Tumour site (Core)

Reason/Evidentiary Support

The sinonasal tract consists of the nasal cavity and the paranasal sinuses (maxillary, ethmoid, frontal, and sphenoid). The nasal cavity can be further subdivided into the nasal septum, floor, lateral wall, and vestibule. Among sinonasal tract carcinomas, the most common site of tumour origin is the maxillary sinus, followed by the nasal cavity and ethmoid sinus. It is rare for carcinomas to arise from the frontal or sphenoid sinuses.[1-5]

The precise tumour site within the sinonasal tract is important to record. First, different staging schemes are utilized for maxillary sinus carcinomas and those arising in the ethmoid sinus or nasal cavity.[6] Second, there is prognostic importance to the tumour location. For example, carcinomas primary to the nasal cavity have been shown to have an improved prognosis over carcinomas primary to the paranasal sinuses, likely because nasal carcinomas give rise to symptoms (e.g. nasal obstruction or epistaxis) and this come to clinical attention sooner.[1,5,7,8] In addition, among maxillary sinus carcinomas, those arising from the anterior-inferior portion have a better prognosis than those arising from the superior-posterior portion, likely because the latter group has easier access to structures such as the orbit or skull base.[6] Finally, certain carcinomas are closely associated with specific sinonasal sub-sites. For example, intestinal-type adenocarcinomas and neuroendocrine carcinomas occur most often in the ethmoid sinuses, while squamous cell carcinoma occurs most often in the maxillary sinus.[9-12]

It is recognized that some carcinomas, particularly highly aggressive types like sinonasal undifferentiated carcinoma or NUT carcinoma, usually affect more than one sinonasal anatomic sub-site. In this case, every affected site should be selected.

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