Hyams grading system

Low and high-grade esthesioneuroblastoma display distinct patterns at presentation and relapse, leading to different prognoses. Therefore, they may be regarded as distinct entities [1].

The only histological grading system available for ENB was proposed by Hyams in 1988 on the basis of the Armed Forces Institute of Pathology experience

Hyams grading, a system used to define all upper respiratory tract carcinomas, is utilized to assess nuclear pleomorphism, mitotic activity, rosette presence, and necrosis, and summates these to produce Hyams 1–4 classification [2] It has been shown in the meta-analysis, as well as in large series, that Hyams grade 1 and 2 predict benign disease course, as compared to Hyams 3 and 4, which predict poor disease course. It is recommended that grading be performed in all cases [3] [4].

Vuong et al. verified that the Hyams grading system appears to be a reliable prognostic indicator to assess esthesioneuroblastoma outcomes. Consolidating the Hyams grading system into a three-tier system based on similar clinical outcomes of grades I and II may simplify this classification schema [5].

[1]

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[4]

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