Approaches to Imaging Issues of Sinus and Nose Congenital lesions can be classified as those presenting with nasal obstruction vs. nasal mass.Pain may also be caused by mucoceles or neoplasms, while paresthesias can be linked to malignancies such as adenoid cystic carcinomaFor instance, osteomas most often arise in the frontal and ethmoid sinuses, juvenile angiofibromas (JAF) arise in the posterior NC at the sphenopalatine foramen, inverted papillomas often arise along the lateral nasal wall, and esthesioneuroblastoma (ENB) typically arises near the CP. Squamous cell carcinoma is by far the most common SN malignancy and most often arises in the maxillary antrum.Mycetoma and allergic fungal sinusitis occur in immunocompetent patients and invasive fungal sinusitis (IFS) occurs in the immunocompromised or poorly controlled diabetics.Well marginated tumors that cause bony remodeling suggest benign tumors, while infiltrative masses with osseous destruction suggest malignant lesions.Because of the anatomy of the PS drainage pathways, predictable patterns of inflammatory disease exist based upon the point of obstruction.Pyriform aperture stenosis and choanal atresia, for example, cause nasal obstruction without a mass.Frontoethmoidal cephaloceles, intranasal gliomas, and nasolacrimal duct mucoceles present with an intranasal mass.For example, obstruction of the MM would lead to disease in the ipsilateral frontal, anterior ethmoid, and maxillary sinuses.Three malignant neoplasms with a predilection for the NC include ENB, lymphoma, and melanoma.