FIBROSARCOMA OF THE MAXILLARY SINUS

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ABSTRACT: *Fibrosarcoma arising in the sinonasal cavities are very rare. By the time of clinical diagnosis, they are usually advanced. Lack of adequate surgical margins predisposes these patients to tumor recurrences. Most common sites are the extremities, with only one percent of fibrosarcoma arising in the head and neck area. The imaging features of these tumors reflect their aggressive behavior. We report the case of a maxillary sinus fibrosarcoma in a 16 year-old male patient. Neoadjuvant chemotherapy, medial maxillectomy, adjuvant chemotherapy and subsequent external irradiation was performed*

Key Words: *Fibrosarcoma, maxillary sinus, chemotherapy, surgery, radiotherapy*

INTRODUCTION

Malignant bone tumors constitute the sixth most common group of malignant neoplasms in children, accounting for 5% of childhood malignancies.^[1] Primary fibrosarcoma of the head and neck are extremely rare, with the extremities being the most common site. The fibrosarcoma of the maxillary antrum is one of the rarest locations and only few cases have been reported in the literature.^[1]

CASE REPORT

A 16 year-old man presented with a 1 year history of anosmia and intermittent paranasal sinus drainage. At first admission, he complained of left-sided facial pressure, pain, ipsilateral nasal obstruction and acute severe epistaxis of the left nasal cavity. The clinical examination revealed generalized left facial fullness, left sided anosmia and an intact left facial nerve. Inspection of the left nasal cavity demonstrated a polypoid mass that prevented passage of a fiberoptic endoscope. No other abnormality was detected. A computer tomography (CT) with contrast agent, showed that the lesion was filling most of the left maxillary sinus [Figure 1] and was penetrating through the bony margins of the medial wall. An intranasal biopsy was obtained and reported as high grade fibrosarcoma [Figure 2]. No distant metastasis were found at whole body computed tomography and bone scintigraphy. To improve the operability and outcome of the patient, a neoadjuvant chemotherapy regimen consisting in three cycle of Adriamycin and Ifosfamide at high doses was performed. Two months later, the patient had a left medial maxillectomy with a standard Weber-Ferguson approach. The pathologic response using Huvo's grade was at more than 20% of viable cells, then the patient had a systemic adjuvant chemotherapy as poor responder for four more cycles by platinum and etoposide and because of the posterior surgical margins were not free of tumour since it was incompletely excised, the patient had in

addition a post-operative irradiation at 6.600 rads. Two years after completion of therapy, the patient died with evidence of widespread disease, including lung and bonemetastases.

DISCUSSION

Fibrosarcomas arising in the sinonasal region are uncommon. Less than 50 cases of fibrosarcomas arising in the maxillary sinuses have been reported.^[2] The tissue of origin seems to be the periosteum rather than mucosal connective tissue.^[3] Previous trauma, nasal polyposis and a history of radiation therapy have been implicated, but their etiology remains uncertain.^[4] These tumors are generally locally advanced at the time of presentation and their spread beyond the sinuses is believed to be responsible for the symptoms. Unfortunately, early signs and symptoms are vague and may mimic minor upper respiratory infections. The most common presentation for sinonasal fibrosarcomas includes nasal airway obstruction, pain, epistaxis and hypoesthesias, all of which were present in our patient.^[5] Because of the rarity of these tumors and the limited number of adequately documented cases, no clear guidelines exist for their therapy and the prognosis loosely

Figure 1: CT showing a bulky tumour in the left maxillary sinus with extension to parapharyngeal area

Figure 2: Histologic specimen showing elongated spindle cells arranged in bundles. (H/E, 200x)

correlates with the degree of histological differentiation. However, in the head and neck, these neoplasms tend to be slow growing and of low grade but behave aggressively.^[2] The 3 to 5 cm margin of excision recommended for removal of fibrosarcomas in other areas of the body is not usually possible in the sinonasal region because of anatomy and mutilation effect, thus failure of local control regardless of the histologic grade is responsible for their high mortality.^[3] In these cases, neoadjuvant chemotherapy, radiation therapy or both may be beneficial while the complete surgical resection and chemotherapy were independent significant factors in the overall and disease free survival estimates in osteosarcoma of the head and neck.^[6]

In summary, sinonasal fibrosarcoma is an extremely uncommon tumor that is usually in advanced stages when diagnosed. Its location precludes wide surgical margins, which

generally results in recurrence and poor prognosis. Inclusion of neoadjuvant chemotherapy in modern therapy regimens may facilitate resection of unresectable tumors and improve the outcome of these patients.

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AN AMAZING CASE OF WORKING WRIST WATCH IN THE ESOPHAGUS

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ABSTRACT: Foreign bodies in the esophagus are commonly seen in otolaryngologic practice. We report the successful removal of a working wrist watch dial lodged for one month in the esophagus of an adult schizophrenic patient, which is a rare incident.

Key Words: Foreign body, esophagus, wrist watch, schizophrenia

INTRODUCTION

As far as otolaryngologic emergencies are concerned, foreign bodies of the aerodigestive tract are usually found in children

who have an innate curiosity, lack posterior dentition and have an immaturity of the swallowing mechanism making lodgement of food in the esophagus common especially when