

Theism Leading to Late Presentation of an Unusually Large Antrochoanal Polyp

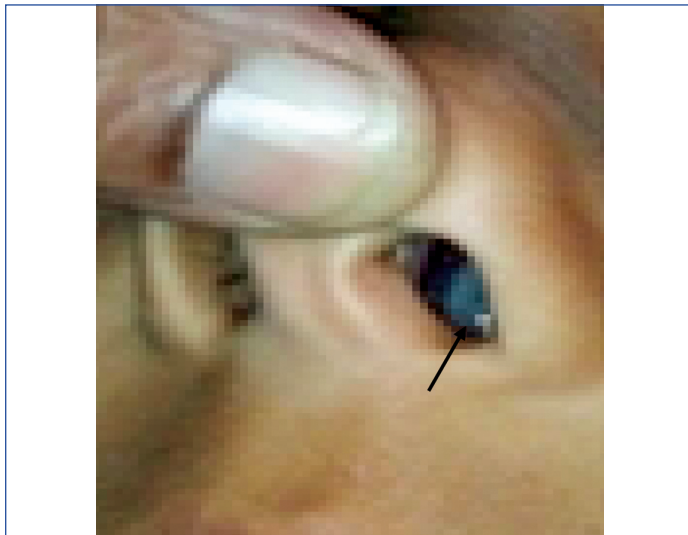
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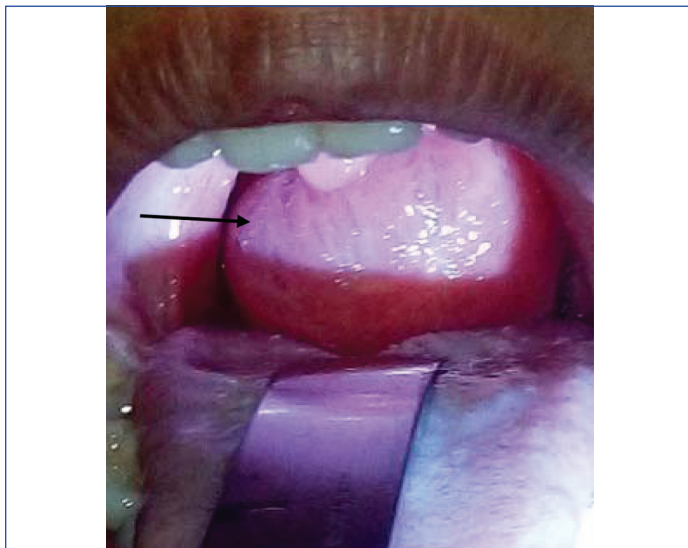
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A six-year-old boy was brought to the Otorhinolaryngology department of a tertiary hospital in rural central India by his parents with chief complaints of a mass hanging in the mouth, disrupted speech, and congestion of the nose for six months. There were also complaints of difficulty in swallowing solids and decreased sense of smell for the last two months. There was no significant past history. Family history was also insignificant. Local examination was done which revealed a bluish-grey cystic swelling in the left nasal cavity [Table/Fig-1] and a large reddish mass hanging in the oropharynx [Table/Fig-2]. The mass also extended into the oropharynx and was seen abutting the epiglottis.

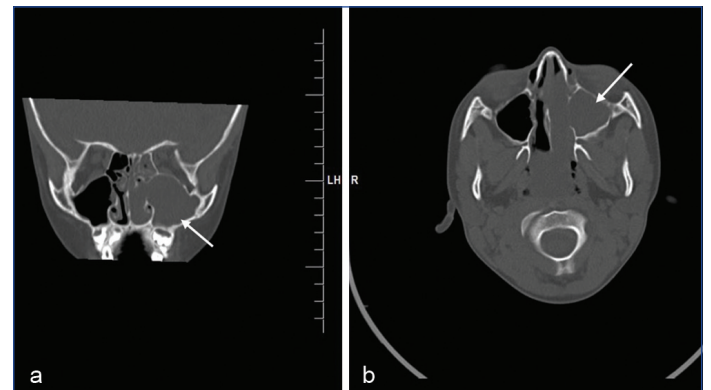
With proper counselling and no further delays, non-contrast enhanced CT scan of the paranasal sinus was done which was suggestive of a large soft tissue density mass completely filling the left maxillary sinus, with extension into the ethmoid sinus, left sphenoid sinus, and left nasal cavity up to the nasopharynx [Table/Fig-3a,b].



[Table/Fig-1]: Shows bluish-grey cystic mass in the left nasal cavity marked by the black arrow.



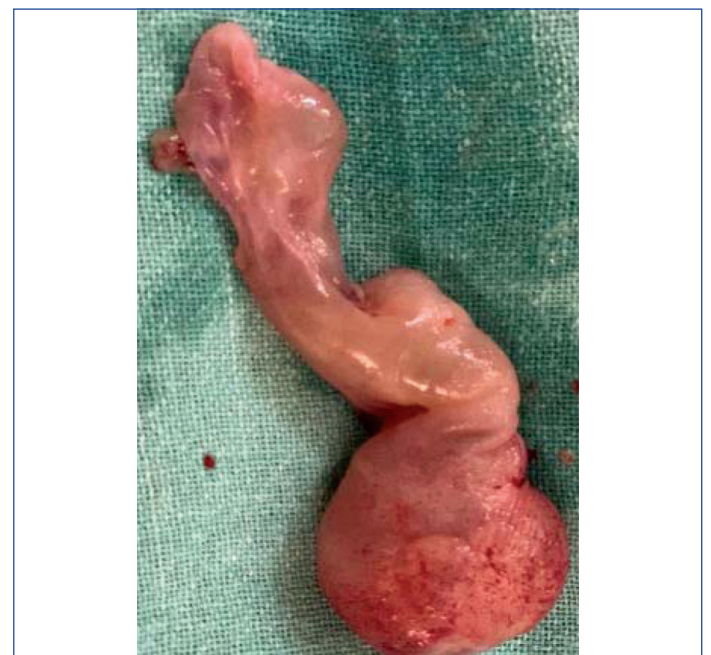
[Table/Fig-2]: Shows reddish mass hanging in the oropharynx marked by the black arrow.



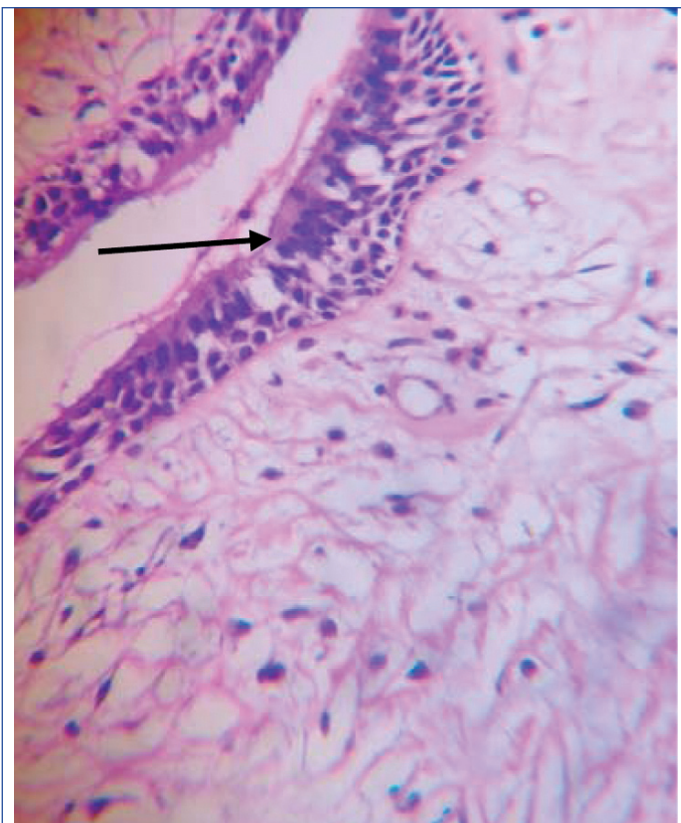
[Table/Fig-3a,b]: shows non-contrast enhanced CT scan: Coronal view at the level of orbits and paranasal sinuses (left image), axial view at the level of orbits and maxillary sinuses (right image). White arrow marked shows soft tissue density mass occupying the maxillary sinus and the nasal cavity in both images.

Functional endoscopic sinus surgery was performed to excise the polyp, which measured approximately 9×2×1.2 cm [Table/Fig-4].

The histopathology report of the excised polyp was suggestive of an inflammatory Antrochoanal Polyp (ACP), which was lined with pseudostratified ciliated columnar epithelium [Table/Fig-5].



[Table/Fig-4]: Shows excised polyp measuring 9×2×1.2 cm.



[Table/Fig-5]: Shows histopathological image of the excised polyp stained by Haematoxylin and Eosin (H & E), black arrow marked shows pseudostratified ciliated columnar epithelium at 40x magnification.

The present case highlights the importance of addressing sociocultural and religious barriers, which continue to pose significant challenges in patient health-seeking behaviour and clinical outcomes [1]. In the general population, ACPs represent 4-6% of all nasal polyps, whereas in the paediatric age group the incidence rises markedly to nearly 33% [2]. They are often unilateral, benign, polypoid lesions that originate in the maxillary antrum and extend posteriorly into the nasal choana [3]. Their exact etiopathogenesis is not yet fully understood.

In the present case, the delay in reporting to the hospital can be partly attributed to cultural beliefs. The child's parents drew parallels with a mythological story in which Lord Krishna's mother, Yasoda, observed the universe within his mouth, interpreting the swelling in their child's oral cavity as a divine phenomenon rather than a medical condition [4]. Consequently, this perception contributed to a six-month delay in seeking medical attention, despite the child being symptomatic.

Understanding the family's sociodemographic background is crucial to interpreting this delay. The child's father, a 30-year-old farmer from rural Maharashtra, had studied up to the 5th standard and belonged to socio-economic class V as per the updated BG Prasad classification (2025) [5]. The mother was a 25-year-old homemaker. The family resided in a kuccha (mud) house with the boy's grandmother, with limited access to sanitation and electricity. Their income was dependent on seasonal crop yield and fluctuating local conditions. Such socioeconomic vulnerabilities, combined with cultural perceptions, significantly influenced healthcare-seeking behaviour and contributed to the late presentation.

In conclusion, this case demonstrates how a benign paediatric ACP can become life-threatening when diagnosis and treatment are delayed as the progression of polyp into the hypopharynx can risk the airway leading to stridor [6]. This highlights why awareness, timely medical help and culturally sensitive health education are vital in preventing such avoidable complications.

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