



Aden carcinoma NOS of The Maxillary Sinus: Clinical and Histopathological Features with Therapeutic Considerations

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Abstract

Malignant tumors of the nasal cavities and paranasal sinuses are uncommon. They constitute less than one per cent of all tumours and less than three per cent of head and neck tumours. Carcinoma of the maxillary sinus is the most common of the sinonasal malignancies. In this anatomical site a case of adenocarcinoma, not otherwise specified, was documented, mainly from a histological perspective and discussed considering all types of differential diagnoses. Keywords: Adenocarcinoma NOS; Immunohistochemistry; Differential diagnosis Adenocarcinoma not otherwise specified (NOS), is a malignant epithelial salivary gland tumor with glandular or ductal adenocarcinomatous differentiation but without other specific histologic features, allowing for a more definitive classification and that characterize the other defined types of salivary carcinoma. The modifying term "not otherwise specified" should be included because most other epithelial salivary gland malignancies are also adenocarcinomas Case Report A 65year-old Italian woman was referred to the "Clinica Odontoiatrica" of the Second University of Naples, Napoli (Italy) complaining of swelling in the right upper edentulous molar area and fornix. A recent study has identified the role of work exposure to organic dusts in patients with malignant paranasal sinus tumors .

Discussion :

Malignant tumours of sinonasal tract are uncommon. They constitute less than 1% of all malignancies in the body and about 3% of head and neck cancers. The incidence is approximately 1 in 100,000 people per year [7]. Generally, the incidence in males is twice that of Positron emission tomography, also called PET imaging or a PET scan, is a type of nuclear medicine imaging. Nowadays, PET and PET/CT scans are performed to detect a cancer (particularly unknown primitive cancer), determine whether a cancer has spread in the body, assess the effectiveness of a treatment plan, such as cancer therapy, determine if a cancer has returned. Metastasized after treatment.

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1. Beale FA, Garrett PG (1983) Cancer of the paranasal sinuses with particular reference to maxillary sinus cancer. J Otolaryngol 12: 377-382. 2. Bridger GP, Mendelsohn MS, Baldwin M, Smee R(1991) Paranasal sinus cancer. Aust N Z J Surg 61: 290-294. 3. Barnes L WHO histological classification of tumours of the nasal cavity and paranasal sinuses. In: Barnes EL, Eveson JW, Reichart P, Sidransky D, eds. World Health Organization Classification of tumours: Pathology and Genetics of Head and Neck Tumours. Lyon, France: IARC Press; 2005. 4. Patel S, Shah JP (2009) Part II: Head and neck sites. In: Edge SB, Byrd DR, Carducci MA, Compton CA, eds. AJCC Cancer Staging Manual. 7th ed. New York, NY: Springer. 5. Cantu G, Solero CL, Mariani L, Lo Vullo S, Riccio S, et al. (2011) Intestinal type adenocarcinoma of the ethmoid sinus in wood and leather workers: A retrospective study of 153 cases. Head Neck 33: 535-42.

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