

Sinonasal undifferentiated carcinoma

Sinonasal **undifferentiated carcinoma** (SNUC) ¹⁾: distinct from **lymphoepithelioma** (less keratinizing). Rare, aggressive **carcinoma** (a more lethal variant of **squamous cell carcinoma**) with poor **prognosis**. **Incidence** may be higher with prior **XRT** and in woodworkers and nickel factory workers. May invade adjacent structures, those relevant to neurosurgeons: **frontal fossa** and **cavernous sinus**. No relation to **EBV**. Treatment: tri-modal therapy (XRT, chemotherapy, and salvage surgery)

Abdelmeguid et al. evaluated the experience and the outcomes of patients with sinonasal cancer treated with endoscopic resection.

Overall, 239 patients were included. Median follow up time was 46.6 months. Of the 239 patients, 167 (70%) had a pure endonasal endoscopic approach, while 72 (30%) had an endoscopic-assisted approach. Postoperative cerebrospinal fluid (CSF) leakage occurred in 14 patients (5.9%). Negative margins were achieved in 209 patients (87.4%). There was no significant difference in the margin status between the pure endoscopic and endoscopic-assisted group ($P = .682$). There was no significant difference in the survival outcomes between both groups.

This data suggest that in properly selected patients, endoscopic approaches have acceptable morbidity with low complication rates and can provide an oncologically sound alternative to open approaches ²⁾.

References

¹⁾

Jeng YM, Sung MT, Fang CL, et al. Sinonasal undifferentiated carcinoma and nasopharyngeal-type undifferentiated carcinoma: two clinically, biologically, and histopathologically distinct entities. *Am J Surg Pathol*. 2002; 26:371–376

²⁾

Abdelmeguid AS, Raza SM, Su SY, Kupferman M, Roberts D, DeMonte F, Hanna EY. Endoscopic resection of sinonasal malignancies. *Head Neck*. 2019 Dec 24. doi: 10.1002/hed.26047. [Epub ahead of print] PubMed PMID: 31875340.

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