

External nasal reconstruction

Avatar Singh Mohan Singh

Department of Otorhinolaryngology-Head and Neck Surgery, Ministry of Health, Malaysia

ABSTRACT

Cutaneous malignancies of the nose are common problems and create the increasing need for nasal reconstruction. In spite of the fact that external nasal reconstruction is commonly done, it continues to be a significant challenge to the ENT surgeons. The dual goals of reconstruction are restoration of the desired aesthetic nasal contour and an improved nasal airway. It requires careful analysis of the anatomical and aesthetic deficiencies and may require resurfacing with forehead tissue; support with septal, ear, or rib grafts; and replacement of missing lining. The aim of this presentation is, with advanced planning, pathologies of the external nose can be tackled without much fear.

Neoplasms of the nose and paranasal sinuses

Mohd Razif MY

Department of Otorhinolaryngology and Head and Neck Surgery, UKM Medical Centre, Malaysia

ABSTRACT

Neoplasm of nose and paranasal sinuses are very rare, which accounts for only 3% of head and neck malignancy. The diagnosis is delayed due to similarity of presentation to benign conditions. In general, 50% are benign and 50% are malignant for nasal tumour. For paranasal sinuses, majority is malignant. Treatment includes surgery, radiotherapy and chemotherapy. Surgery include open surgery and minimally invasive surgical techniques. Epidemiology showed it is predominately in older males. Exposure to wood, nickel-refining processes, industrial fumes and leather tanning have been described as an aetiological factor. In term of location, it involves maxillary sinus (70%), ethmoid sinus (20%), sphenoid sinus (3%) and frontal sinus (1%). Examples of benign lesion are papillomas, osteomas, fibrous dysplasia and neurogenic tumours. Examples of malignant lesion are squamous cell carcinoma, adenoid cystic carcinoma, mucoepidermoid carcinoma, adenocarcinoma, hemangiopericytoma, melanoma, olfactory neuroblastoma, osteogenic sarcoma, fibrosarcoma, chondrosarcoma, rhabdomyosarcoma and sinonasal undifferentiated carcinoma. In conclusion neoplasms of the nose and paranasal sinus are very rare and require a high index of suspicion for diagnosis. Most lesions present in advanced states and require multimodality therapy.