

Benigne sinonasale svulster

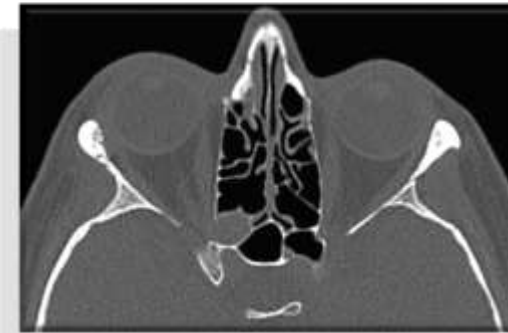
Sinan Dheyauldeen

Overlege ØNH –Rikshospitalet

Førsteamanuensis UiO

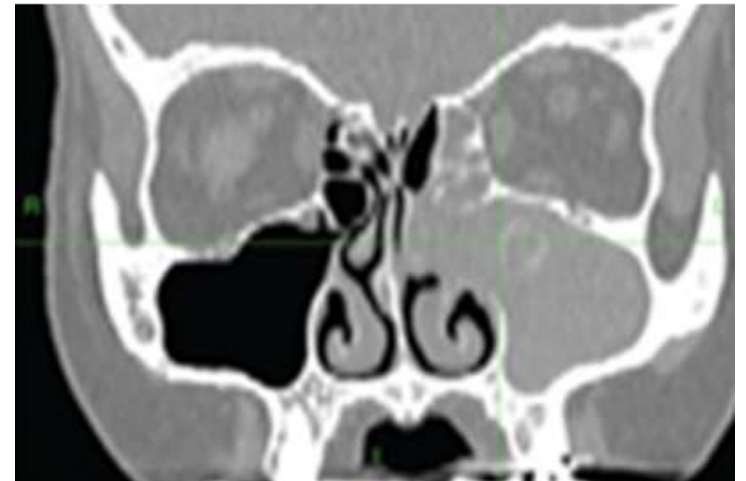
Non-neoplastisk

- Mucocele



Non-neoplastisk

- Mucocele
- Inflamatorisk -infeksiøse
 - Sopp
 - Actinomycosis



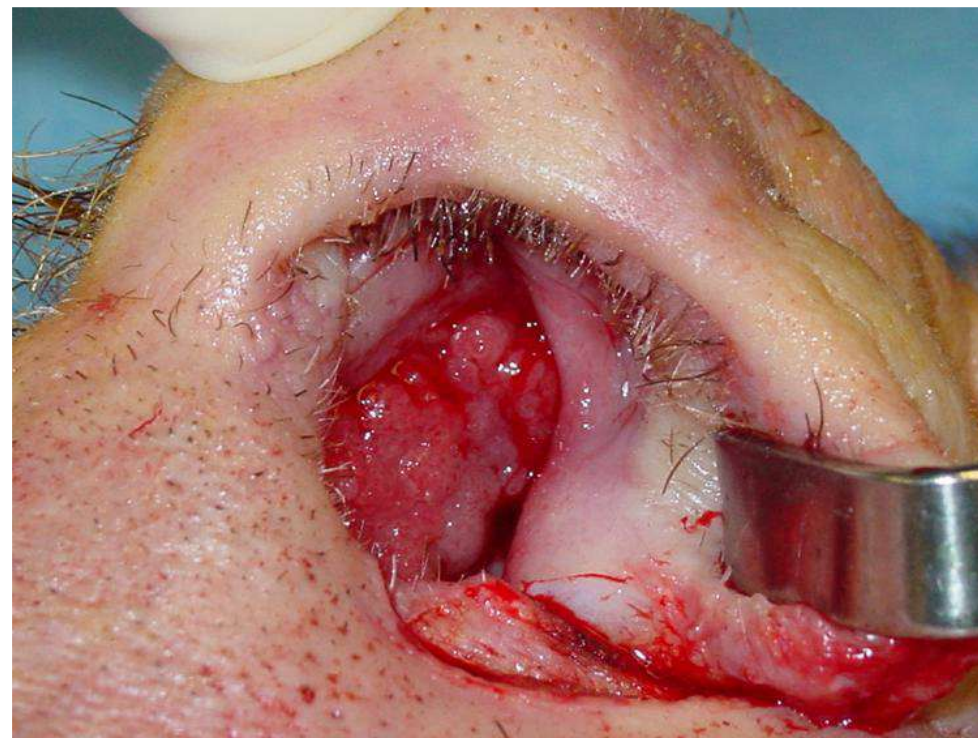
Non-neoplastisk

- Mucocele
- Inflamatorisk -infeksiøse
 - Sopp
 - Actinomycosis
- Inflammatoriske – ikke infeksiøse
 - Polyppar
 - Granulomatosis med polyangitt cocele



Benign neoplastisk sinonasale svulster

- Eksofytisk papillom
 - HPV assosierte evertert papillom (vorter)



Benign neoplastisk sinonasale svulster

- HPV assosierte evertert papillom (vorter)
- Invertert papillom

Benign neoplastisk sinonasale svulster

- HPV assosierte evertert papillom (vorter)
- Invertert papillom
- Spyttkjertel adenom
- Myoepitheliale
- Oncocytom

Fibro-osseøse SN svulster

- **Fibrøs dysplasi**

- Defekt osteoblast differensiering og modning
- Fibrøst bindevev umodent bein erstattar solid bein
- Mutasjon, vanligvis tidlig debut
- Østrogen reseptor positive
- Mono-/ polyostoisk

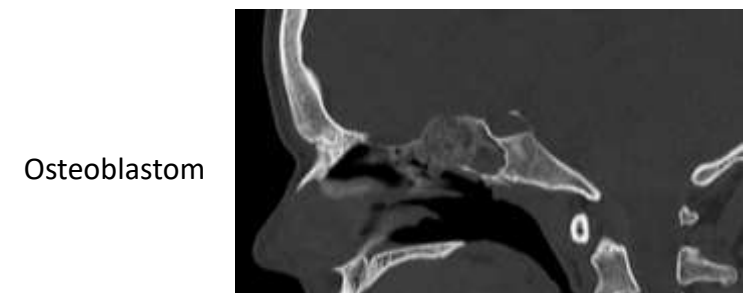
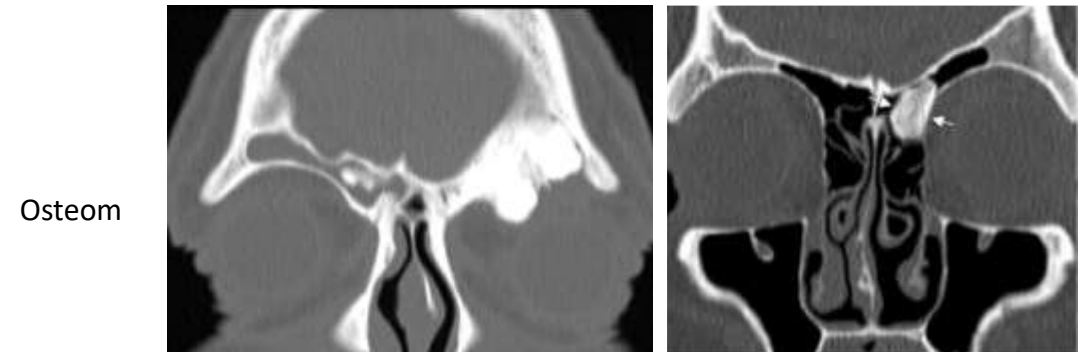
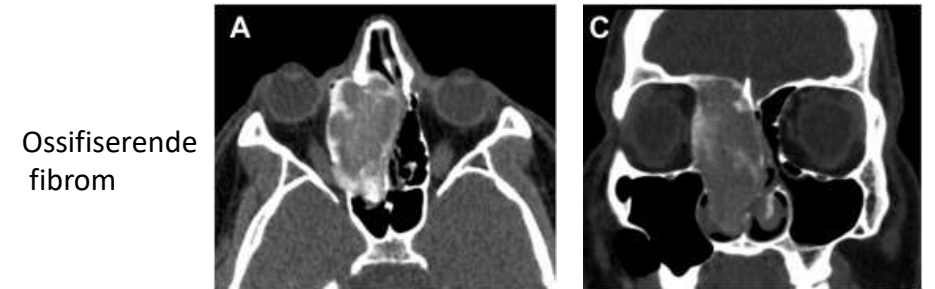
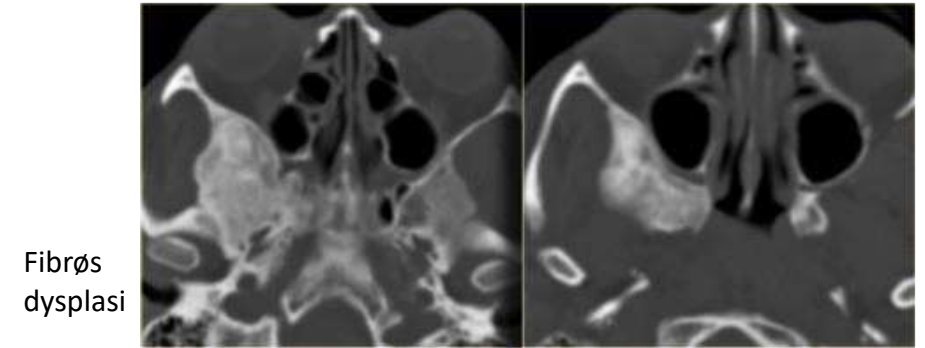
- **Ossifiserende fibrom**

- Innkapslet tumor av fibrøst bein, kasifikasjon og beinsement
- Trauma?

- **Osteom**

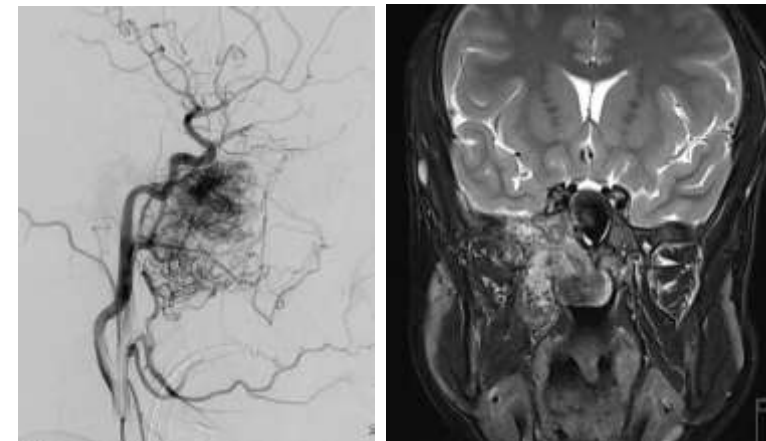
- Vanlig tilfeldig funn
- Velavgrenset uten kapsel
- Vanligst i frontal resessen overgang skalle/basis

- **Osteoblastom**

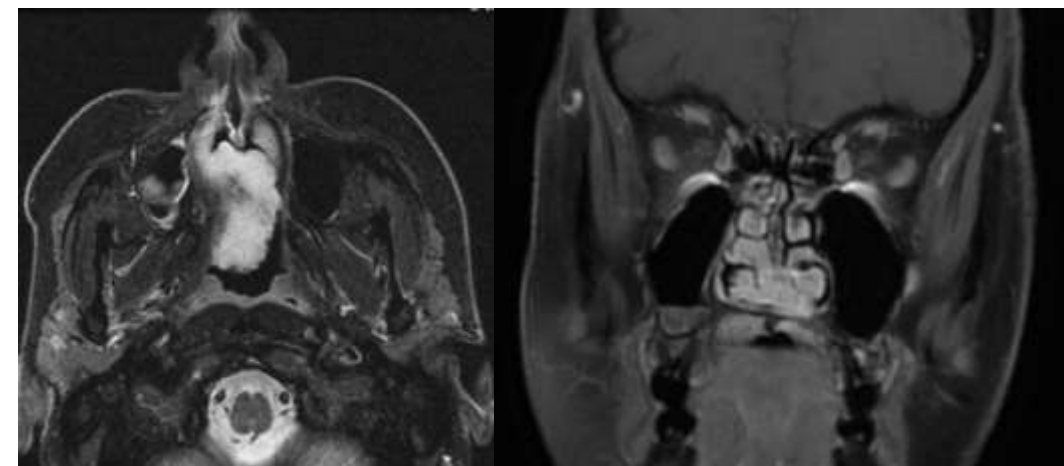


Vaskulære benigne SN svulster

- Juvenile angiofibrom
- SN Hemangiopericytom/Glomangiopericytoma
 - Utgår frå myopericytom celler
- Pyogent granulom: Lobulært capillary hemangioma
- Vaskulære anomaliar
- Intraosseøse hemangiom



Juvenilt angiofibrom



AVM concha inferior

Nevrogene SN benigne

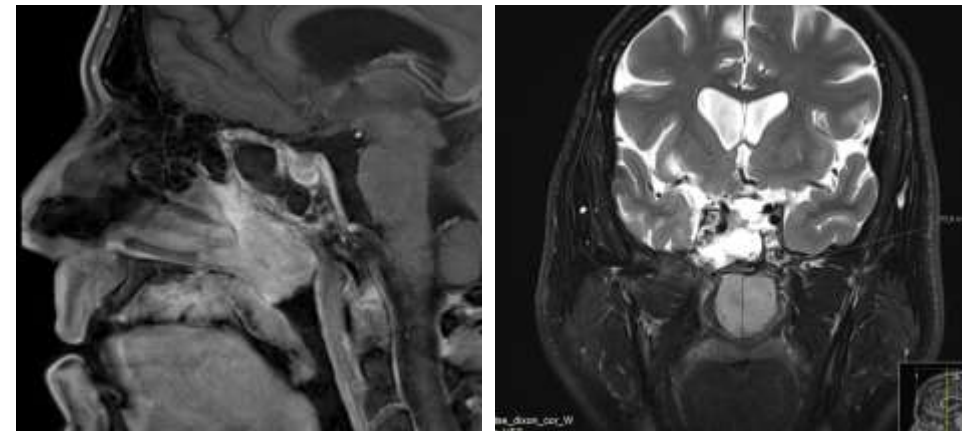
- **Meningiom**

- Med eller uten kontinuitet med intrakraniell eller spinal

- **Nevrofibrom**

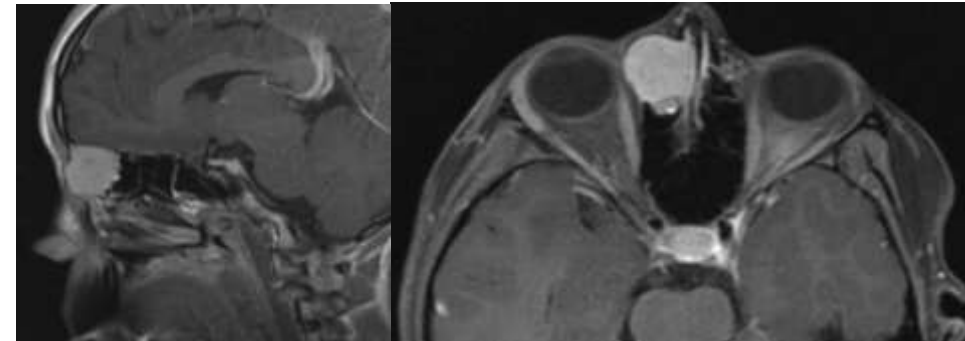
- NF1
- Sporadiske

- **Schwannom**



Meningiom

Nevrofibrom



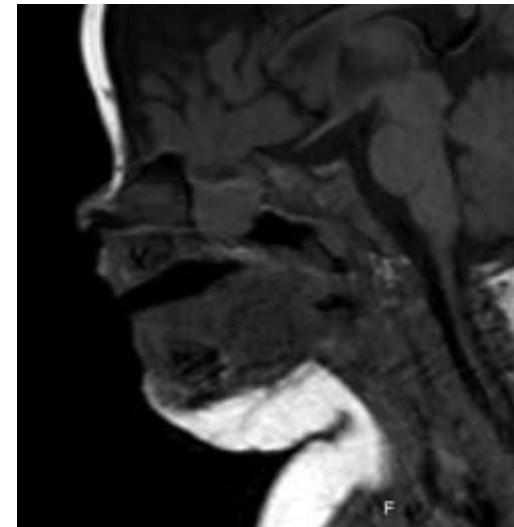
- 12 år jente
- Schwannom

Embryonale defekter

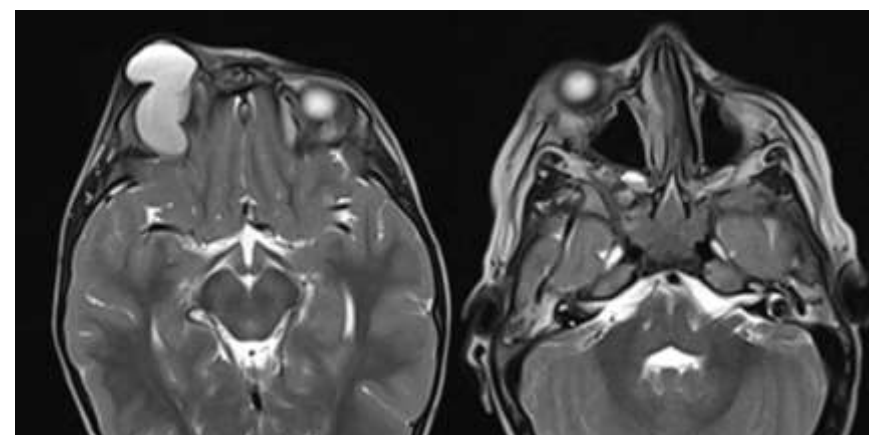
- Gliom
- Meningo(encephalo)cele
- Teratom
- Epidermoid



- 2 dager gammel gutt
- Nasal chondromesenchymal hamartom



- 3 uker gammel
- Tett nese
- Meningoencephalocele



- 4 år gutt
- Teratom i hals, orbita og fossa pterygopalatina

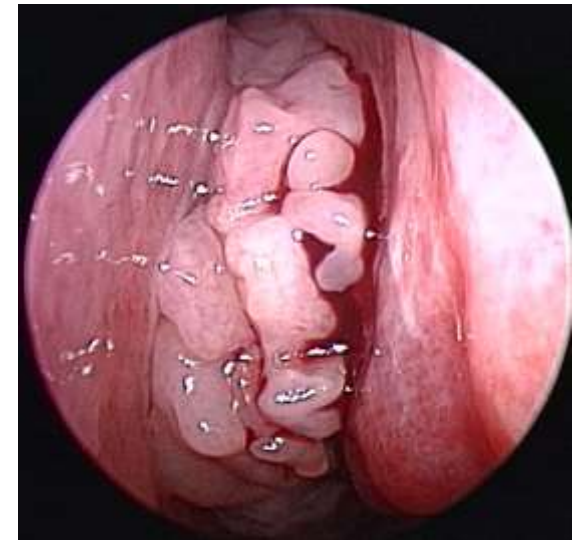
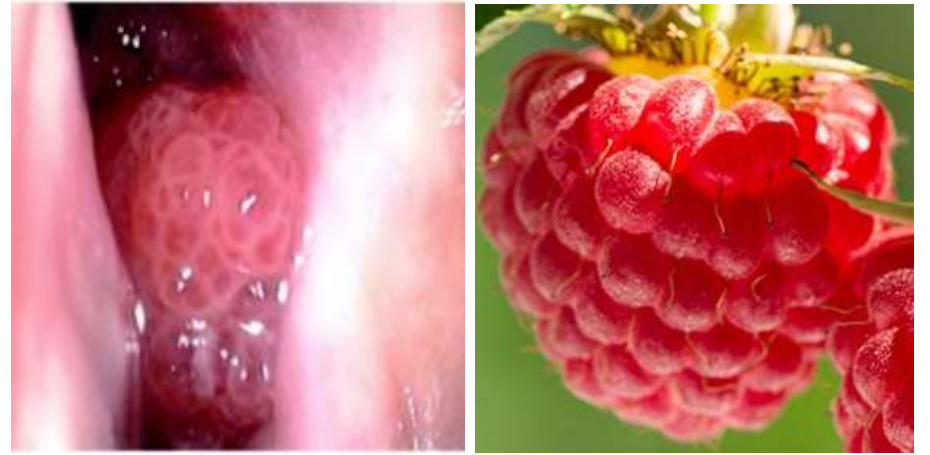
Andre / sjelden

- Leiomyom
- Rhabdomyom
- Chondrom
- Fibrom (chondomyxoid)
-
- Odontogen svulster
 - Kerato tumor /cyste
 - Ameloblastom
 -

Invertert papillom

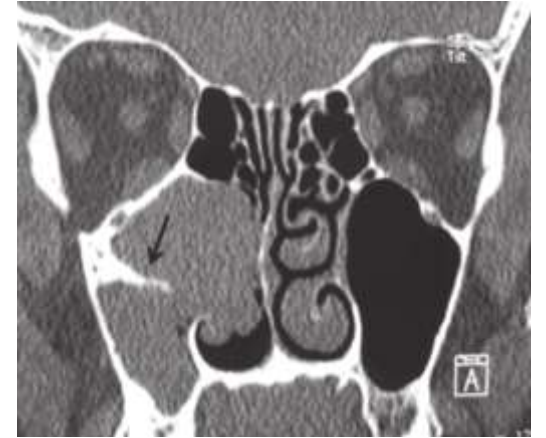
Invertert papillom

- Benign
- 0.5% - 4% av all sinonasal tumor
- Insidensen: 2-6/1000 000/ år
- Mest vanlig alder: 40s og 50s
- ♂:♀ ≈ 3:1
- HPV ?
- Insidensen med vanlig polyposis = 0.31 - 0.93%



Invertert papillom

- Pre-malign ?
- Malign coincidence?
- Malign assosiasjon = 5-15 %
- Vekst → lokal bein erosjon
- Residiv tendens (51% ved T3) *Lisan et al 2017*
- CT kan identifisere feste (utgangs punkt) av IP
- MR: cerebriform



Krouse classification system

T1: confined to the nasal cavity

T2: involves ostiomeatal complex region, ethmoid, or medial wall of the maxillary sinus

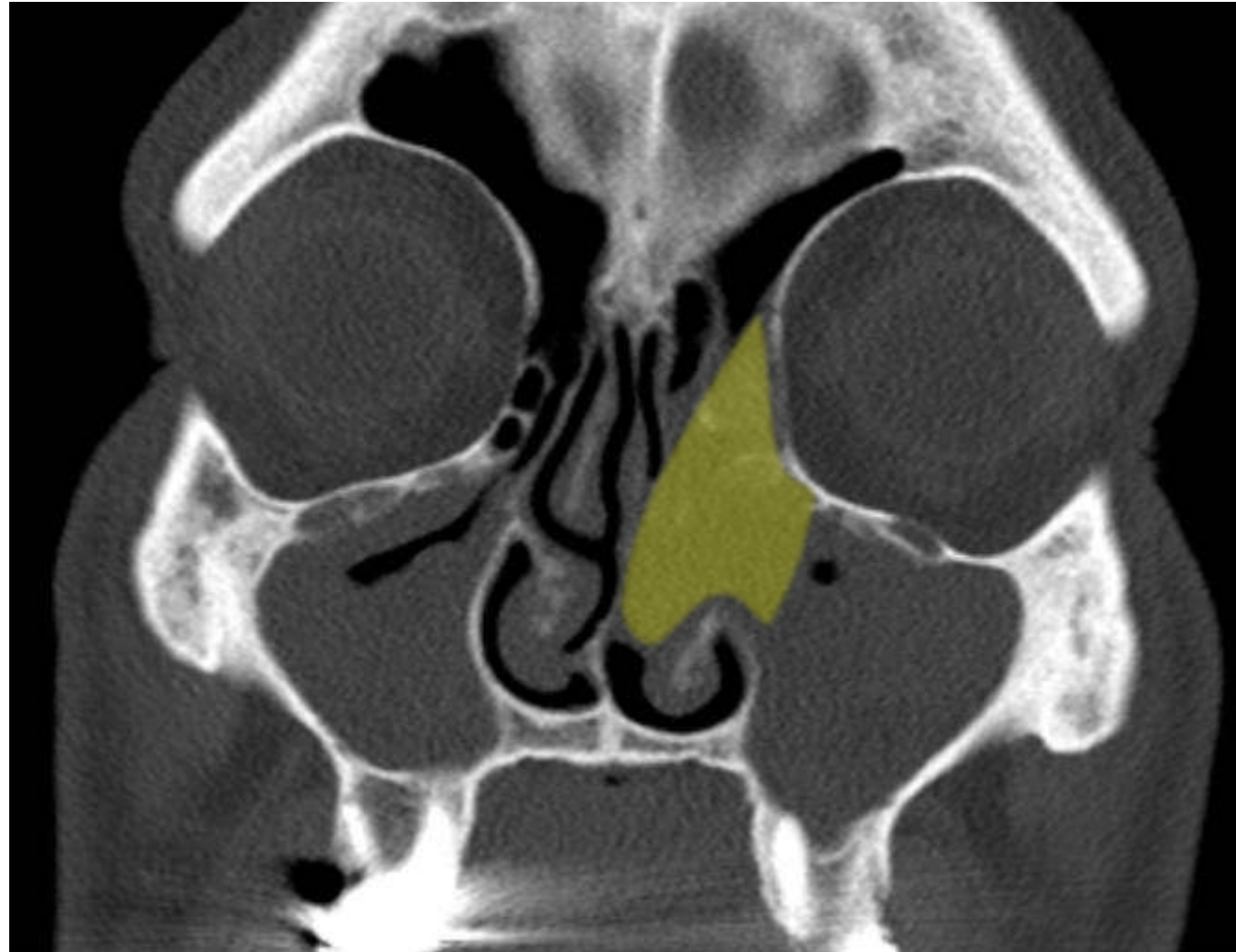
T3: involves any wall of the maxillary sinus but medial, frontal sinus, or sphenoid sinus

T4: any extranasal or extrasinus extension or presence of a malignant neoplasm

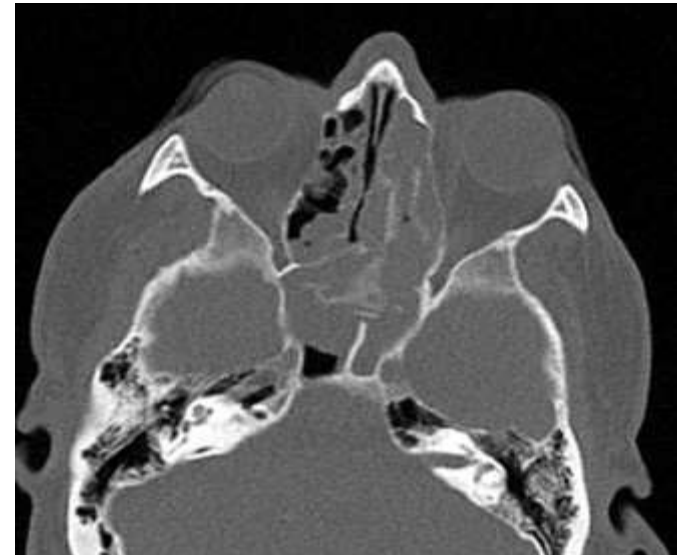
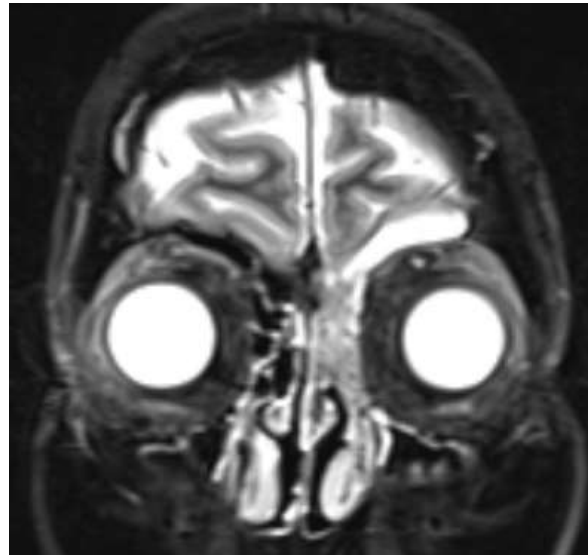
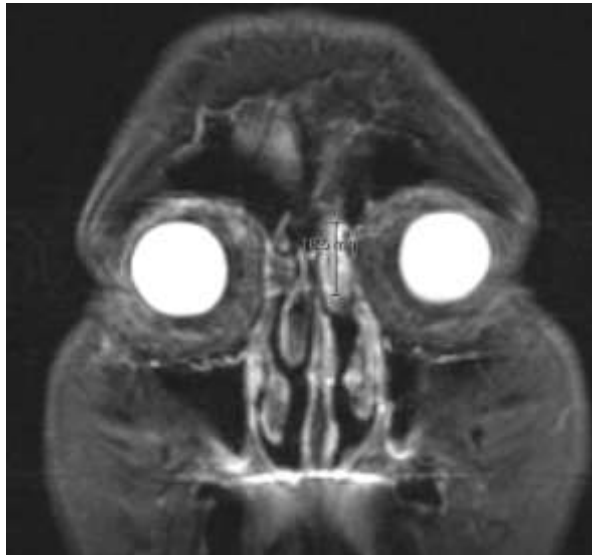
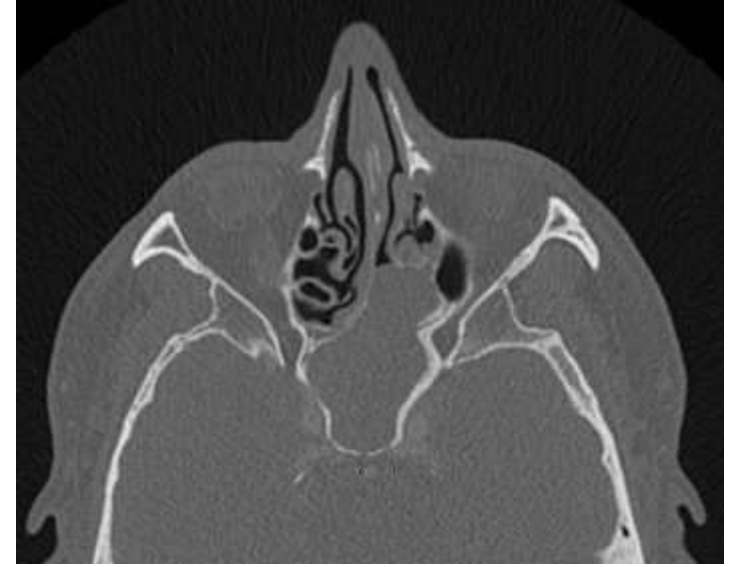
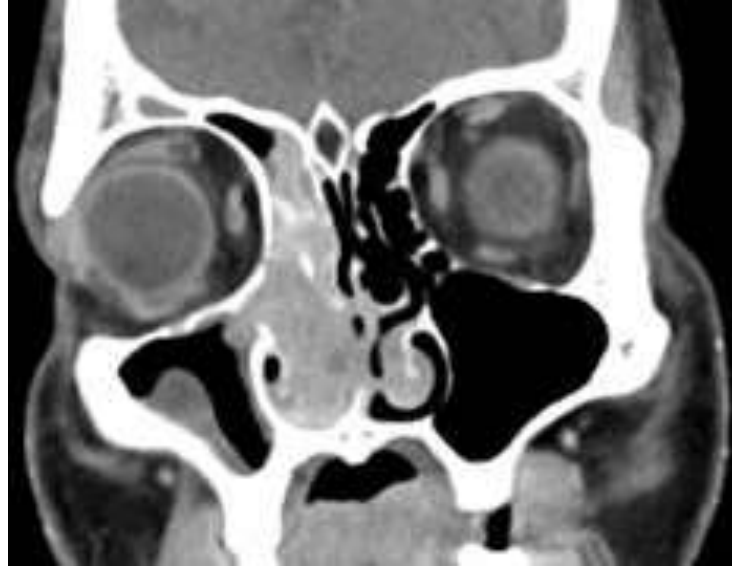
T1: confined to the nasal cavity



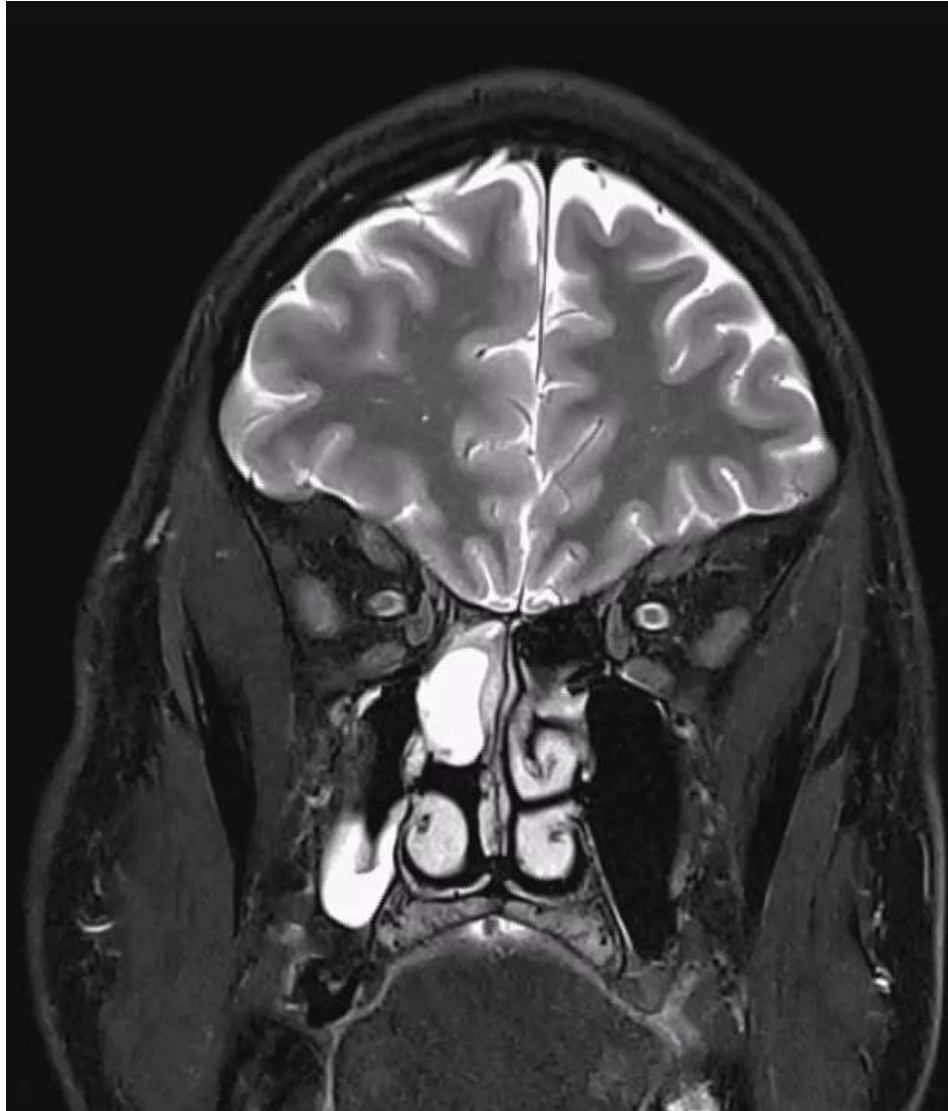
T2: involves ostiomeatal complex region, ethmoid, or medial wall of the maxillary sinus



T3: involves any wall of the maxillary sinus but medial, frontal sinus, or sphenoid sinus



T4: any extranasal or extrasinus extension or presence of a malignant neoplasm



Andre klassifisering:

Oikawa (Modified Krouse)

- **T3A:** Krouse T3 without frontal sinus or supraorbital recess involvement
- **T3B:** Krouse T3 with frontal sinus or supraorbital recess involvement

Andre klassifisering:

Cannady

Group A: is confined to the nasal cavity, ethmoid sinuses, and/ or medial maxillary wall

Group B: involvement of any maxillary wall (besides the medial wall)

Group C: frontal sinus, or sphenoid sinus SNIP involvement beyond the sinonasal cavities

Andre klassifisering:

Han

Group I: confined to the nasal cavity, lateral nasal wall, medial maxillary sinus, ethmoid sinus, and/or sphenoid sinus

Group II: involvement of lateral to medial maxillary wall

Group III: involvement of the frontal sinus

Group IV: involvement beyond the sinonasal cavities

Andre klassifisering:

Kamel

Type I : origin is from septum or lateral nasal wall (inferior turbinate, middle turbinate, bulla ethmoidalis, uncinata process, maxillary ostium, posterior ethmoid, sphenoid sinus, frontal sinus)

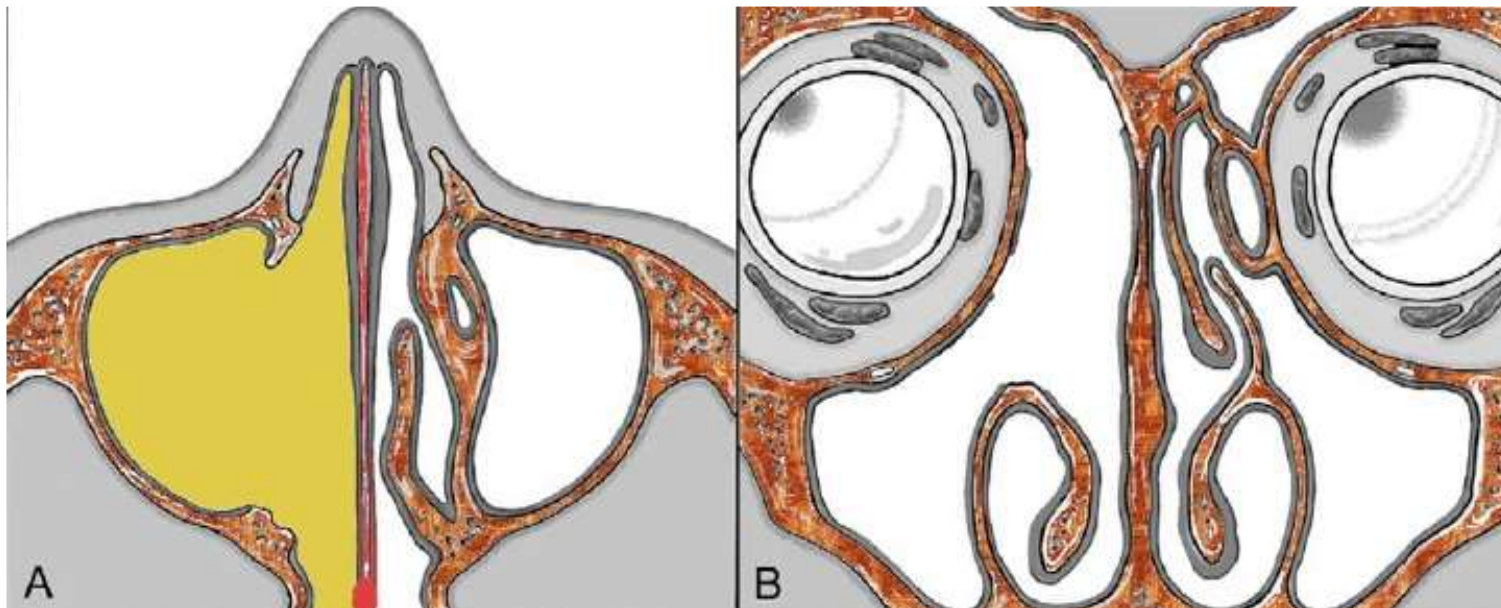
Type II: origin is from maxillary sinus

Behandling

- Kirurgi
- Mål:
 - Fjerning av IP ved første forsøk
 - Kaviteten etter operasjonen skal være lett tilgjengelig i tilfelle av residiv
- T1 og T2 → endoskopisk sinusoperasjon.
 - Fremre og bakre etmoidectomi, antrostomi conchotomi av concha media
- T3 og T4 → endoskopiske og/eller kombinasjon av eksterne tilgang
 - Medial maksillektomi
 - Draf IIb / III
 - Caldwell-Luc

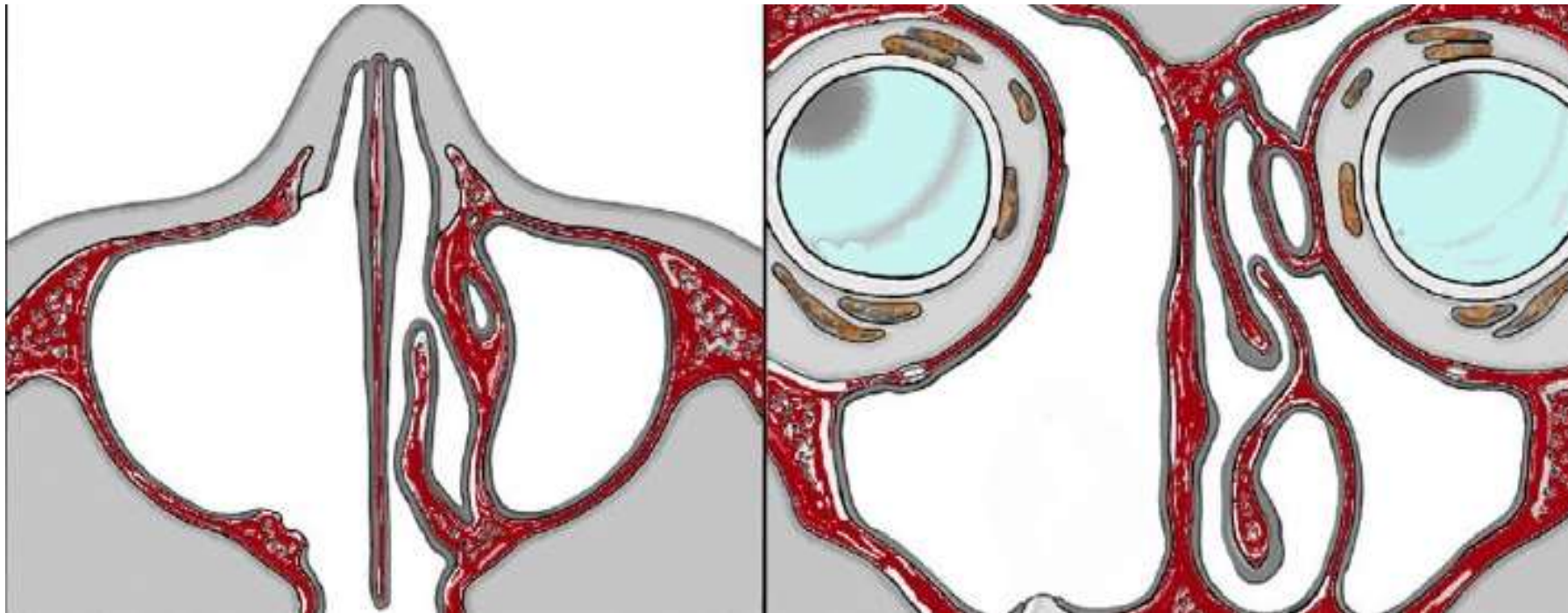
Endoskopisk I

- IP i meatus media, ethmoid, meatus superior og/eller bukning i maxillar sinus
- Kirurgi: Stor antrostomi, fremre og bakre ethmoidektomi ± conchotomi av concha media



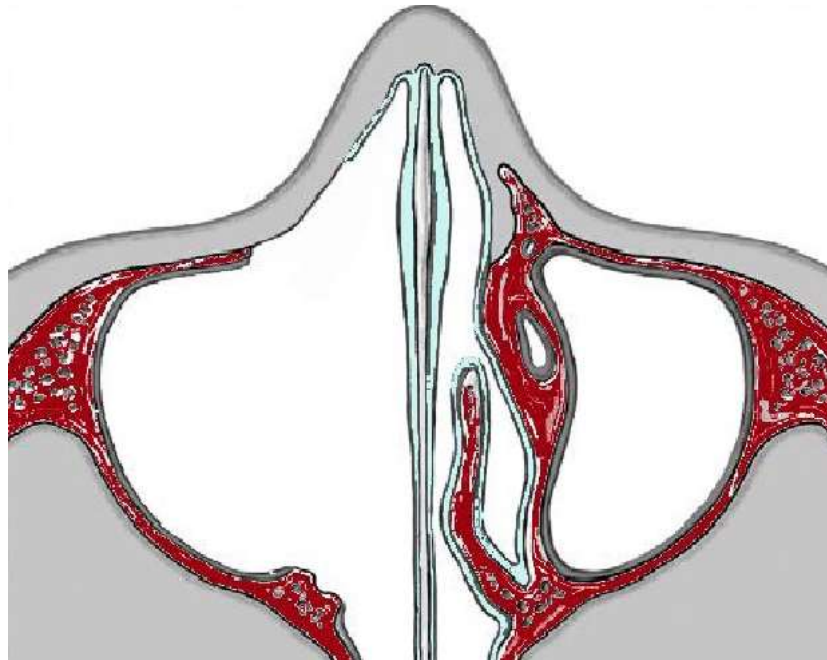
Endoskopisk II

- IP i maxillar sinus \pm ethmoid
- Kirurgi: endoskopisk medial maxillectomi



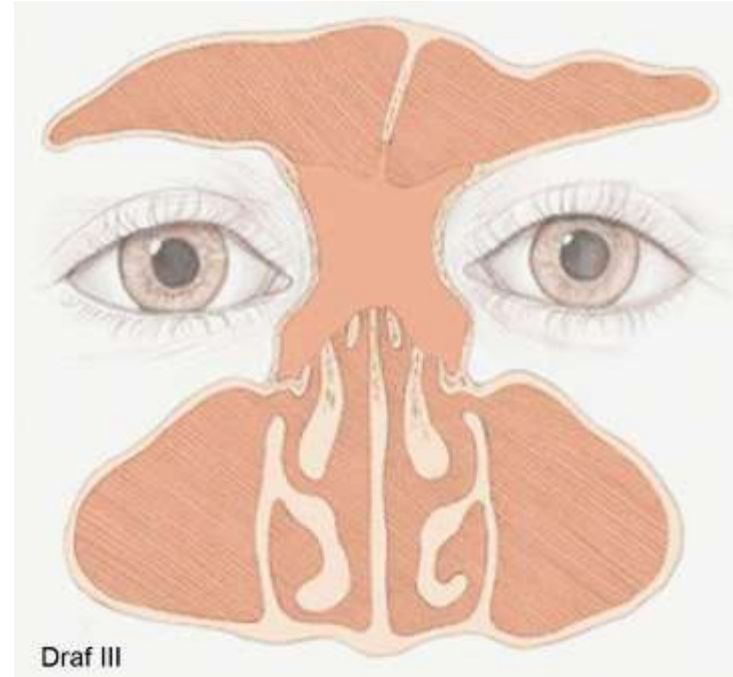
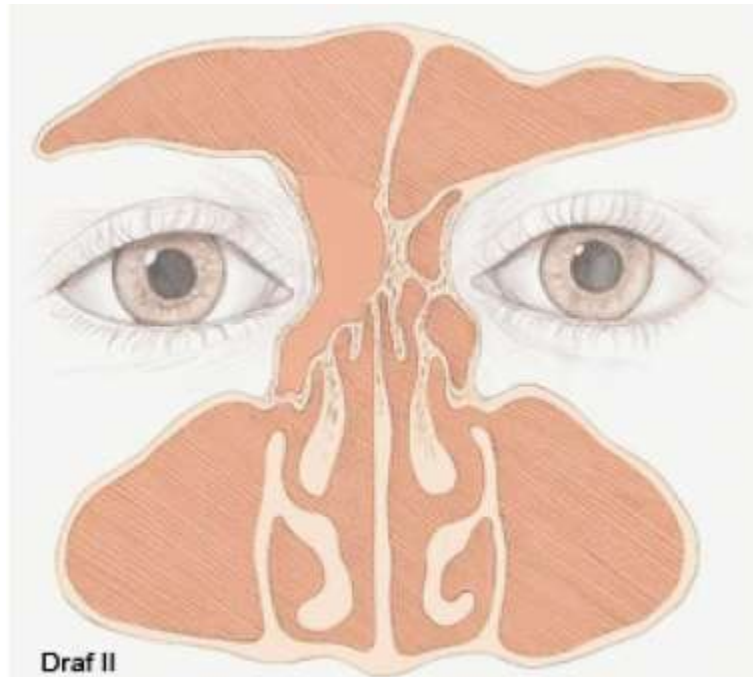
Endoskopisk III

- IP i anterolateral eller posterior maxillar sinus vegg
- Kirurgi: Endonasal Denker's (medial maxillectomi + fjerning av fremre vegg)



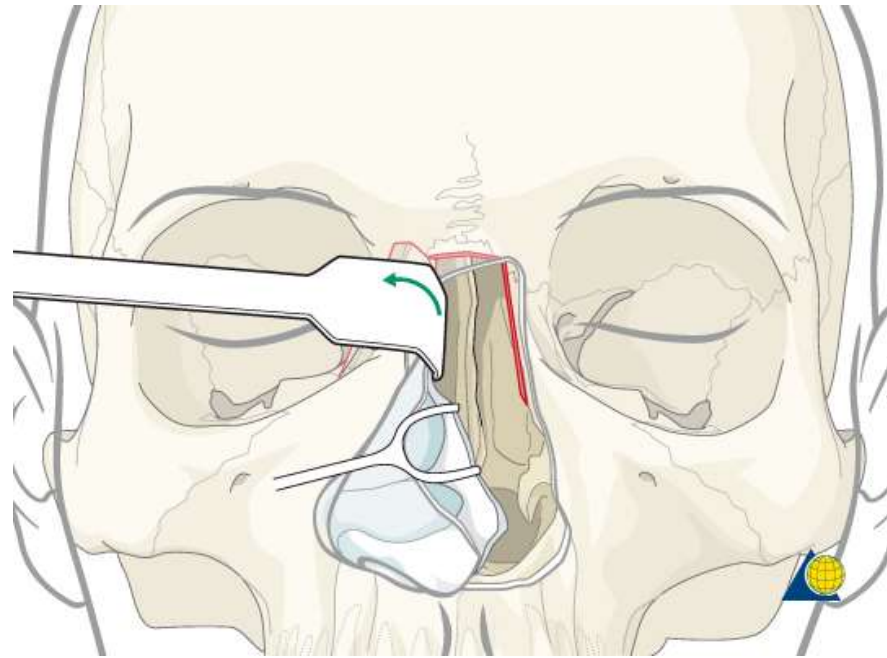
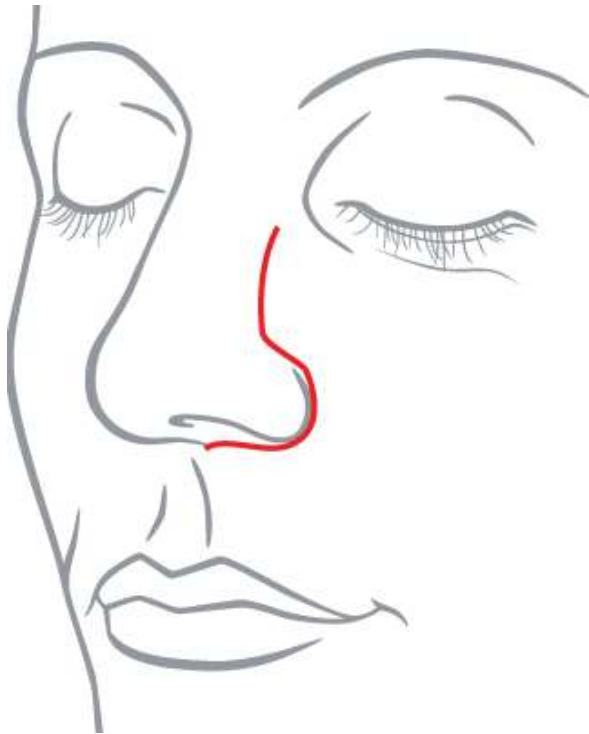
Endoskopisk IV

- IP i medial del av frontal sinus
- Draf IIb / III



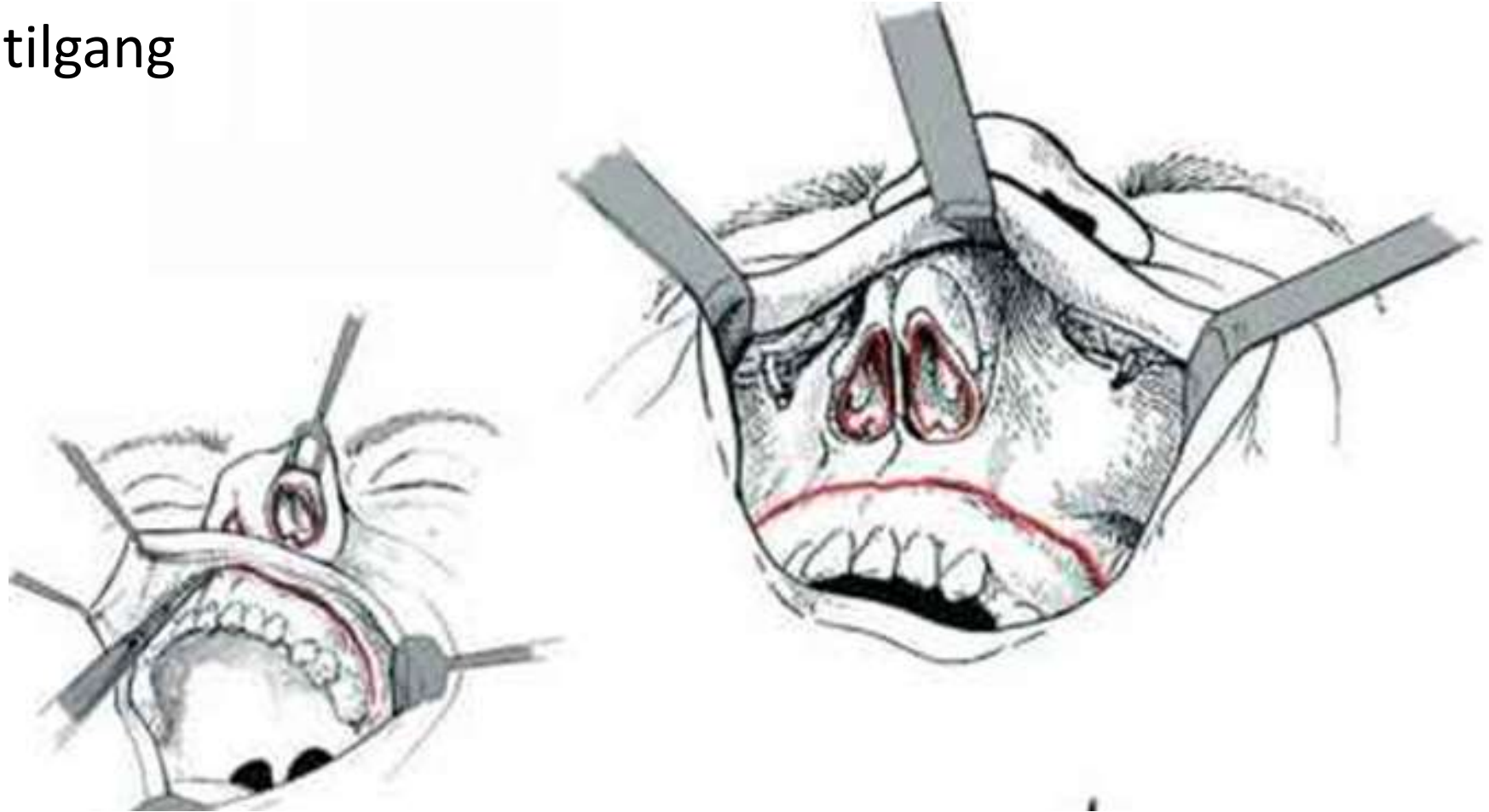
Ekstern tilnærming

Lateral rhinotomy



Ekstern tilnærming

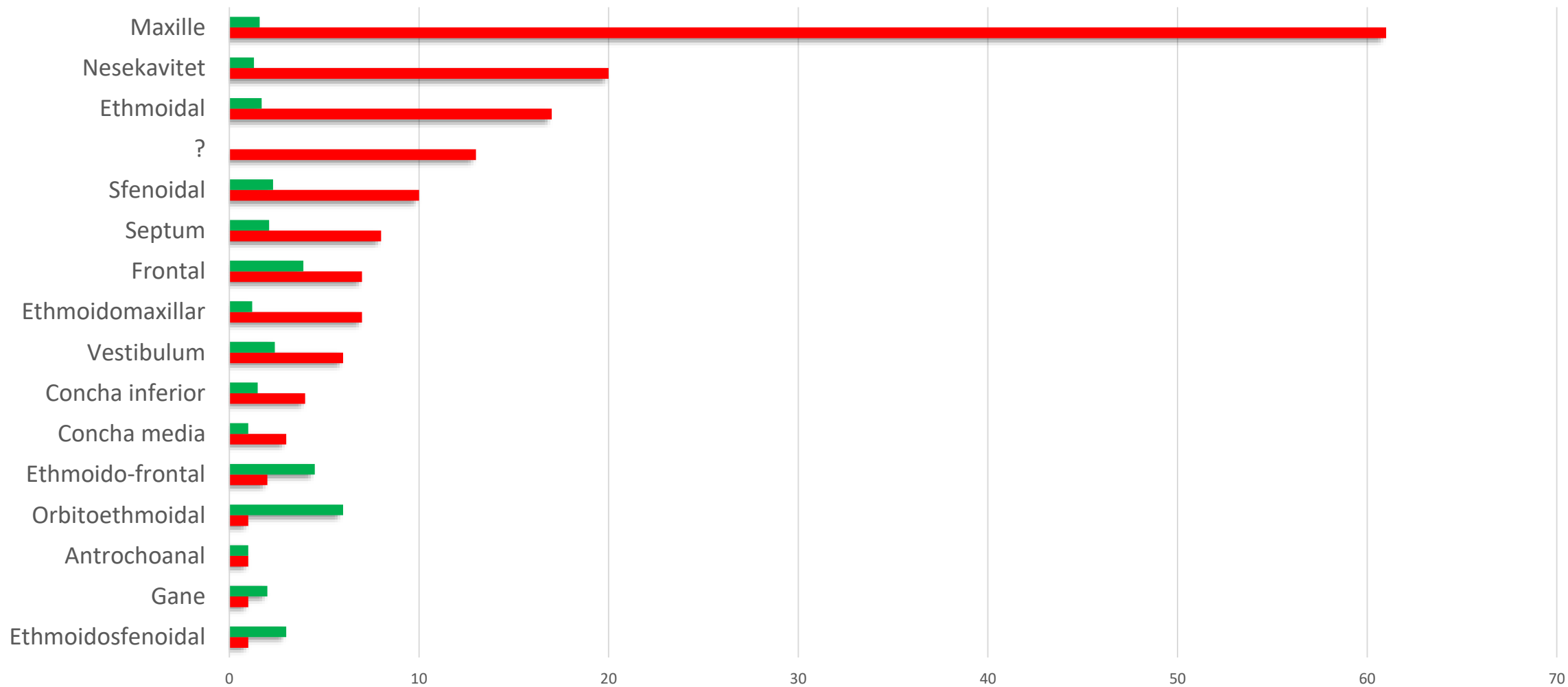
- Sulabial tilgang



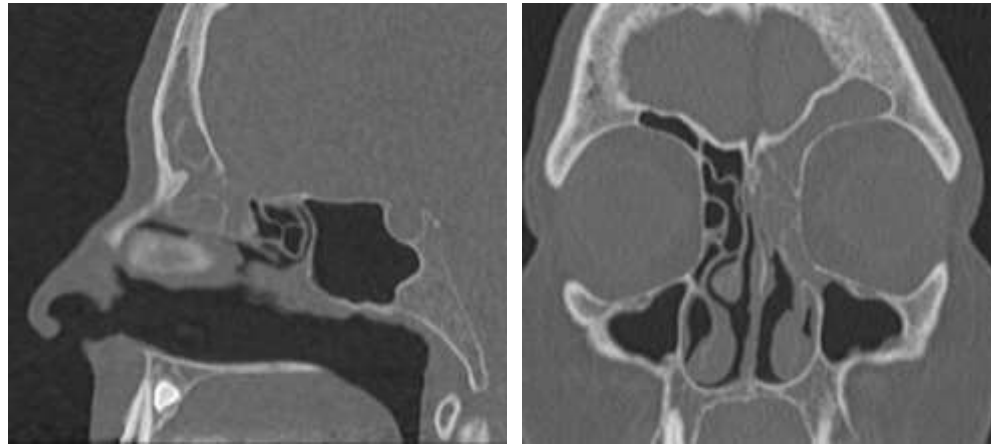
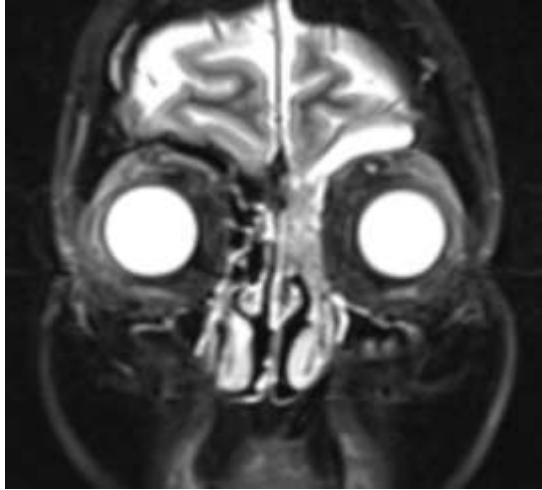
IP ved Rikshospitalet fra 2000-2019

- 168 pasienter
- Antall operasjoner og reoperasjon :303
- Gjennomsnitt reoperasjon: $1,9 \pm 1,4$ (Range:0-7)
- 16 maligntransformasjon

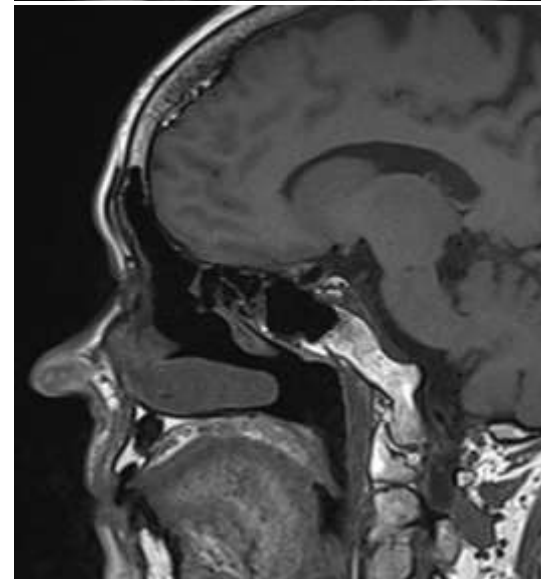
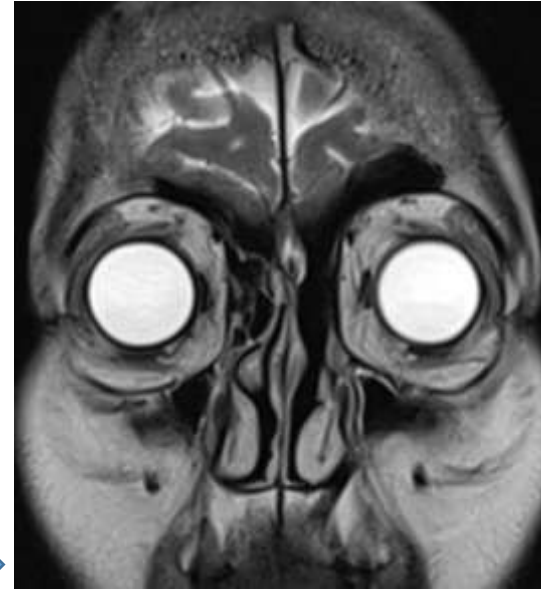
IP ved Rikshospitalet fra 2000-2019



T3



2018

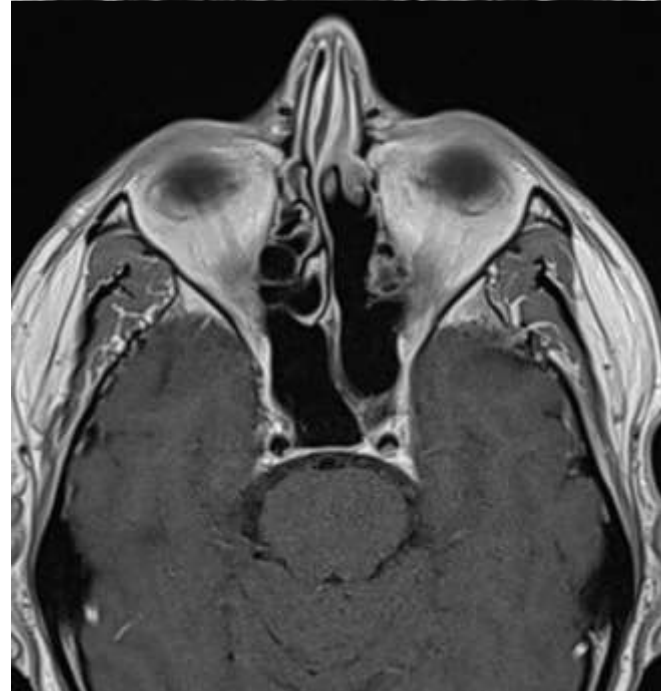
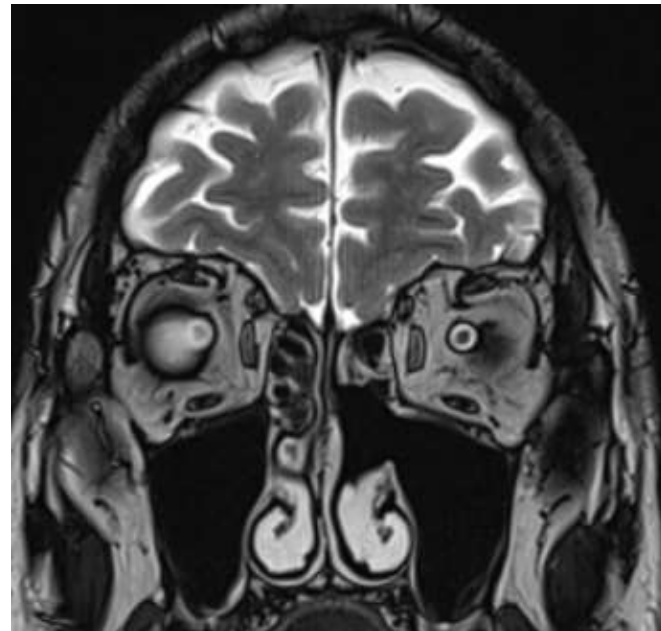


2022

IP sfenoidal sinus

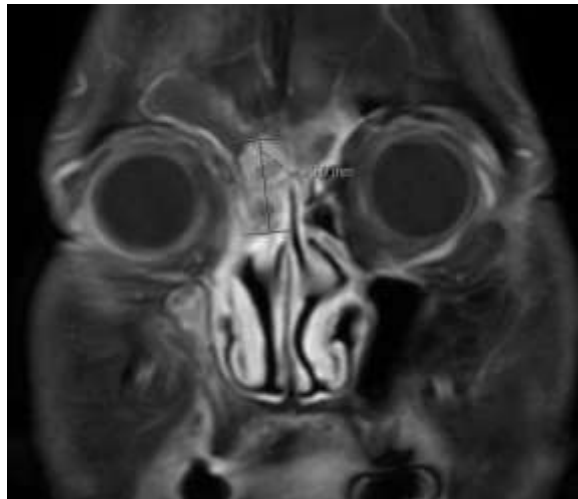


2020



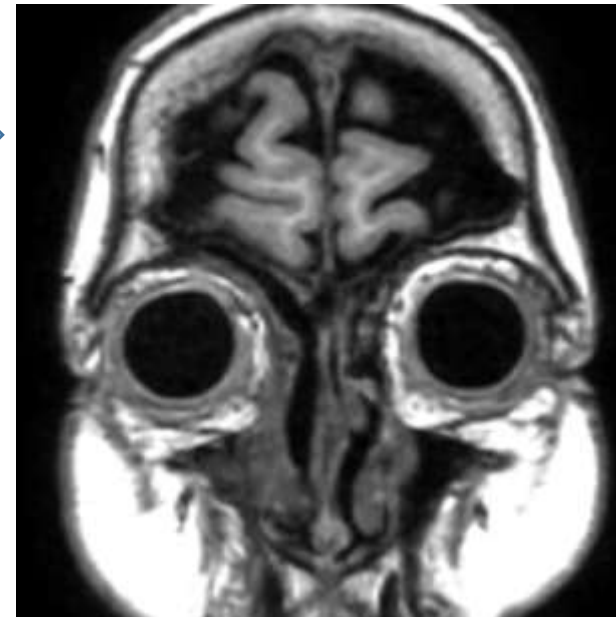
2022

IP → PEC



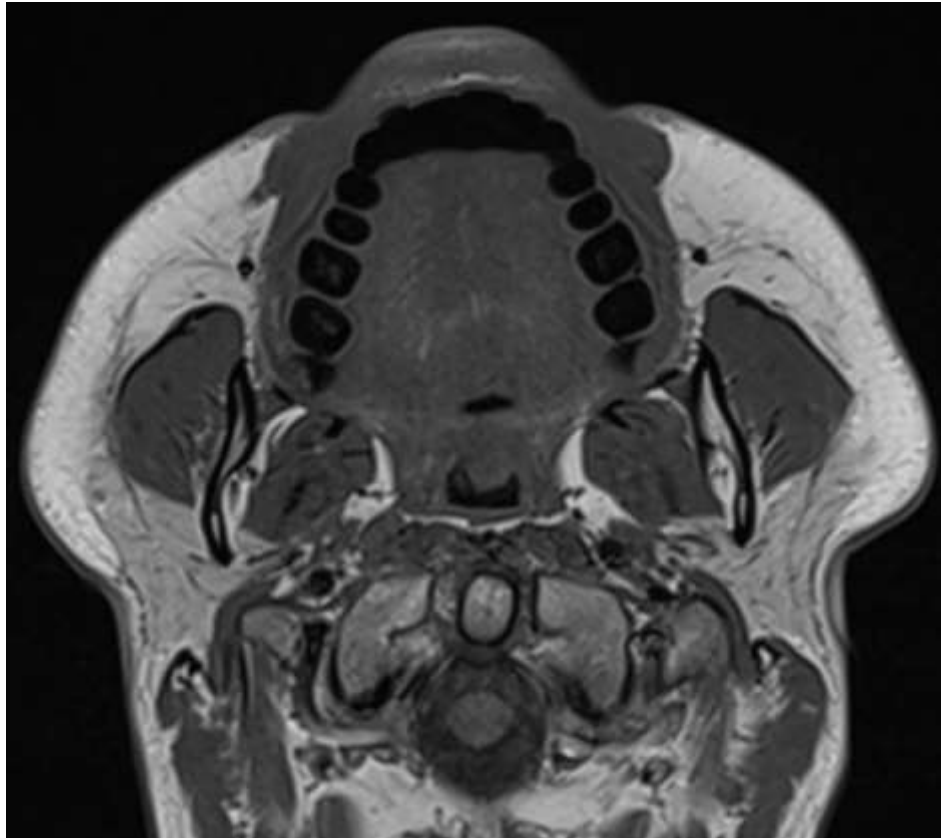
2021

Endoskopisk fjerning +
stråleterapi

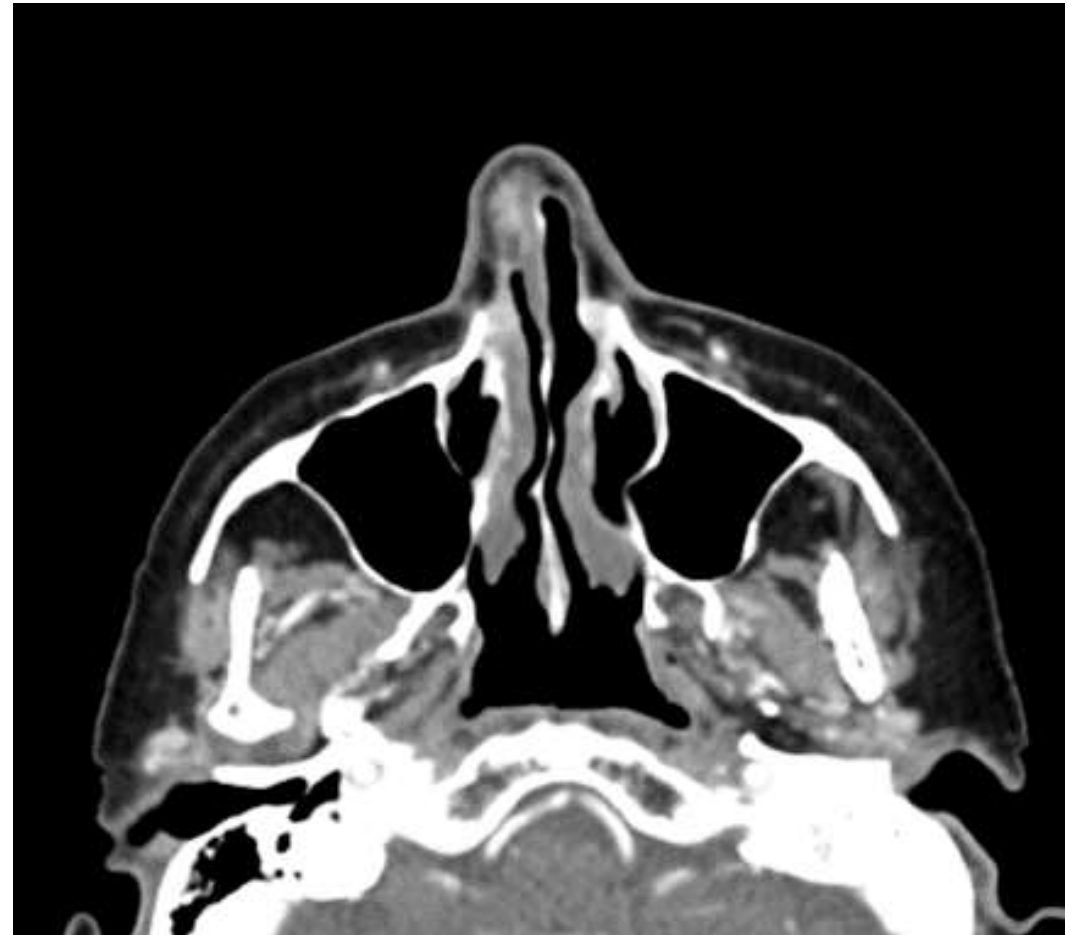
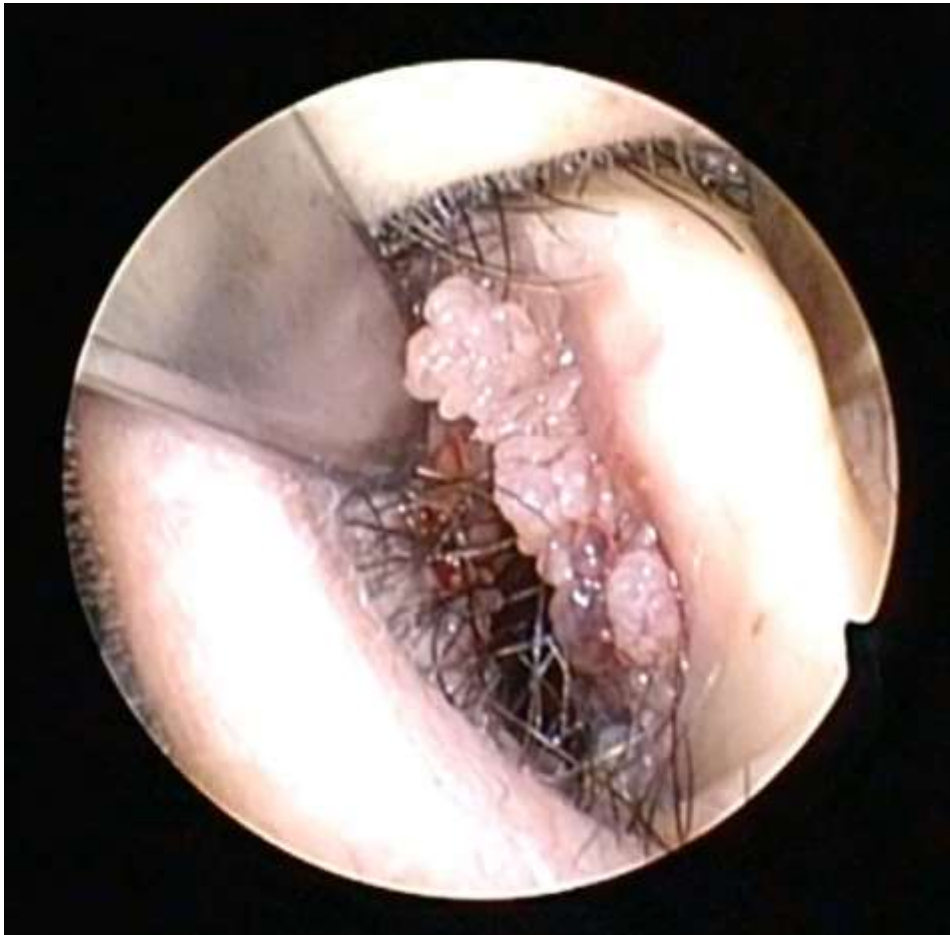


2022

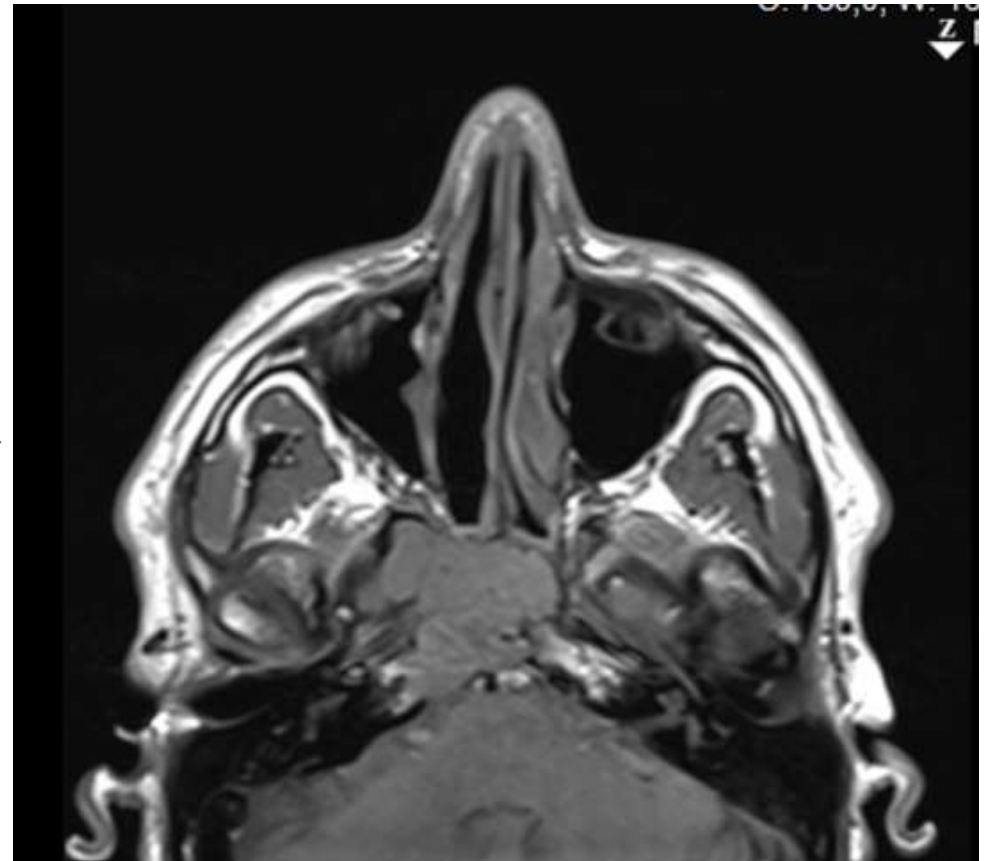
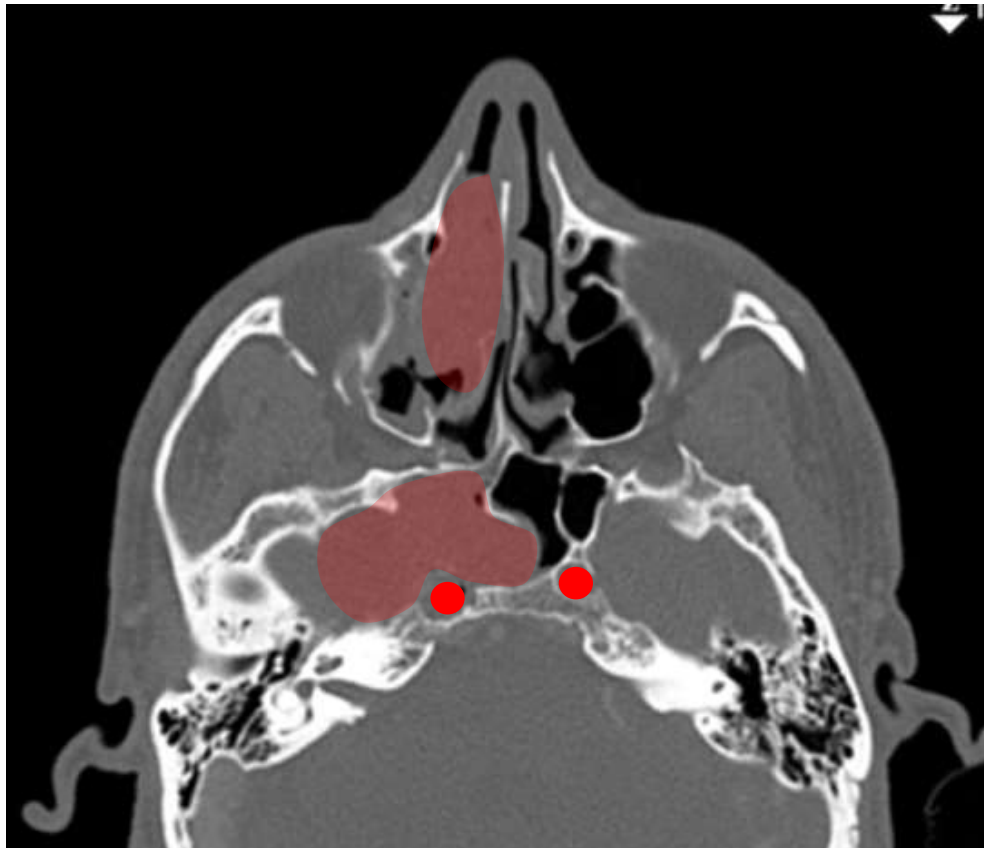
IP gane



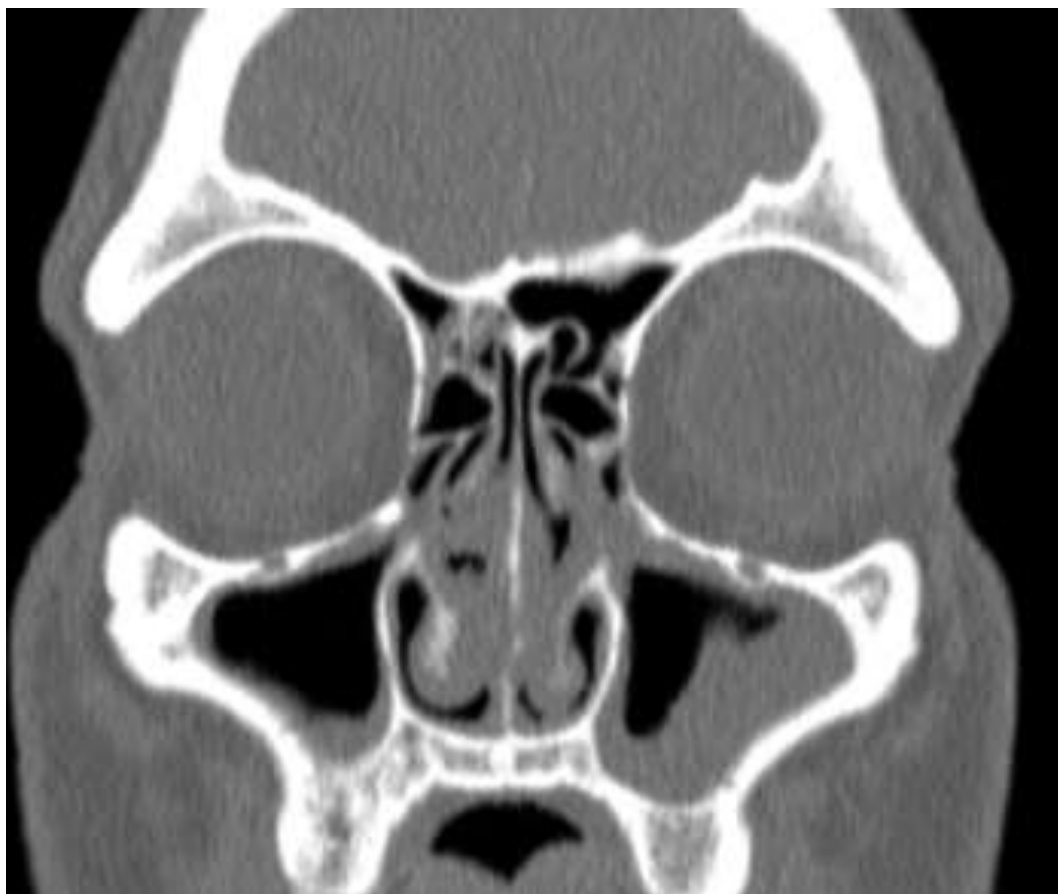
Bilateral IP



Multifokal IP+ eksofytisk papillom (1)



Multifokal IP+ eksofytisk papillom (2)



arslittetssykehus

Invertert papillon (multifokal); hør nex bor

I: Nesegulv anterior
II: Concha inferior
III: Concha Media

1
•
3

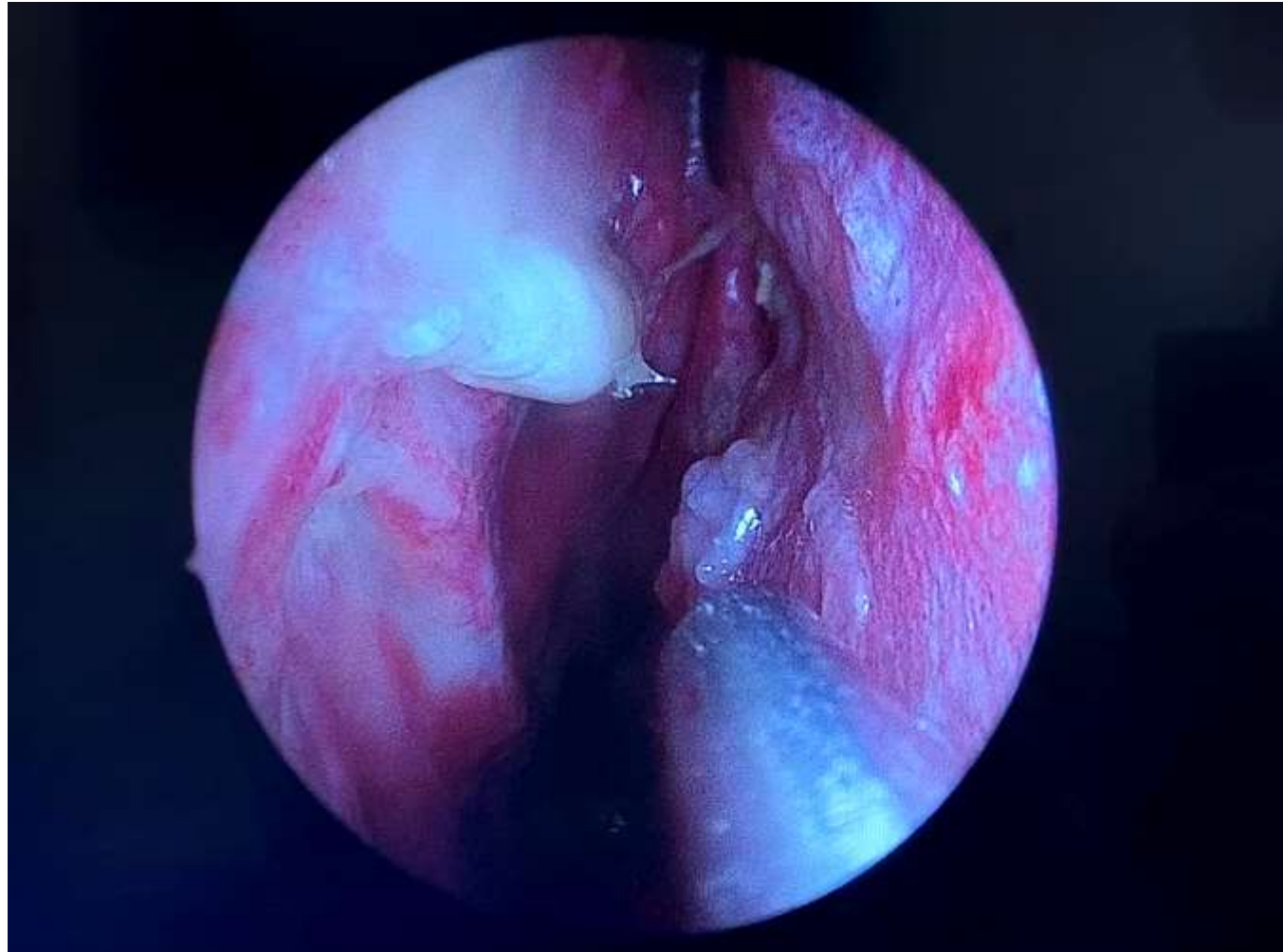
2

riske tilleggsplysninger

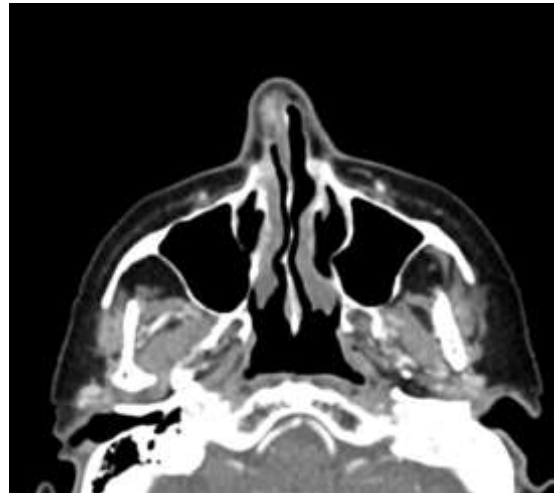
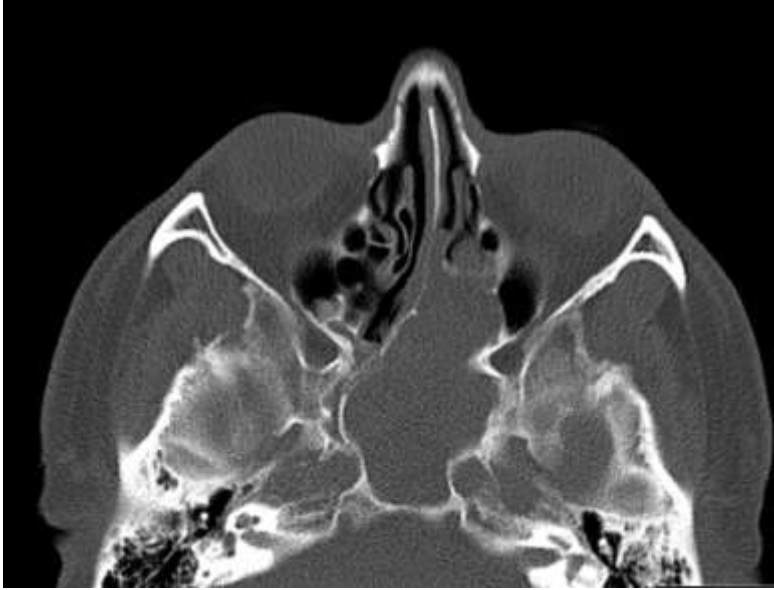
DIAGNOSE

- 1. Nesegulv**
Plateepitelkledd slimhinne med irregulær plateepitelhyperplasi, samt trolig begynnende dannelse av **exofytisk sinonasalt papillom**.
- 2. Concha inferior** med et focus av et lite **exofytisk sinonasalt papillom** med irregulært preg, samt et focus med trolig **begynnende dannelse av invertert papillom**.
- 3. Concha media** med focus med et **exofytisk sinonasalt papillom**, samt et focus med flerradert epitel med **begynnende invertert vekst**.
- 4. Neseseptum**
 - 4.1 Respiratorisk slimhinne uten papillom
 - 4.2 Respiratorisk slimhinne med et **lite sinonasalt papillom** med såvidt **begynnende invertert vekst**
 - 4.3 Respiratorisk slimhinne uten papillom
 - 4.4 Respiratorisk slimhinne med et **lite exofytisk sinonasalt papillom**

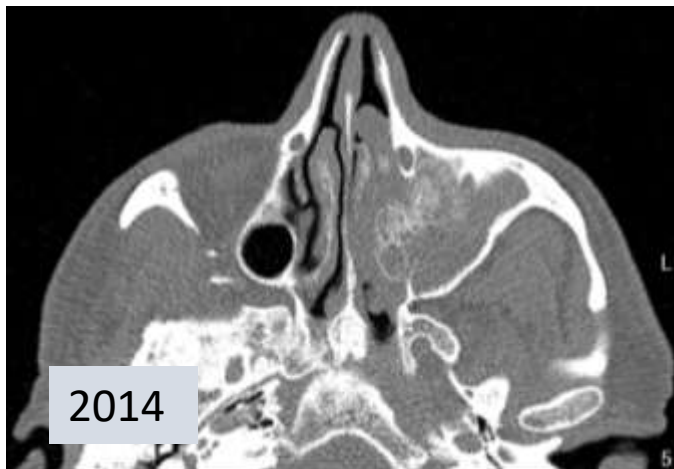
Multifokal IP+ eksofytisk papillom (2)



IP feste



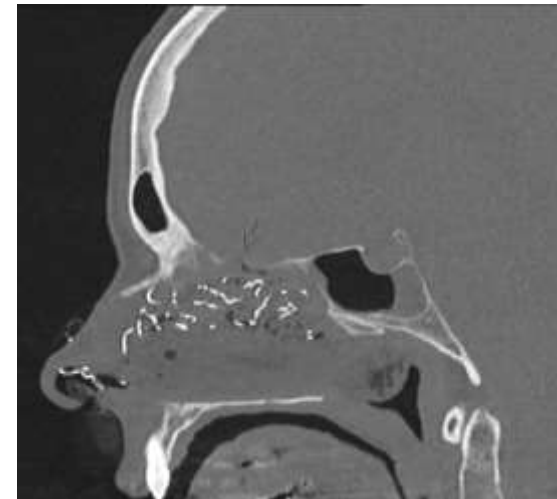
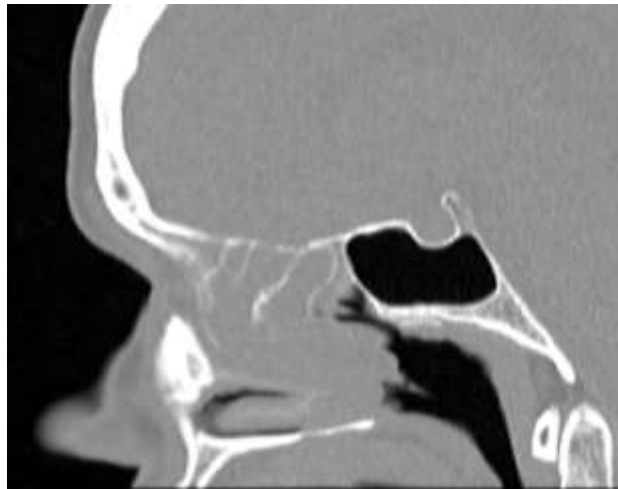
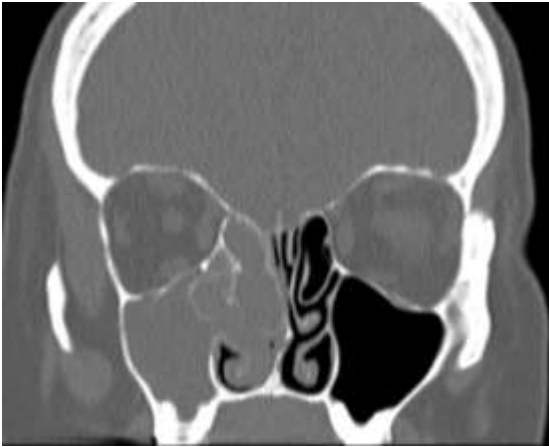
IP feste



IP feste



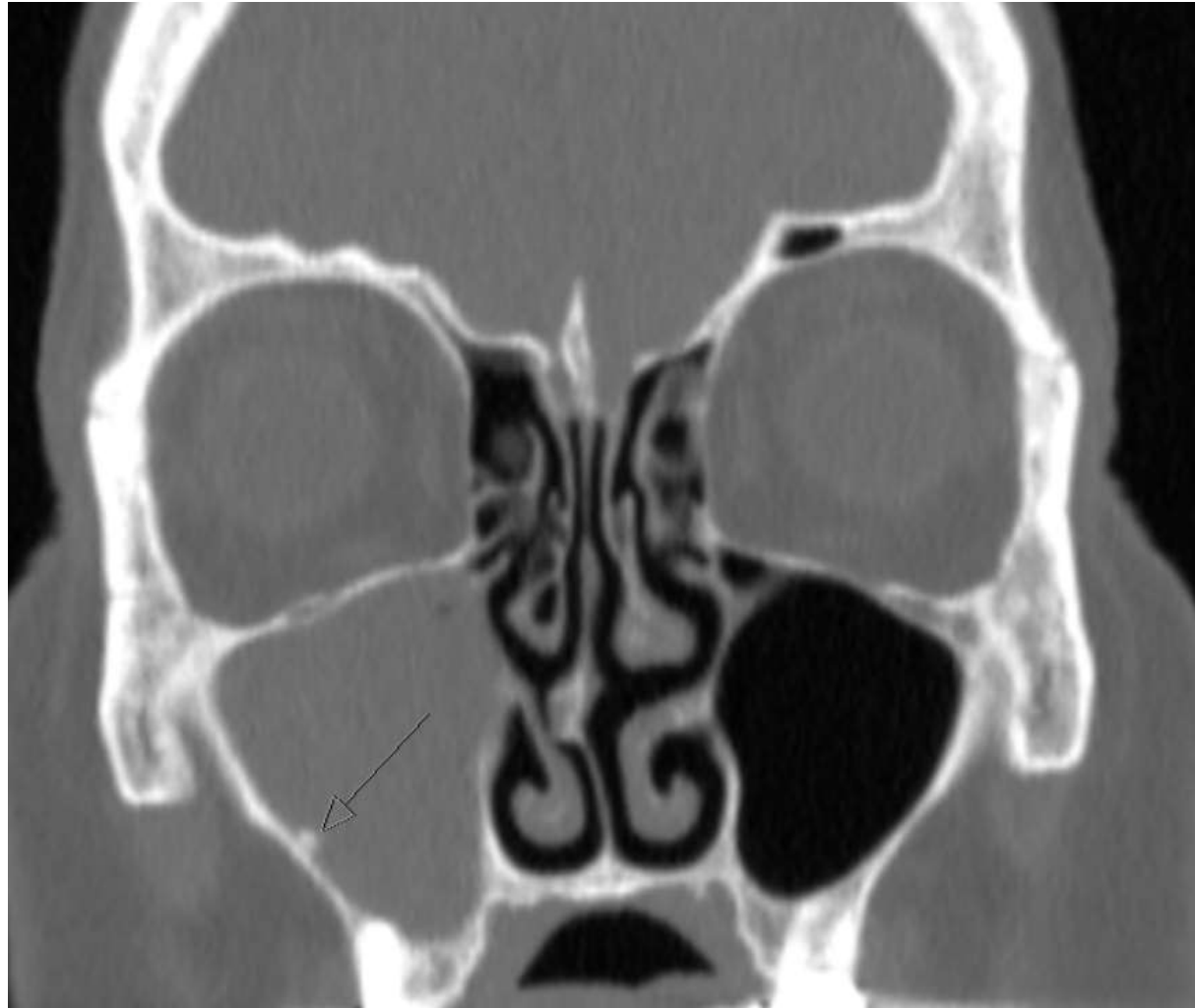
IP + CSF lekkasje



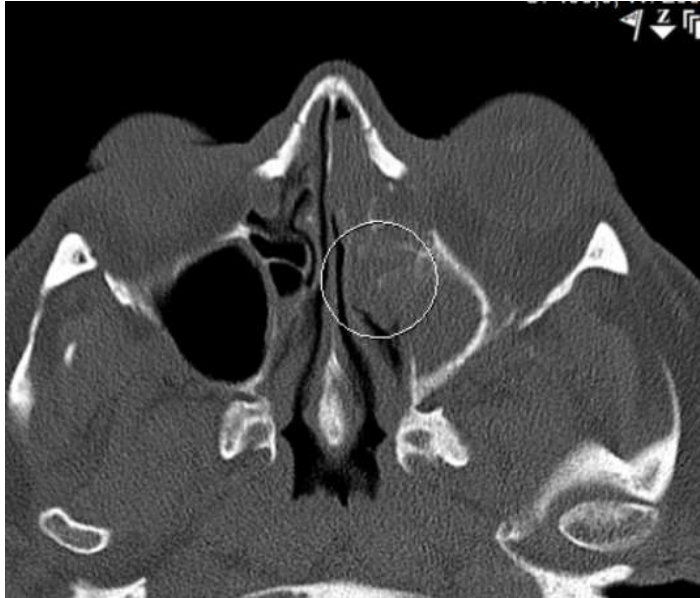
2019

2020

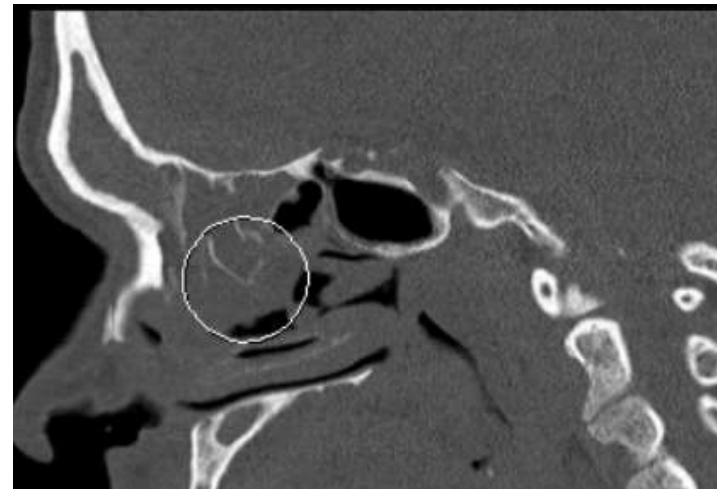
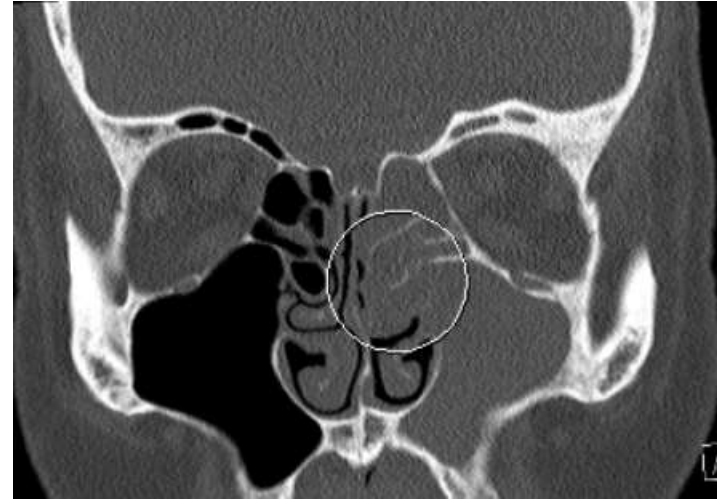
Ikke IP



Ikke IP



- Henvisning histologi : Schniderian paillom
- Re granskning: ikke IP



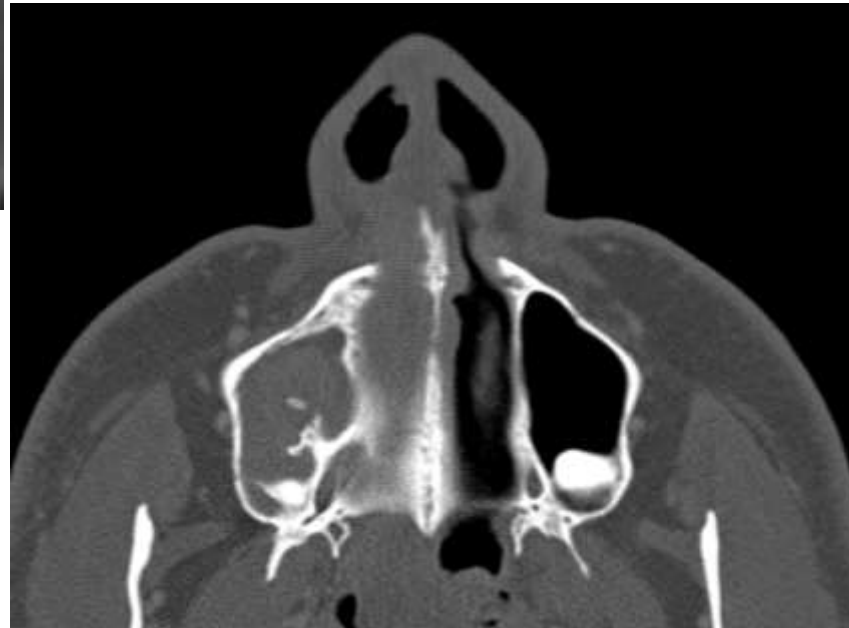
Kontroll av IP

- Klinisk
- MR
- Hvorlengde??

Invertert papillom 1



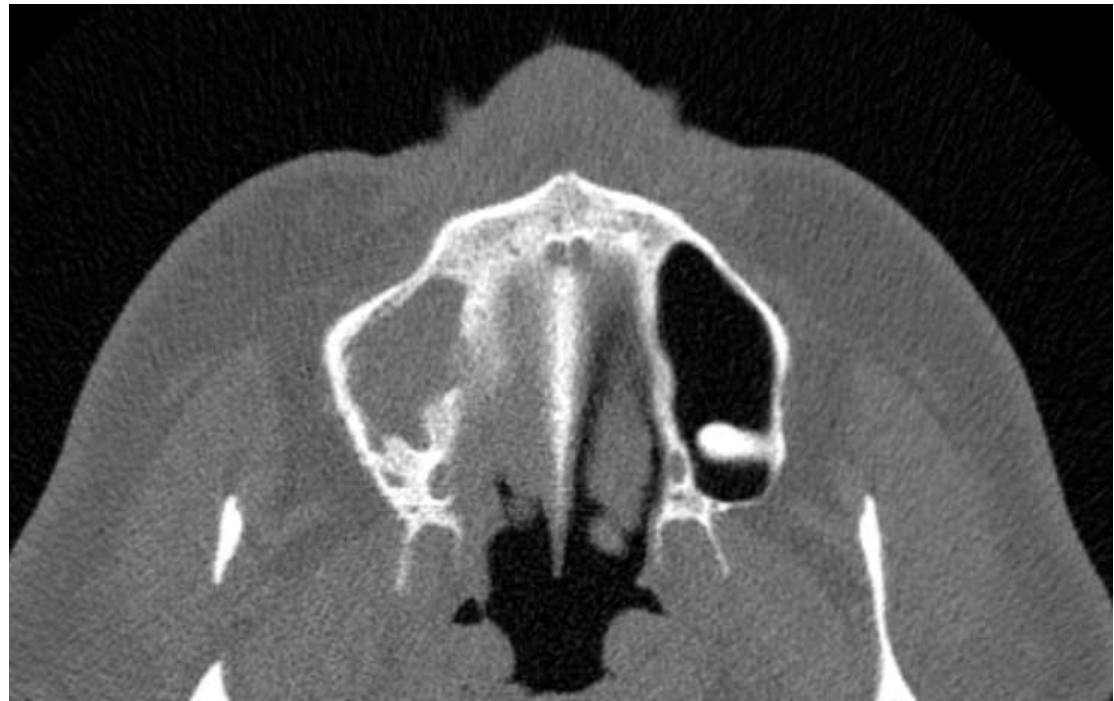
29.mai 2006



Invertert papillom 1



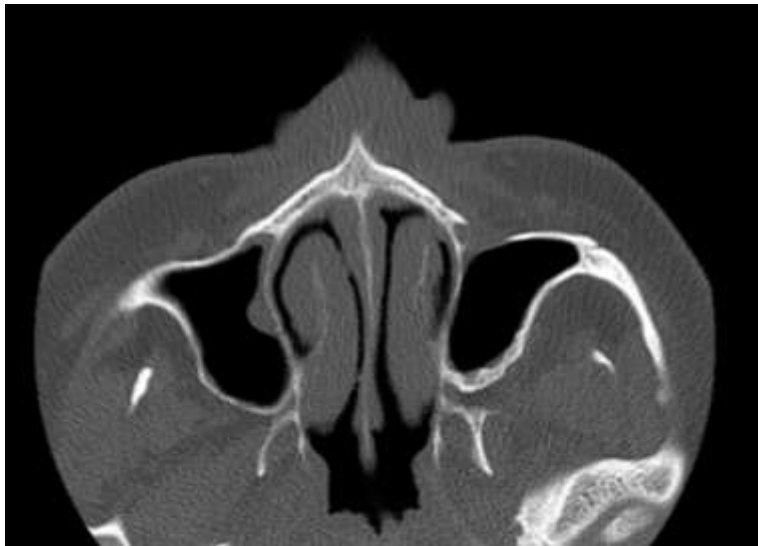
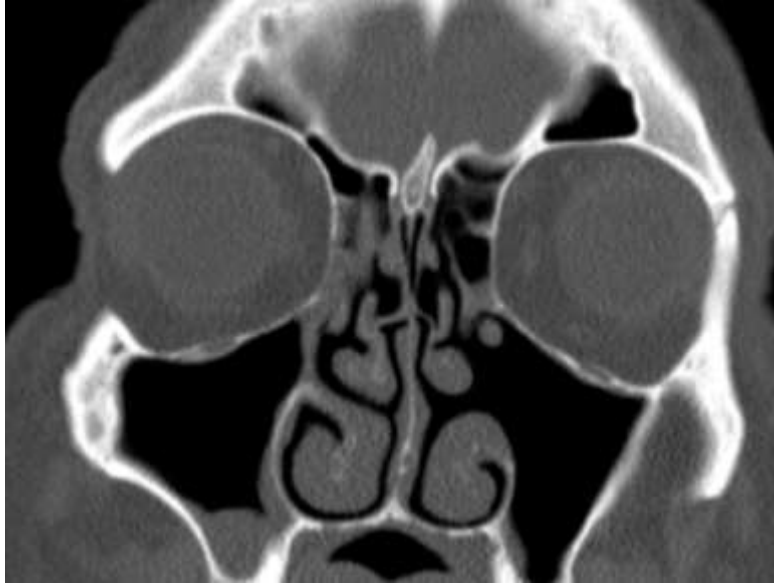
29.mai 2018



Invertert papillom 2

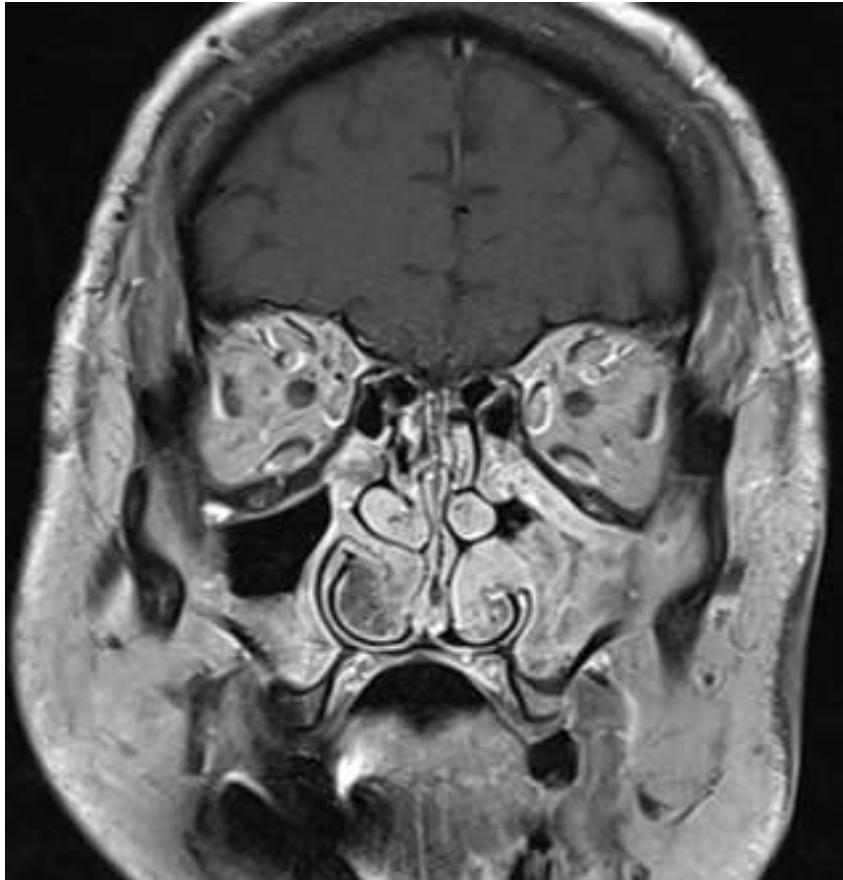
- Operert for invertert papillom ve maxillar sinus i 1988
- Caldwell-Luc

Invertert papillom 2



2005

Invertert papillom 2



2016

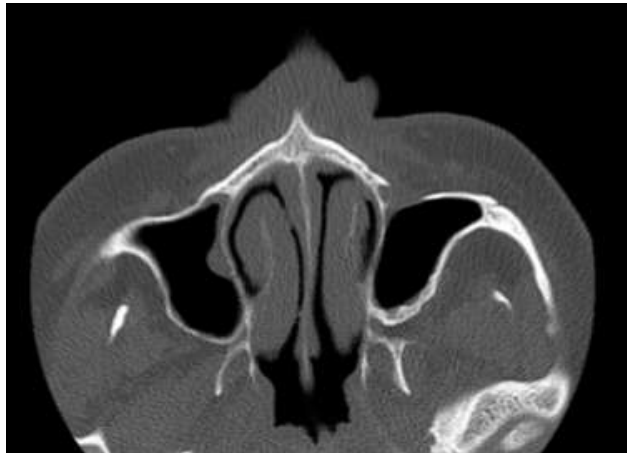
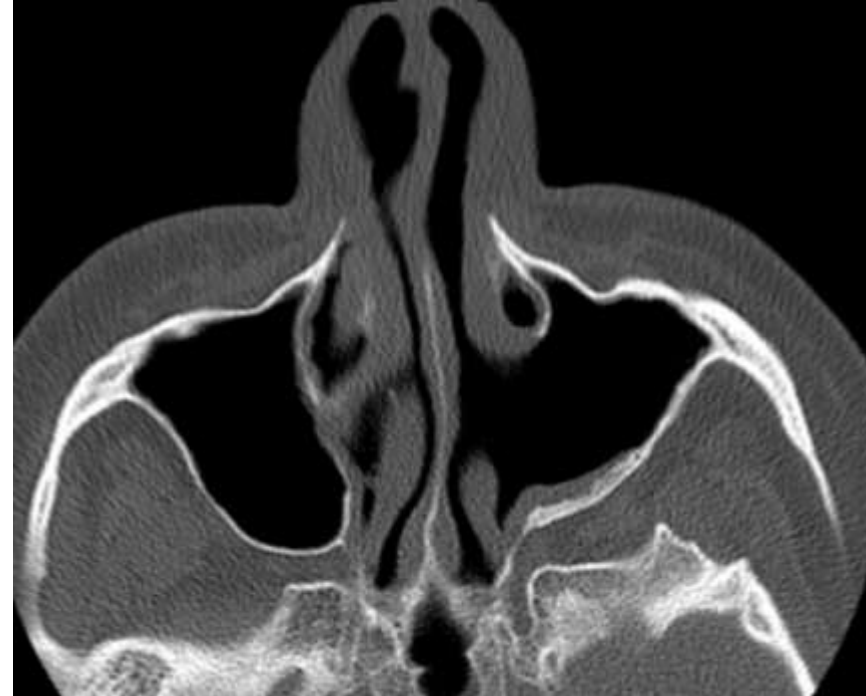
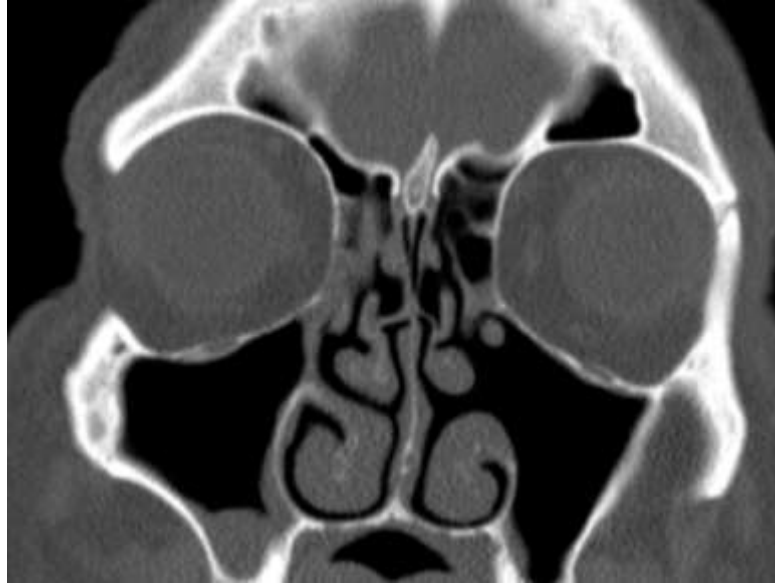
Invertert papillom 3

- 59 år gammel ♀
- Operert for IP på høy septum/nesevestibul x5 siden 1999
- Residiv i 2018 + både på høy og venstre side

Invertert papillom Kasus

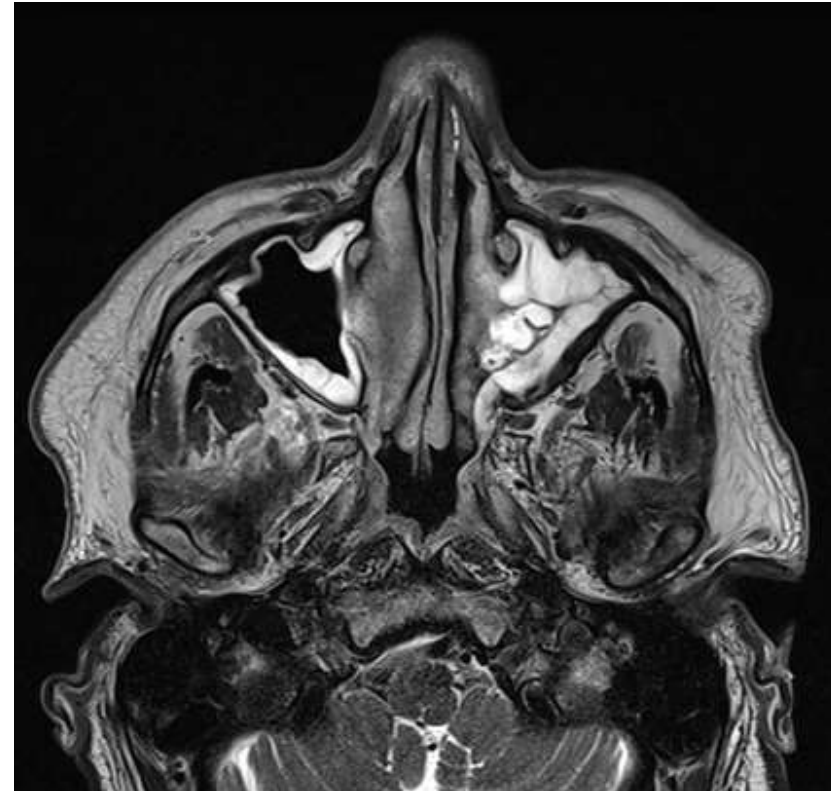
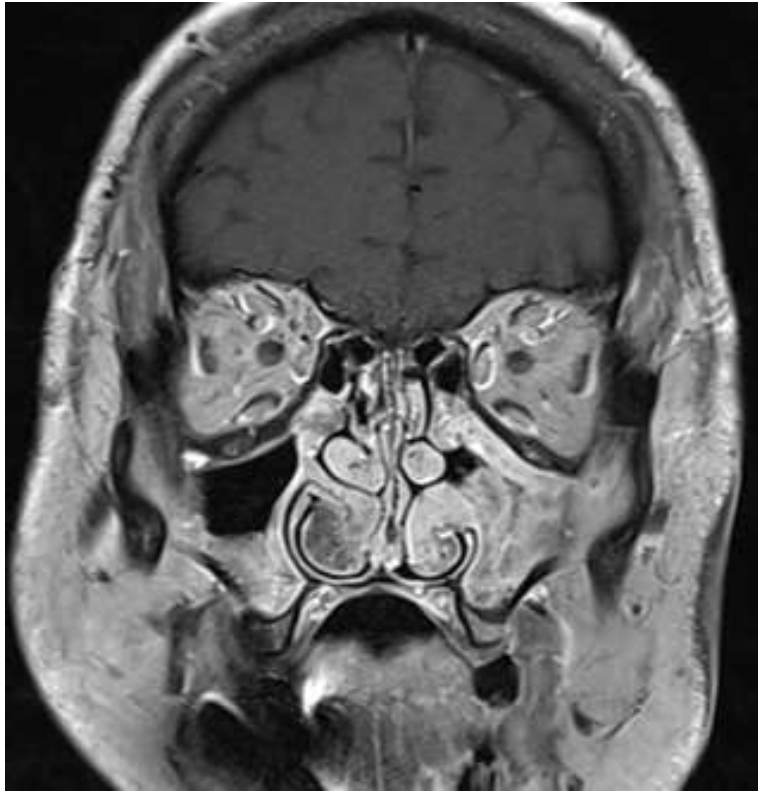
- Operert for invertert papillom ve maxillar sinus i 1988
- Caldwell-Luc

Invertert papillom



2005

Inverted papillom



2016

Invertert papillom

- **Residiv av IP i litteratur:**

- Residiv rate 12-25%
- Gjennomsnitt residivtid : 8-47 måned
- Residivtid range : 1-110 måned

- *Vår: 340 måned*



1. *Healy etal 2015*
2. *Nygren etal 2016*
3. *Goudakos etal 2018*

Malign Sinonasale svulster

Hode-hals-kreft - handlingsprogram

Nasjonal faglig retningslinje

Først publisert: 07. mai 2020
Sist faglig oppdatert: 07. mai 2020



[15 Maligne tumorer i nese
bihuler - til deltakere.pdf](#)

Takk