3rd Congress of European ORL-HNS

June 7–11, 2015
Prague, Czech Republic

FINAL PROGRAMME

Keynote Lecture KL-050
Title: SINONASAL MUCOSAL MELANOMA: WHERE DO WE STAND?
Time: 14:30–15:00

Chair: Paolo Battaglia (Italy)
Lecturers: Davide Lombardi (Italy), Mario Turri-Zanoni (Italy)

Free Papers FP-020
Topic: RHINOLOGY / ALLERGY – TUMORS
Time: 15:00–16:30

Chair: Pistochini A., Welkoborsky H.J.

AESTHETICALLY FAVORABLE SURGICAL ALTERNATIVE FOR THE REMOVAL OF SINO-NASAL MALIGNANT TUMORS – THE MODIFIED FACIAL DEGLOVING TECHNIQUE
Bella Z., Vass G., Ivan L., Nagy A., Barzo P., Rovo L. (Hungary)

SINONASAL EXTRAMEDULLARY PLASMACYTOMA: PROPOSAL OF A NEW PROTOCOL OF FOLLOW-UP
Di Lullo A. M., Cantone E., Cuofano R., Marano L., Catalano L., Iengo M. (Italy)

INVERTED PAPILLOMA – HOW TO DEAL WITH IT TODAY
Gonçalves P., Santos T., Carvalho C. (Portugal)

LESSONS LEARNT FROM MANAGEMENT OF 72 RECURRENT INVERTED PAPILLOMA
Lim K. H., Adriaensen G. F., C Georgalas C., Reinartz S. M., Fokkens W J. (Singapore)

SINONASAL MUCOSAL MELANOMAS (SMM): THE PROGNOSTIC VALUE OF TUMOR CLASSIFICATIONS
Michel J., Perret-Court A., Fakhry N., Braustein D., Monestier S., Richard M. A., Grob J. J., Giovanni A., Dessi P. (France)

SURVIVAL OUTCOMES AFTER ENDOSCOPIC ENDONASAL RESECTION FOR SINONASAL SQUAMOUS CELL CARCINOMA ARISING ON INVERTED PAPILLOMA
Pistochini A., Karligkiotis A., Lepera D., Volpi L., Bignami M., Lombardi D., Nicolai P., Castelnuovo P. (Italy)

OUR CLINICAL EXPERIENCE IN SINUNASAL MELANOMA REVIEW OF 11 CASES
Vega-Céliz J. L., Retuerto-Marzano M. J., González-Compta F. X., Cisa-Lluis E., Maños-Pujol M., Laros-Archer H. R. (Spain)

RADIO FREQUENCY COBLATION REMOVAL OF JUVENILENASOPHARYNGEAL ANGIOFIBROMA
Velagapudi S. B., Timms M. (Saudi Arabia)

RECURRENCE RATE OF INVERTED PAPILLOMAS OF THE PARANASAL SINUSES – RESULTS OF A MONOCENTRIC STUDY
Welkoborsky H. J., Graß S. K. (Germany)

Coffee Break
Time: 16:30–17:00

Instructional Course IC-051
Title: NAVIGATED ENDOSCOPIC SINUS SURGERY (NESS) OR HOW TO USE NAVIGATION SYSTEM IN BASIC ESS
Time: 17:00–17:45

Chair: Tomislav Baudoin (Croatia)

Type of presentation: N/A

SINONASAL EXTRAMEDULLARY PLASMACYTOMA: PROPOSAL OF A NEW PROTOCOL OF FOLLOW-UP.

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Plasmacytoma is characterized by malignant proliferation of a single clone of plasma cells producing monoclonal immunoglobulins and presenting as multiple lesions, multiple myeloma (MM), or a single lesion, solitary plasmacytoma (SP). SP is a single lesion of monoclonal plasma cells outside the skeletal system, extramedullary plasmocytoma (EMP). The age at diagnosis is 55-60; the male/female ratio is 3:1. The most common presenting symptoms of sinonasal EMP are unilateral nasal obstruction, epistaxis, rhinorrhea, facial swelling and pain. The diagnosis is based on biopsy of lesions, unilateral bone marrow aspirate, laboratory studies, CT, MRI, and PET/CT. Radiotherapy is the treatment of choice, whereas surgery is performed for diagnostic biopsy or excision of residual disease. Conversely, the role of chemotherapy is still debated. We report 4 cases (3 M, 1 F; mean age:58, range 37-72) of EMP extended to sinonasal cavities complaining of unilateral nasal obstruction and epistaxis. Nasal endoscopy showed a soft, friable, and bloody tumor mass occupying the nasal cavity in 1 case, extended to the right maxilla in 2 and to right ethmoid in the last one. All subjects underwent CT scan, MRI, biochemical tests and bone marrow cytology. Nasal biopsies revealed a diffuse CD138 positivity, and Ig light chain restriction. Subjects received radiotherapy with dose of 40 to 60 Gy over a 1-month period. At 5 years follow-up, 3 patients had signs of recurrence (2 after 5 years and 1 after 2 years) and underwent chemotherapy and autologous bone marrow transplantation. Although performed on a small number of patients, our observation suggest the possibility of long term control of EMP and complete remission. We report the youngest (37y) case described in the literature. Furthermore, we propose a new follow-up protocol consisting of nasal endoscopy and serum exams every 6 months, and imaging study (CT or MRI) every year after therapy.