

Selection of nansal endoscopic maxillectomy in nasal malignant tumors

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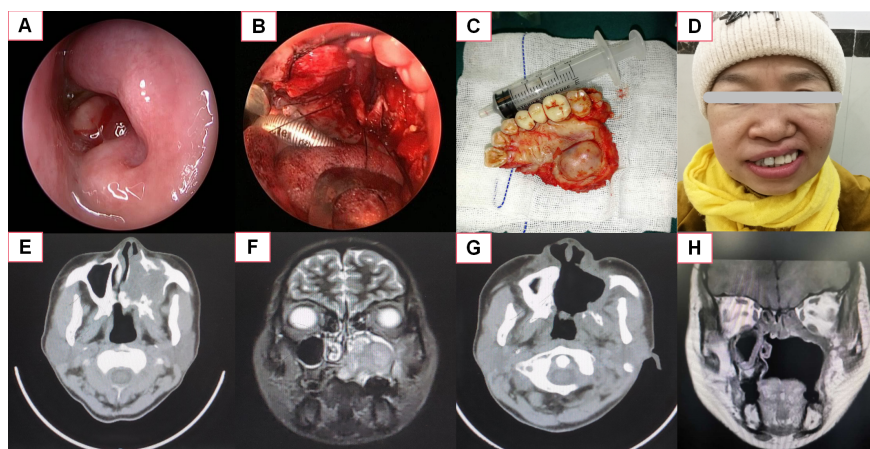
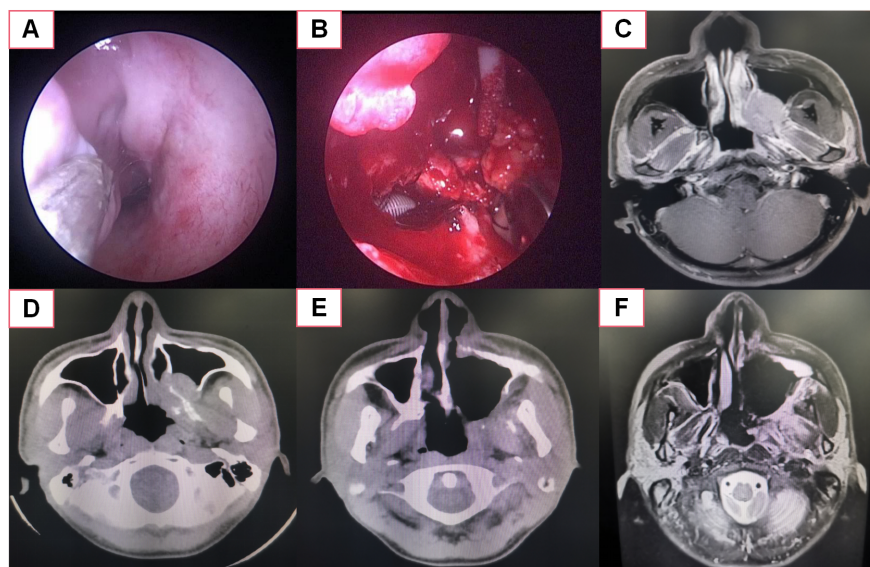
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Abstract

Abstract Purpose: Explore the effect of resection of different parts of the maxilla on the prognosis of patients with nasal malignant tumors and promote its clinical selection of nasal endoscopic maxillectomy. **Methods:** The clinical data of patients with maxillary sinus tumors who underwent endoscopic maxillary resection from January 2013 to May 2020 were analyzed retrospectively and the surgical methods, tumor margin, recurrence and complications are summarized. **Results:** Among 30 patients (all available follow-up; mean: 17.8 months, range: 2–64 months; pT: T1–T4a), 17 (56.6%) underwent partial maxillary resection, nine (30.0%) total resection, two (6.7%) subtotal resection and two (6.7%) extended resection. There was no significant difference (Log Rank; $P > 0.05$) in the recurrence rate between endoscopic-assisted maxillectomy and trans-facial surgery. **Conclusions:** According to the range of tumor lesions and the possible base, different parts of the maxillary sinus can be removed selectively assisted by endoscopy. With the application of endoscopic-assisted maxillectomy, the function can be preserved as far as possible without increasing complications or recurrence rate, and the surgical field of view will be exposed more clearly.

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