

Initial Presentation

56 year old female with a history of hyperlipidemia and tobacco abuse.

Patient initially noted a growth in her nose in 11/2025 associated with increased difficulty breathing through her nose.

CT sinus without contrast on 12/21/25 showed a polypoid lesion in the anterior left naris measuring 1.8 x 1.4 cm and abuts the septum.

ENT exam revealed nasal fullness of the left lower lateral cartilage. Anterior rhinoscopy showed a mass from the left nasal ala and lateral nasal sidewall filling the anterior nasal cavity with the septum bowed to the right. Lesion was pink and purple with overlying telangiectasias.

MRI / PET Imaging

MRI face on 1/15/26 revealed a 3.0 x 1.3 x 2.5 cm well-circumscribed anterior nasal cavity mass abutting the lateral nasal wall and septum. Left submandibular lymph node measured up to 1.3 cm and was indeterminate.

PET/CT at Touchstone on 2/3/26 showed a hypermetabolic mass in the left nasal cavity, consistent with known melanoma. No PET evidence for metastatic disease. Millimetric left apical lung nodule was present below PET resolution and recommended for follow-up.

Surgery And Pathology

Patient underwent left partial rhinectomy, left maxillectomy, and cervical lymphadenectomy on 2/16/26. Procedure described a massive mucosal melanoma of the left nasal cavity involving the piriform aperture, nasal floor mucosa, inferior turbinate head, inferior meatus mucosa, and lateral nasal wall. No obvious invasion of septum, columella, or middle turbinate.

Pathology was positive for mucosal malignant melanoma of the left paranasal sinus, maxillary, measuring 3.1 cm. Lymphovascular and perineural invasion were not identified. Margins were negative. Regional lymph nodes uninvolved, 0/27. Pathologic stage: pT4a pN0.