Synchronous Adenocarcinoma and Meningioma of the Ethmoid

Adenocarcinoma y meningioma de etmoides sincrónicos

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A 61 year-old patient consulted with nasal obstruction, cephalgia, anosmia and occasional epistaxis. He had worked as a builder and miner, and had worked as a carpenter for 20 years. Rhinoscopy detected the presence of a tumour in the right nasal fossa, completely occupying the same, which biopsy showed to be an adenocarcinoma (AC) of the nasal fossa. Computerised tomography (CT) showed that the mass in the right nasal fossa infiltrated the septum, the central wall of the maxillary sinus and the ethmoid, without any appearance breakage of the lamina cribosa, but with a lesion at the level of the olfactory sulcus measuring approx. 3 cm. Magnetic resonance was performed with gadolinium,

Figure 1


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showing the nasal tumour and a meningioma of the olfactory sulcus (MOS) (Figs. 1 and 2). Transfrontal craniotomy was performed to remove the olfactory meningioma, and nasal endoscopy was used to eliminate the nasal tumour. Histological analysis confirmed the diagnosis of meningioma (Fig. 3A) and high-grade intestinal-type adenocarcinoma intestinal (Fig. 3B).

The simultaneous appearance of MOS and AC has never been described before. This article has the purpose of showing that this is possible, together with the importance of imaging tests in the correct diagnosis of these lesions, given that the MOS may erroneously be considered to be an intracranial invasion by the AC, with the implications that this would have for the treatment of the same.