Extrapulmonary large Cell Neuroendocrine Carcinoma of the nasal cavity: A Case Report and Review of the Literature

(1) C.Lahamamssi, (2) S.Majdoul,(3) Z.Bouchbika, N.Benchakroun, N.Tawfiq, H.Jouhadi, S.Sahraoui, A.Benider

Département of radiotherapy nad oncology CHU Ibn Rochd Casablanca , Morroco

Corresponding author :

DR Lahmamssi chaimaa

Purpose:

Primary nasal cavity neuroendocrine carcinoma (CNE) is a very rare pathology: rarity of this cancer and the diagnostic difficulties did not allow a good understanding of the evolution clinical and standardization of treatment regimens.

Experimental design :

we report a case of large nasal cell CNE in a 33-year-old woman treated in departement of oncology and radiotherapy of Casablanca.

Results:

Nasosinus cancers represent 0.2 to 0.8% of all malignant tumors , primary nasal cavity neuroendocrine carcinoma (CNE) is a very rare pathology. : the large cell variety is poorly differentiated and has a high grade of malignancy . Only a few cases have been reported in the literature.

The average age of patients is 51 years old with male dominance (sex ratio of 6/1), Our patient is 36 yers old, without antecedents who consulted for right nasal obstruction, nasal discharge, and recurrent epistaxis. On examination, a large red, friable, polypoid mass with a tendency to bleed was observed in the right nasal cavity and the biopsy returned to a large cell neuroendocrine carcinoma. Computed tomography revealed a tumor mass of the right nasal cavity; causing bone lysis of the nose bone.

The patient underwent right lateral rhinotomy with excision of the tumor mass followed by two courses of adjuvant chemotherapy, etoposide cisplatin, an adjuvant radiotherapy was planned after the end of chemotherapy but the patient had a local relapse in the form of Huge facial mass centered on the nasal region locally aggressive chemotherapy, after discussion of the record in pluridisciplinary consertation meeting and after a review of literature, it was decided to start a chemotherapy second line type irinotecan. After 2 cycles of chemotherapy that were unsuccessful , she received palliative care.

Conclusion :
Given their rarity and the absence of randomized trials, the diagnostic and therapeutic management of these tumors is difficult and is essentially modeled on that of neuroendocrine tumors with small lung cells. Despite multimodal treatment, their prognosis remains unfavorable.

References:
