Maxillary Sinus Cancer

Early Diagnosis Helps

A rare type of head and neck cancer involves cancer of the maxillary sinus. This type of cancer is mostly common in Asia and Africa. Early diagnosis plays a vital role in the patient’s prognosis. However, due to almost negligible symptoms its early diagnosis is often very limited and is frequently confused with symptoms of some other common but less serious conditions. By the time other symptoms are visible (headache, visual disturbance) the disease has usually advanced and hence complicates the treatment.

In the early stages of the disease, symptoms may be totally absent. Another practical problem that makes an early detection difficult is that, symptoms if present are not specific. Some of the common symptoms are:

- Blocked sinuses that do not clear
- Headaches
- Pain in the sinus areas on either sides of the nose
- Runny nose
- Nosebleeds
- Lump or sore inside the nose that does not heal
- Swelling on the face or roof of the mouth
- Numbness of cheeks
- Pain in the upper teeth
- Loose teeth
- Dentures that no longer fit well
- Swelling or other difficulties with the eyes

A Case Study

My mother, Upasana, aged 55 years was diagnosed with maxillary sinus cancer in February 2014. A week prior to diagnosis, she had severe headache and a small lesion above her upper left molar which bled profusely on disturbing. It was painless. Also there was a slight swelling in her left cheek and she had bad breath.

None of the symptoms, however, were troublesome enough to raise any alarm. She never complained of any sinus infection or any other problem. However, her left molar had loosened and fell off. Exactly when, is unknown.

Examining the lesion the doctor took a small sample for biopsy and since then the bleeding did not stop. She was rushed to a hospital where a CT scan was conducted. The biopsy revealed squamous cell carcinoma. Initially it was confused with oral cancer. However, when her first PET-CT Scan was done it revealed destruction of the wall of the sinus along with extension to hard palate and her eye socket. Her tumor was surgically not operable.

Therefore, she was put on chemotherapy. She went through many rounds of chemotherapy and was then assessed—revealing partial response to the treatment. After that she was put on radiation therapy. She underwent 20 rounds of radiation. The side effects of this therapy were very difficult to deal with. She lost a lot of weight during this time because she was unable to eat. Along with radiations she was also given chemotherapy. Radiotherapy is given along with chemotherapy in some cases to improve the prognosis.

Six weeks after her radiotherapy she was scheduled for surgery. A very experienced retired medical professor from AIIMS performed the surgery. The surgery was uneventful. Yet she was put on 18 more radiotherapy sessions because the latest CT-scan revealed a recurrence in
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She would feel extremely sleepy and could not eat. She would sleep all day. Also, one day she had delirium where she started to behave in a strange manner. Her delirium subsided in a day or two. However, she’d still feel sleepy and wouldn’t eat. We rushed her to a hospital when her oxygen level dropped to a critically low level.

The next day she had a stroke and went unconscious. She didn’t wake up after that. She would open and close her eyes and respond with yes and no but nothing other than that. The doctors gave no false hopes and said she would not live more than 5-6 days. The disease had spread to her brain and gradually she lost control of her body functions. My mother lost her battle with cancer on the 29th of April 2015.

Her disease was at a very advanced stage. She was on stage IV, primarily due to lack of symptoms and lack of awareness due to its extreme rarity. A five-year survival rate in this type of cancer is 80% provided the diagnosis is early. In the last stages it falls down to 20% due to its proximity to nearby important structures such as the eye and the skull.

The root cause for treatment failure is late diagnosis. There is a need to spread awareness about such serious types of cancers, symptoms of which go unnoticed very frequently.

My mother was neither an alcoholic nor a smoker. Never in her life did she touch any of these things. The idea that only smokers, tobacco consumers can get cancer of the head and neck should be pulled out of people’s head. Moreover, she was a pure vegetarian and since birth followed a very healthy diet which involved absolutely minimum of junk food.

So, do not ignore any minor problem if it persists for more than two weeks. Stay healthy, eat right and be aware of your body.

Ms Mahima Verma has just passed her 12th class this year from the Bharatiya Vidya Bhavan, New Delhi. She lost her mother very recently to maxillary sinus cancer. Address: 69-B Pocket-B, Mayur Vihar, Phase-II, Delhi-110091; Email: 1997.mahima@gmail.com

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