

CÁNCER DE SENOS NASALES

En la etiología de estos tumores se han involucrado diversos carcinógenos ambientales, sobre todo el **polvo de madera**. Cuando el polvo es menor de 10 micras de diámetro penetra en los diferentes senos (frontal, maxilar, etmoidal y esfenoidal), y causa un cáncer, especialmente el adenocarcinoma etmoidal. El periodo de latencia es de alrededor de 30 años de exposición, y está en relación con la cantidad de polvo inhalado. No hay síntomas específicos, predominando la obstrucción nasal unilateral y progresiva, con rinorrea purulenta o sanguinolenta, lagrimeo o dolor facial o frontal. Toda obstrucción nasal unilateral y reciente debe ser considerada sospechosa de ser neoplásica hasta efectuar el diagnóstico. Desgraciadamente, la elevada prevalencia de patologías sinusales benignas crónicas explica el retraso diagnóstico. Los ratios de supervivencia a los 5 años se incrementarían de forma sustancial si el tumor pudiese ser detectado en estadios precoces T1 o T2. El **examen fibroscópico nasal** representa la mejor herramienta para detectar el adenocarcinoma de etmoides en estadios precoces.

A continuación os adjunto el abstract de un trabajo de otorrino, que se plantea si está justificado el screening del adenocarcinoma etmoidal en trabajadores expuestos a polvo de madera. La conclusión es muy clara: **el screening es fundamental en estos trabajadores ya que el diagnóstico tardío en este tipo de tumor implica un pronóstico sombrío.**

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Is ethmoidal adenocarcinoma screening in employees exposed to wood dust justified?

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Introduction

Since 1995, the means which are used for the follow-up of wood-workers in France are obsolete. Based on experts' opinions, they have never been assessed as effective in the detection of adenocarcinoma of the ethmoid sinus.

Objective

Collecting the data present in the literature to justify the necessity and the means of a screening protocol that would help detect ethmoidal adenocarcinoma among the wood worker population.

Method

This is a review of the literature from three data bases: the National Library of Medicine, the French National Institute for Research and Security and the French National Centre for Scientific Research. Only English and French articles were reviewed and they were classified in four categories according to proof tools purposed by the French High Authority for Health.

Results

There is a direct statistical relationship between the amount of wood dust and the development of ethmoidal adenocarcinoma, but threshold doses cannot actually be calculated. The relative risk is high starting the first year of exposure and the exposed population is well recognized. Despite the means presently available for follow-up, this lesion is always diagnosed at an advanced stage. Survival rates at 5-years would increase if the tumour were to be detected at stages T1 or T2. The CT scan is not suited for this aim because of its low sensibility in separating soft tissue contrast. On the other hand, the MRI allows the detection of small nasal or sino-nasal tumours with intact osseous boundaries with a 98% sensibility. However, the data from experimental models and healthy human volunteers show that wood-dust settles over the olfactory cleft and the adjacent mucosa. Moreover in the large majority of cases the implantation pedicle of these tumours is coming from within these areas. Therefore, nasal fibroscopic examination represents the best tool to detect adenocarcinoma of the ethmoid sinuses at its earlier stages. It is well tolerated and its cost is low.

Conclusion

A screening of ethmoidal adenocarcinoma seems to be possible with simple means in specific population. An early detection could improve the prognosis of this lesion.