

Własne doświadczenie w leczeniu rozległych guzów zatok przynosowych i oczodołu zajmujących struktury przedniego i/lub środkowego dołu czaszki - doniesienie wstępne

Own experience in treatment of patients with advanced tumours of the paranasal sinuses and the orbit, penetrating to the anterior and medial cranial fossa - preliminary report

Jacek Składzień, Krzysztof Oleś, Marek Moskała, Paweł Stręka, Andrzej Urbanik, Jerzy Stachura, Olaf Zagólski

Summary

Aim. Craniofacial resection provides multidirectional approaches to remove nasal and paranasal tumours that involve the skull base. Vital structures, such as the dura, brain, and blood vessels, can be protected or resected and reconstructed safely. An en bloc excision of the tumour can be accomplished. The purpose of this study was to analyse oncological and functional results of craniofacial resection in our series of patients. Material and methods. The medical records of 40 consecutive patients who had undergone craniofacial resection for tumours of the nasal cavity, paranasal sinuses, and adjacent areas were reviewed. The extent of disease, treatment results (the length of disease-free survival), complications, and prognoses were analysed. Results. Lesions were malignant in 7 patients and benign in the remaining 33. All the patients had dural or intradural involvement. There was no operative death, and the rate of surgical morbidity was 20%. Craniofacial resection is the only surgical approach with acceptable rate of complications in selected patients with tumour comprising the anterior and medial cranial base, nasal cavity, paranasal sinuses, nasopharynx and orbits. Heroic resections are modern surgical procedures challenging both for ENT surgeons and neurosurgeons. The result is satisfactory when they are performed by a multi-specialist team.