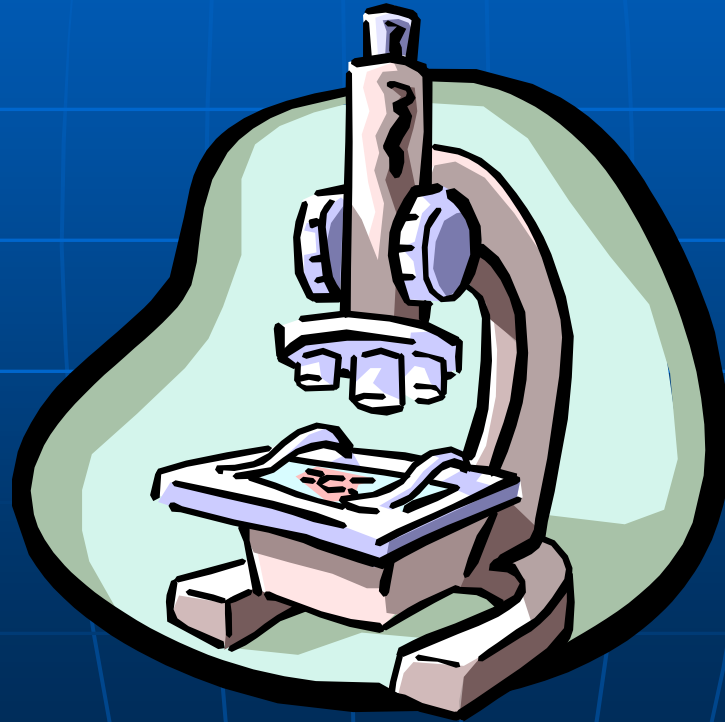


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Micro invasive Carcinoma of Ethmoid



Case Presentation

Mr. Kotibhaskar aged 64, industrial manager.

Presented with,
Bil nasal obstruction.

Epistaxis.

Anosmia.

Rt. Maxillary pain. 6 months.

Clinical Examination

- ENT examination:
- AR. Right nasal mass occupying nasal cavity. Mass has pushed the septum to lt.
- Bleeds on touch.
- Max.tenderness++.
- Throat,oral cavity WNL.
- PNS : mass seen in Rt.choana.
- Rest ENT NAD.
- Past History -NAD

INVESTIGATIONS

- Blood cyto,urine, N
- Ct PNS revealed enhancing mass in right nasal cavity eroding complete ethmoidal cavity and crossing to midline. The mass also extended to rt.medial wall of maxilla below and skull base above but without orbital and skull base erosion.
- Nasal endoscopy revealed friable mass which was biopsed.
- HP report: microinvasive Sq.cell ca.
- Tumour stage: T3,NO,MO.

Histopathological Typing in -PNS

- Sq.cell ca50%
- Anaplastic ca16%
- Transitional cell ca...10%
- Adenocarcinoma4%
- Reticulosis10%
- Salivary gland ca.....4%
- Sarcoma4%

Site Incidence of ca in PNS

- Maxilla50%
- Ethmoid26%
- Frontal1%
- Sphenoid0%
- Nose25%

Ca –Ethmoid -Treatment policy

- Surgical options:
- LR+MM+Enblock sphenoethmoidal resection.
- Post op DXT/ or chemo-radiation.
- Surgical treatment offered.
- Post op.recovery uneventful.
- LR.scar cosmatically accepted.

CT-SCANS



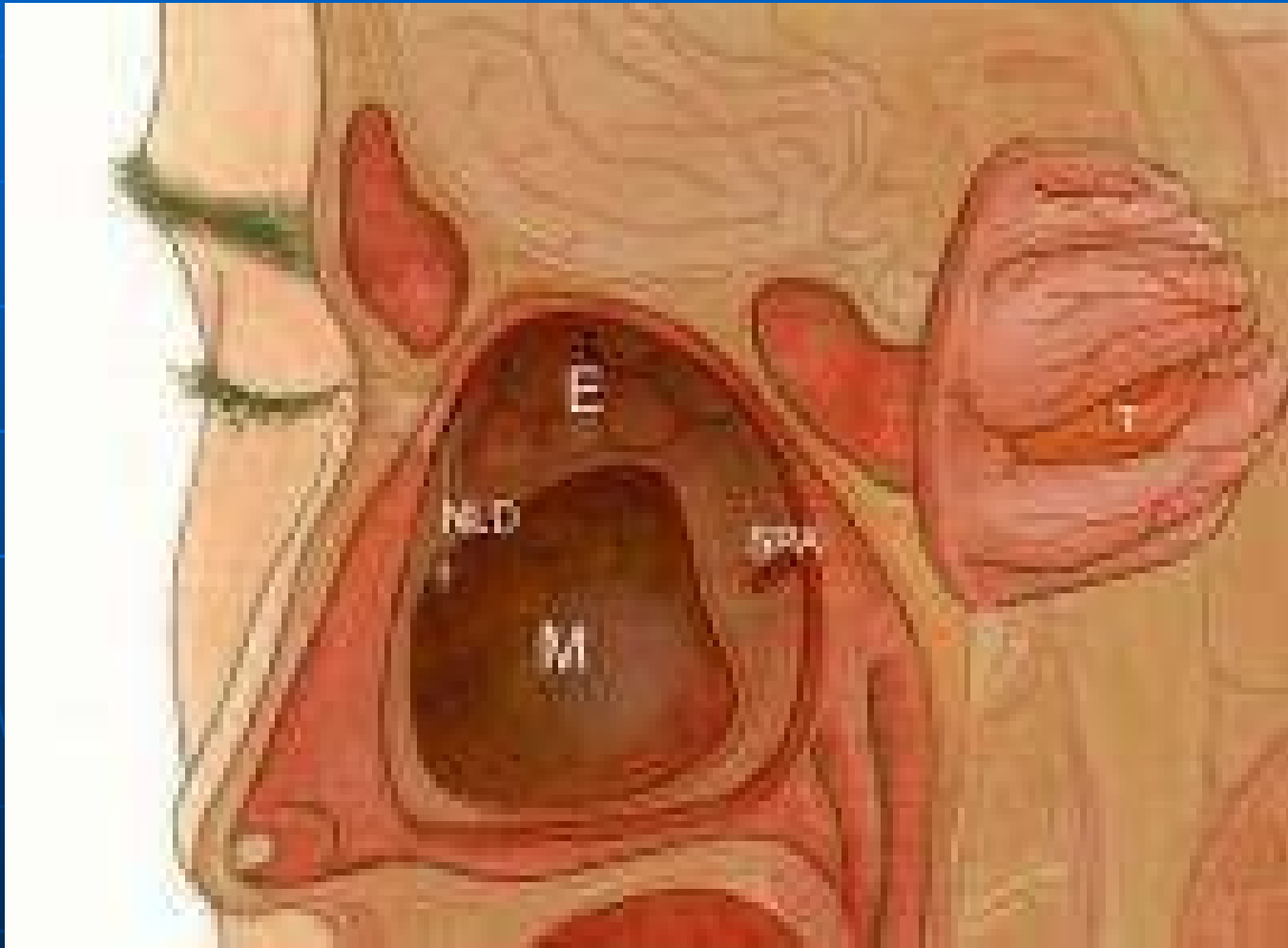
CT-SCAN



CT-SCAN



Medial Maxillectomy -Exposure.



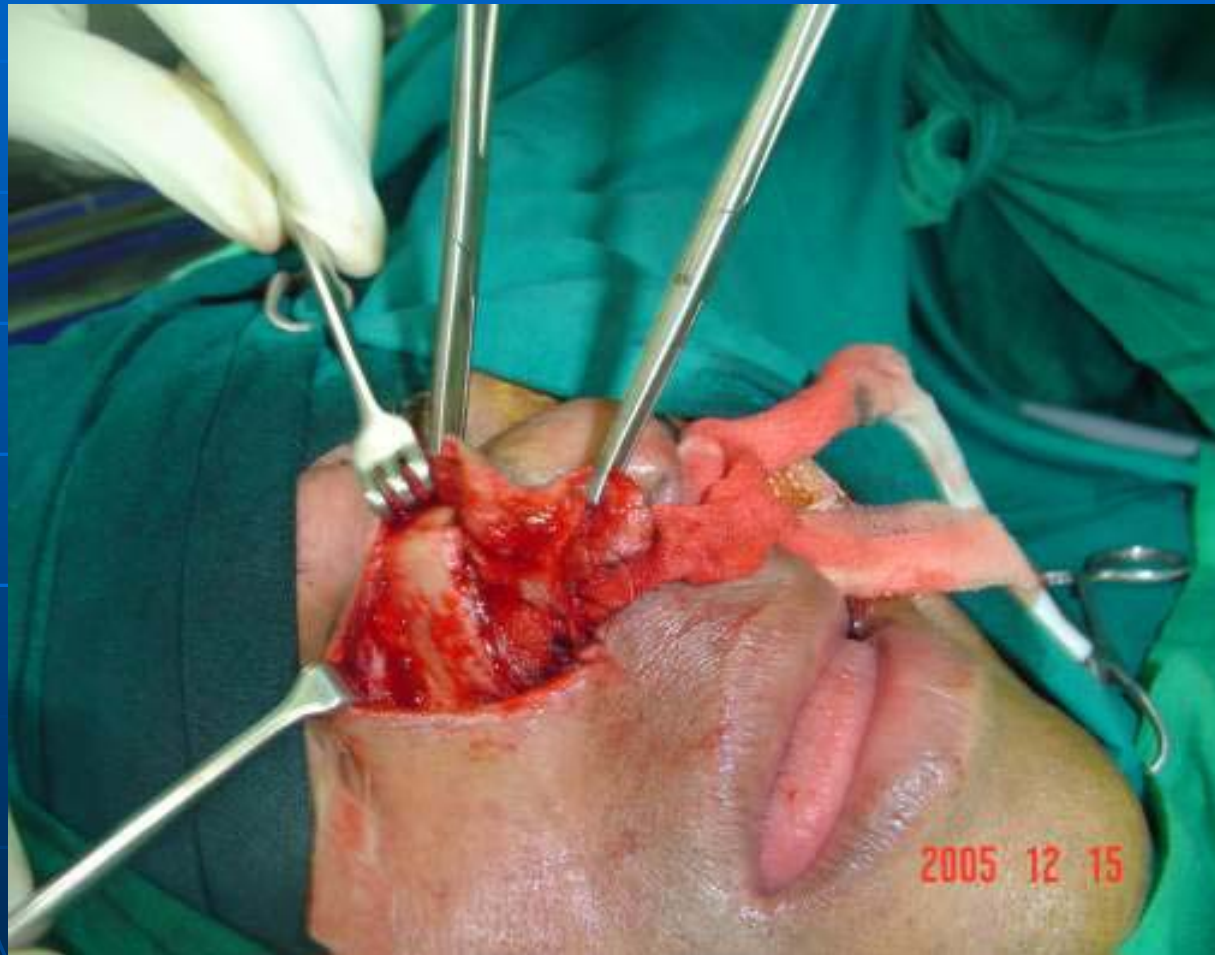
BEFORE SURGERY



SURGICAL CLIPS



SURGICAL CLIP



SURGICAL CLIPS



SURGICAL -CLIPS



SURGICAL -CLIPS



Enblock tumour mass.



POST OP NASAL COMPLEX



Ca-Ethmoid.

- Patient received DXT for six wks.
- Post op nasal endoscopy revealed healing naso-maxillary cavity.
- Patient is under regular follow up.

High points

- Nasal endoscopy is must in all suspicious cases.
- Biopsy for Histopathological typing.
- Surgery should be the first choice.
- Chemo-radiation for inoperable cases.(20%) in extention to nasopharynx,skull base,poor surgical risk,& with distant metastasis.
- LR.+ MM +Enblock Sphenoethmoidal rescetion is an ideal surgical option.
- Endoscopic sphenoethmoidal rescetion in limited lesion may be tried

THANK YOU !!

