The Survival Time of Surgical Management of the Orbit in Sinonasal Squamous Cell Carcinoma

Jaikree Nareukom M.D.1,4, Pornthep Kasemsiri M.D. 1,4, Patrawoot Vatanasapat M.D. 1,4, Supawan Laohasiriwong M.D.1,4, Wattheeporn Teeratamwich M.D. 1,4, Pattaronom Wijjakkanalan M.D. 1,4, Warinthon Phuttarad M.D. 2, Cattleya Throngreg M.D. 1,4

1 Department of Otorhinolaryngology, 2 Department of Radiology, 3 Department of Anesthesiology, Faculty of Medicine, Khon Kaen University, Thailand; 4 Khon Kaen Head and Neck Oncology Research, Khon Kaen, Thailand

OBJECTIVE: Aim to evaluate the survival time of sinonasal squamous cell carcinoma invading orbital patients who underwent surgery with orbital preservation or exenteration.

MATERIALS AND METHODS: Medical recording charts of patients with sinonasal squamous cancer were reviewed between January 1st, 2010 and December 31st, 2016. Clinical presentation, orbital invasion staging, treatment and survival time were analyzed.

RESULTS: One hundred and twelve patients (73 males and 39 females) presented with sinonasal squamous cell carcinoma. There were 41 patients with an orbital invasion that needed orbital surgical management. Seven patients had periorbita involvements including 3 patients with visual acuity worse than 20/600 (poor VA) and 4 patients with visual acuity better than 20/600 (low VA). All of them were surgery with preserved the orbits that allowed median survival time of 118 days and 694 in poor and low VA, respectively (p > 0.05). Regarding patients with tumor-involved periorbital content, orbital exenterations were performed in patients with low VA (n=16) that provided median survival time better than orbital presentations (p > 0.05). Furthermore, poor VA patients had exenterated the orbits that yielded median survival time better than patients who had preserved the orbit (p > 0.05). Table 2.

CONCLUSION: Orbital exenteration seemed to provide better median survival time but it did not reach statistical significance due to small sample size. However, the longer survival time allowed meaningful given in clinical practice. Thus, orbital exenteration should be considered in patients with periorbital content invasion although the patient has low visual acuity.

INTRODUCTION

The incident of sinonasal carcinoma is 3.5 in head and neck cancer. 1 A half of these patients present with orbital involvement.2 The grading of orbital invasion form sinonasal carcinoma is considered for management of the orbit that hope to achieve excellent surgical outcome and better survival rate. However, there are lacking data of the over all survival rate of sinonasal carcinoma in orbital invasion patients. We investigated the periorbita invasion and comparison management with or without orbital exenteration. The limitation of our study include small sample size and not mention of the functional orbit outcome after presentation. Therefore, further study should be developed with concerning this point.

DISCUSSION

The median survival time for our patients who experienced orbital exenteration better than orbital preservation but not reached statistically significant different. The result was similar with Camilo et al. that showed better median survival time in orbital exenteration. The limitation of our study include small sample size and not mention of the functional orbit outcome after presentation. Thus, orbital exenteration should be considered in patients with periorbital content invasion although the patient has low visual acuity.

REFRENCES


CONCLUSION

Although orbital exenteration allow not statistically significant longer survival time in periorbital content invasion patients, the longer survival time allowed meaningful given in clinical practice. Thus, orbital exenteration should be considered in patients with periorbital content invasion although the patient has low visual acuity.

MATERIAL AND METHOD

Medical recording charts of patients who were diagnosed with sinonasal squamous cell carcinoma (SSCC) in Srinagarind hospital, Khon Kaen, Thailand were enrolled between January 1st, 2010 to December 31st, 2016. The demographic data, site of primary tumor, grading of orbital invasion, tissue pathology, treatment modality and outcome were analyzed with STATA version 10.1. The study was approved by Khon Kaen University Ethic Committee for Human Research No. HE621074.

REFERENCE