



## OUR EXPERIENCE WITH MAXILLARY TUMOURS - A 3 YEAR STUDY LAVANYA

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**Abstract :** OBJECTIVE Objective of this study is to review our experience with maxillary tumors. MATERIALS AND METHODS The patients presenting to our department from 2009 to 2012 (June) were analyzed based on history, clinical examination, radiological evaluation and histopathological diagnosis. The patients were staged as per AJCC protocol and treated. The details of the study are discussed. RESULTS 30 patient were diagnosed and treated. Majority of them were males .Most common age of presentation was between 45 to 50 years. The primary symptoms were nasal obstruction and epistaxis. Squamous cell carcinoma was the most common histopathological diagnosis. Total maxillectomy followed by post op RT gave excellent results. CONCLUSION Males, of lower socioeconomic status in the 5th to 6th decade of life predominantly carpenters presenting with chronic progressive nasal obstruction should be investigated with a high possibility of Malignant growth Maxilla in mind. Early surgical intervention followed by radiotherapy gives excellent results.

**Keyword :** Maxilla, epistaxis, squamous cell, maxillectomy

### INTRODUCTION:

Malignancy of the paranasal sinuses comprise less than 1 % of all human malignancies and only 3 % of those arising from the head and neck .They are twice as common in males as in females. The majority being squamous cell carcinoma. They have traditionally been associated as difficult to treat tumors with poor outcomes. This study is to share our experience with this tumor.

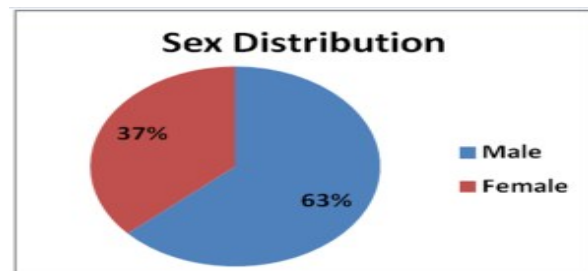
### MATERIALS AND METHODS:

This article will review our experience with 30 cases of maxillary malignancies investigated and treated in our hospital

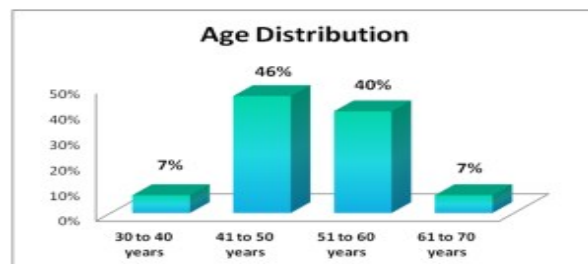
### THE RESULTS

CASE STUDY : 2009 (November) to 2012 (June) TOTAL NUMBER OF CASES : 30

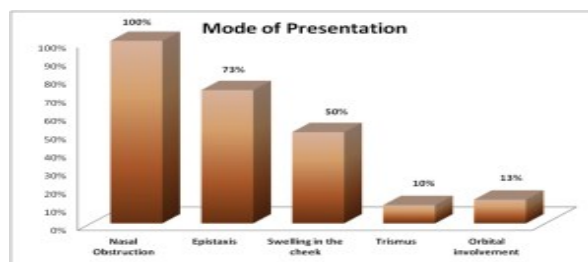
### SEX DISTRIBUTION



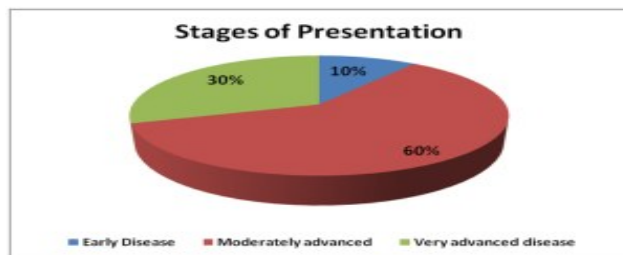
**SOCIO ECONOMIC STATUS :** LOWER ECONOMIC CLASS(87%) **OCCUPATION :** CARPENTERS (78%)



### AGE DISTRIBUTION MODE OF PRESENTATION



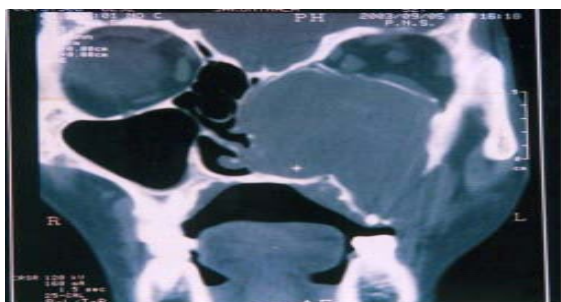
## STAGES OF PRESENTATION



## HISTOPATHOLOGY :

Squamous cell carcinoma	: 22
Adenocarcinoma	: 4
Adenoid cystic carcinoma	: 2
Melanoma	: 1
Leiomyoma	: 1

OUR LINE OF MANAGEMENT : TOTAL MAXILLECTOMY FOLLOWED BY POST OP RADIOTHERAPY.



## DISCUSSION:

Para nasal sinus tumors represent 3 % of head and neck tumors. Poor prognosis of patients with paranasal sinus malignancy has led any investigators to focus on this tumor. Their non specific symptoms most often lead to a delay in diagnosis. Maxillary sinus is the identified site in 55% to 85% of cases. These tumors most commonly occur in the range of 50 to 90 years. Squamous cell carcinoma accounts for upto 80%. Up to 45% of these tumors are attributed to occupational exposure ie the wood dust. They are characterised by late presentation. Contrast CT scan and MRI stand as the best investigatory modalities. Surgery has become the most preferred modality of first line therapy. A variety of techniques are available based on the location and extent of the tumor. The goal is complete resection. There is no clear evidence supporting pre op radiation. Post op RT appears to be the popular choice to target microscopic residual disease. The only time when pre op RT is recommended in extensive lesions to sterilise these areas. There is no existing evidence that pre or post op chemotherapy improves survival. In cases of orbital involvement decision to preserve the eye are made on individual basis . Leaving behind a functioning eye & the post op RT fields should be considered. Elective treatment to N0 neck is not advocated. In our series the treatment of choice was total maxillectomy followed by post op radiotherapy. 13 cases have completed a follow up of 1 year and none of them have reported back with locoregional recurrence

## CONCLUSION :

Males in their 50 and 60s with chronic progressive nasal obstruction and epistaxis should be evaluated with malignancy of maxilla in mind. Proper clinical and radiological assessment and surgical intervention offers the best form of therapy to this killer disease.

## REFERENCES:

1. Scott-Brown's Otolaryngology and Head & Neck Surgery
2. Comprehensive management of Head & Neck tumors – Batsakis
3. Jatinshah – Cancer of Head & Neck
4. Ballenger's Otorhinolaryngology
5. Byron J Bailey & Jonas T Johnson – Head & Neck surgery and Otolaryngology