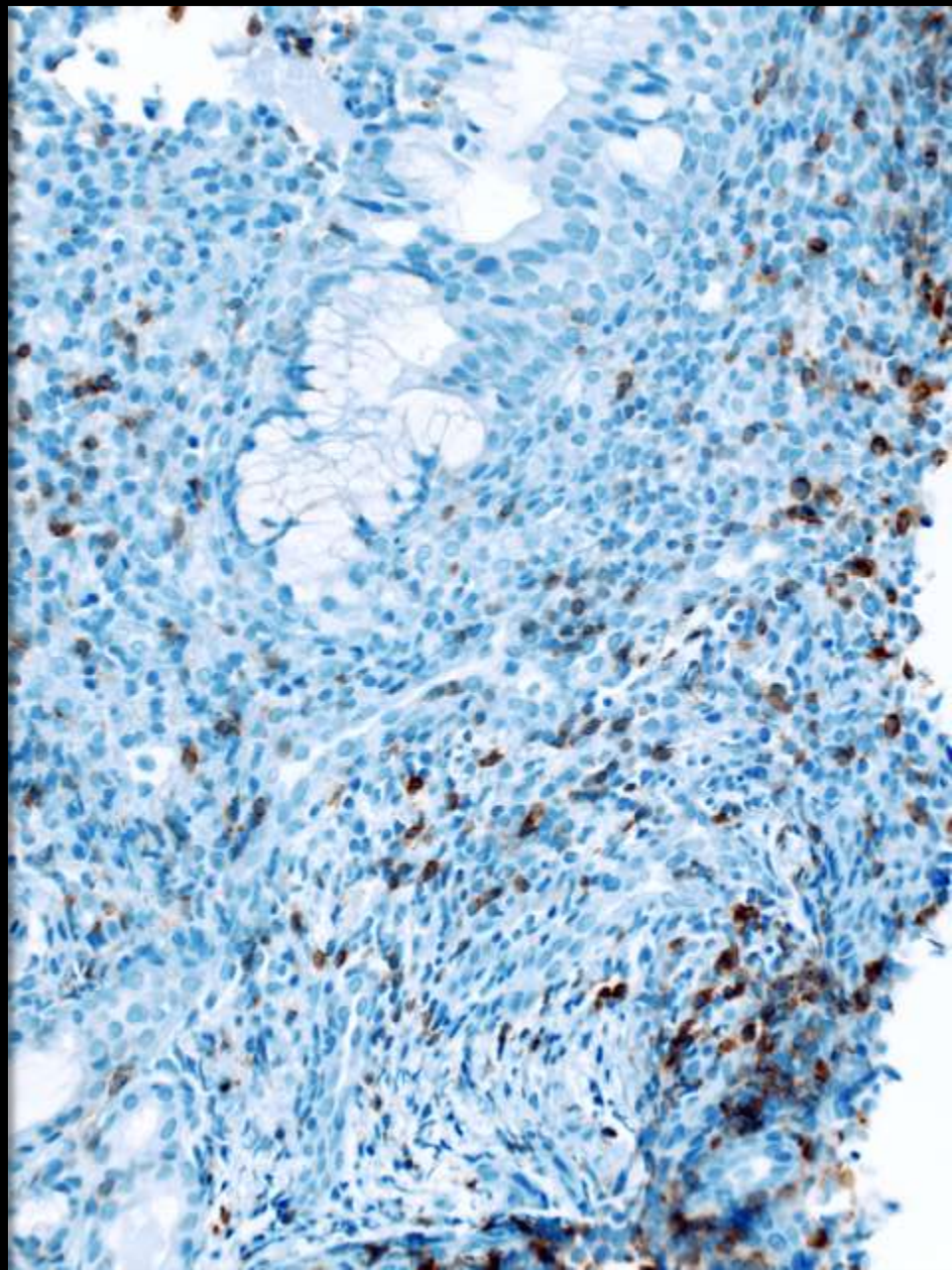




CD3



CD5



Biopsy #3

