



REVIEW ARTICLE

## Spanish Consensus for the Management of Sinonasal Tumors<sup>☆,☆☆</sup>



Fernando López,<sup>a,b,\*</sup> Juan José Grau,<sup>c</sup> José Antonio Medina,<sup>d</sup> Isam Alobid<sup>e</sup>

<sup>a</sup> Servicio de Otorrinolaringología, Hospital Universitario Central de Asturias, Oviedo, Spain

<sup>b</sup> Instituto Universitario de Oncología del Principado de Asturias, Universidad de Oviedo, Oviedo, Spain

<sup>c</sup> Servicio de Oncología Médica, Hospital Clínic de Barcelona, Universidad de Barcelona, Barcelona, Spain

<sup>d</sup> Servicio de Oncología Radioterápica, Hospital Universitario Virgen de la Victoria, Málaga, Spain

<sup>e</sup> Unidad de Rinología y Base de Cráneo, Servicio de Otorrinolaringología, Hospital Clínic de Barcelona, Universidad de Barcelona, Barcelona, Spain

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### KEYWORDS

Consensus;  
Sinonasal tumors;  
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**Abstract** Sinonasal tumors are rare neoplasms with distinctive clinical, aetiological and pathological features. The diagnosis and treatment of these tumors is challenging because of their low incidence, histological diversity and production of nonspecific symptoms in the early stages. They have a variable prognosis depending on their histology, origin and staging. Their location, close to neurocritical structures, which are of special relevance to surgery and postoperative treatment, makes their treatment difficult and complex, leading to high morbidity and mortality. Surgery followed by radiotherapy is the mainstay of treatment. To provide the best possible care, patients with sinonasal cancer should be treated in clinical referral centres specialising in skull-base pathologies. Such centres should include a multidisciplinary team led by otolaryngologist surgeons. This article outlines a consensus protocol for the management of these tumors devised by the Spanish Society of Otolaryngology in collaboration with the Spanish Society of Medical Oncology and the Spanish Society for Radiation Oncology.

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<sup>☆☆</sup> This article summarises the National Consensus of Sinonasal Tumors promoted by the Spanish Society of Otolaryngology and Head and Neck Surgery (SEORL-CCC from the Spanish), the full version of which will be published. Several members of the SEORL-CCC participated, as did members of the Spanish Society of Medical Oncology (SEOM from the Spanish) and the Spanish Radiation Oncology Society (SEOR from the Spanish).

\* Corresponding author.

E-mail address: flopez\_1981@yahoo.es (F. López).

**PALABRAS CLAVE**

Consenso;  
Tumores  
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Tratamiento;  
Manejo;  
Cirugía

**Consenso español para el tratamiento de los tumores nasosinuales**

**Resumen** Los tumores nasosinuales son neoplasias poco frecuentes. Su epidemiología, histopatología y características clínicas son diferentes a las del resto de neoplasias malignas de cabeza y cuello. El diagnóstico y tratamiento de estos tumores plantea diversos desafíos debido a su escasa incidencia, su diversidad histológica, la producción de sintomatología inespecífica en los estadios precoces y por tener un pronóstico variable en función de su histología, lugar de origen y estadificación. Su localización centrorfacial y la proximidad de estructuras como la órbita y la base del cráneo hacen que su tratamiento sea difícil y complejo, conllevando una elevada morbimortalidad. La cirugía seguida de radioterapia es el tratamiento de elección en la mayor parte de los casos. Para conseguir unos buenos resultados se requiere de equipos multidisciplinares altamente especializados. En este artículo se expone un protocolo de consenso para el tratamiento de los tumores nasosinuales realizado por la Sociedad Española de Otorrinolaringología en colaboración con la Sociedad Española de Oncología Médica y la Sociedad Española de Oncología Radioterápica.

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**Epidemiology**

The incidence rate of sinonasal tumors (SNT) is <1 case per 100 000 inhabitants per year.<sup>1-4</sup> They account for 3%–5% of all malignant tumors of the head and neck.<sup>1</sup> SNT are most common in males and are diagnosed around 50 years of age, even though they may present at any age.<sup>5</sup>

Although the nostrils and sinuses occupy a small anatomical space, they may give rise to a wide histological diversity of tumors.<sup>6</sup> Between 50% and 90% of SNT are epithelial in type,<sup>1,7</sup> with epidermoid carcinoma being the most frequent (5%–80%), followed by adenocarcinoma (10%–20%).<sup>2-4,8</sup> Table 1 shows the frequency of the different histological subtypes, which may vary geographically, and also average survival.<sup>1,5,6</sup>

With regard to location, SNT begin in the nasal cavities in approximately 45% of cases, in the maxillary sinus in 35% of cases and in the ethmoids in 10% of cases.<sup>1,5</sup> Primary tumors of the frontal sinus and the sphenoid sinus are exceptional (<1%). Despite the above, precise distribution is difficult to define given that, on diagnosis, the great majority involve over more than one location.

**Aetiopathogenesis**

The aetiopathogenic mechanisms of SNT are as yet unknown precisely. Although it is less obvious than in pharyngolaryngeal carcinomas, there is sufficient evidence to suggest that tobacco smoke produces them.<sup>5</sup> Overall, there is a 40% risk attributable to the development of a SNT associated with different occupations. For adenocarcinomas the risk would be 90% and for epidermoid carcinomas 30%.<sup>9</sup> The professionals who work with wood are up to 500–900 times at greater risk of developing adenocarcinomas and 20 times greater risk of developing epidermoid carcinomas, compared with the general population.<sup>7</sup> Furthermore, the risk of developing an adenocarcinoma is 10 times greater in workers of the fur

**Table 1** Mean Rate of Frequency and Survival of Sinonasal Carcinomas According to Histological Subtype and Location.

	Frequency (%)	5-Year Survival Rate (%)
<i>Histological subtype</i>		
Epidermoid carcinoma	50	50
Adenocarcinoma	13	60
Melanoma	5–7	35
Stesioneuroblastoma	7	70
Cystic adenoid	7	70
Undifferentiated	5	35
Neuroendocrines	5	65
Others	13	Variable
<i>Location</i>		
Nostrils	45	70
Maxilar sinus	36	45
Ethmoid labyrinth	10	40
Frontal sinus	1	35
Sphenoidal sinus	3	40
More than one location	5	Variable

Sources: Turner and Reh<sup>1</sup> and Youlden et al.<sup>5</sup>

trade sector than that of the general population.<sup>7</sup> Other substances which have been associated with the development of SNT, mainly with epidermoid carcinomas, are formaldehyde, chrome, nickel, radium and several substances used in the textile industry.<sup>7</sup> The presence of the human papilloma virus (HPV) 16 and 18 has been shown to fall within the biological factors associated with the development of SNT, and primarily in epidermoid carcinomas.<sup>10</sup> Genetic-molecular analysis not only helps in the understanding of the pathogenesis of these tumors, but enables the establishment of prognostic markers and the identification of potential therapeutic targets.<sup>7</sup>

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