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Surgery of Juvenile Angiofibroma

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Juvenile Angiofibroma (JA) is a highly vascular, locally invasive tumor developing among adolescent males commonly presenting with massive epistaxis. It originates superolaterally at the junction of the nose and nasopharynx at the area of the pterygoid root. Its growth pattern is submucosal growing into crevices and narrow spaces anteriorly towards the nasal cavity, superiorly into the sphenoid sinus and may extend intracranially, laterally toward the pterygomaxillary fissure and eventually into the infratemporal fossa. Surgery is considered bloody, working on narrow spaces and, therefore, with high possibility of leaving part of the tumor behind. There are several approaches in doing the surgery with main goal of attaining complete excision with special focus on the pterygoid root where significant number of recurrences or residuals develop. Endonasal approach with 4-hand technique is our recent choice. Good evaluation of the CT Scan with contrast and proper instrumentation with availability of a powered nasal drill and a bipolar cautery should be helpful in attaining a good surgical outcome. Embolization of the sphenopalatine artery pre-operatively can definitely decrease the bleeding during surgery, but has been noted to have a higher recurrence rate. Post-operative follow-up with CT Scan with contrast 1 month after the excision has been the practice in our institution. Go back and excise immediately has been our protocol if the residual is in an accessible and operable location.