

Nostril Adenocarcinoma in a Male with Exhibition to Wood Dust

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Image Article

A 71 year old man, with personal highlights of smoking and asthma. Working as a cabinetmaker He was valued by Otolaryngologist in November 2015 because of yellowish nasal without infectious clinic from 6 months ago.

Fibroscopy described a mass which reaches floor nostril, resulting biopsy of intestinal adenocarcinoma. Imaging tests (CT and MRI) showed a tumor of 4.5×2×5 cm located in right nostril, with heterogeneous contrast enhancement and extension to medial wall of orbit. Two right retropharyngeal nodes less than 3 cm. Staging: T3N2a.

Multidisciplinary Tumor Committee decided surgical resection followed by radiotherapy +/-chemotherapy.

Intestinal adenocarcinoma is a rare entity within head and neck tumors. In the etiology of ethmoid tumors have been involved various environmental carcinogens, highlighting wood dust. Latency period is 30 years from the exposure, and is related with the amount of inhaled powder.

Although etmoidal adenocarcinoma is a rare tumour, in patients with recent unilateral nasal obstruction, facial pain and rhinorrhea should be suspected a neoplastic nature and require further testing (Figures 1 and 2).

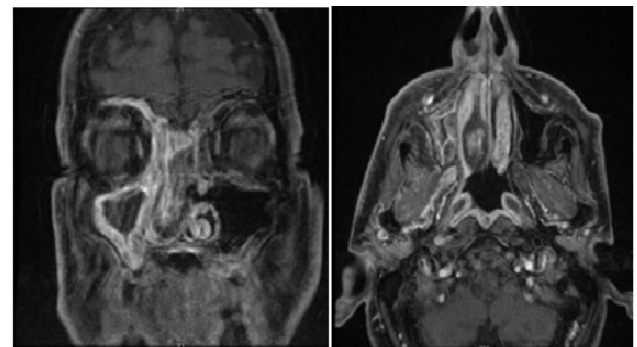


Figure 2: SINUSES MRI-Right nasal cavity tumor with nasal septum displacement and ipsilateral retropharyngeal lymphadenopathy of 1 cm.

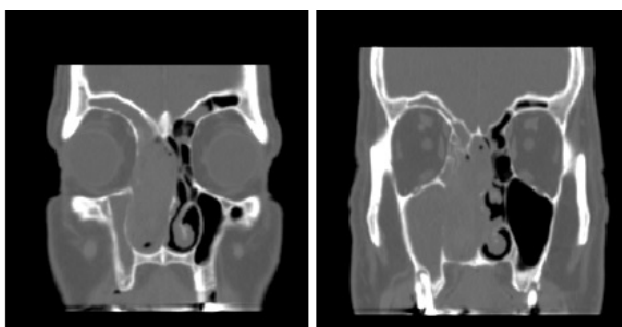


Figure 1: Facial sinuses CT- Ethmoid tumor with medial orbital invasion.