

## **PS2.081**

### **After all, it wasn't just Sinusitis...**

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**Background:** Nasopharyngeal carcinoma (NPC) is a rare tumor arising from the epithelium of the nasopharynx. NPC is thought to be the result of both genetic susceptibility and environmental factors such as carcinogens and infection with Epstein-Barr virus. However, a clear etiology for NPC is still lacking.

**Aim and Methods:** Describe a case of a 41 year old male patient with a NPC diagnosis, using as main variables: symptoms, imaging methods and treatment.

**Results:** A 41 years old male patient with history of sinusitis went to a family medicine appointment on 06/08/2015 because of thick and purulent anterior and posterior rhinorrhea, sometimes with blood. He denied other symptoms, including fever. On clinical examination, he presented hyperemia of both the nasal mucosa and oropharynx, and posterior mucous rhinorrhea. Azithromycin 500mg, ibuprofen 600mg and mometasone nasal spray were prescribed. He returned for an appointment on 01/10/2015 and 03/11/2015 with the same complaints and clinical exam. X-rays of the paranasal sinus and thorax were ordered. The first showed opacification of the left maxillary sinus and thickening of the mucosa of the right maxillary sinus. CT of the paranasal sinus was also required and he was sent to a hospital otorhinolaryngology (ORL). The CT showed changes compatible with sinusitis and "hypertrophy of the nasopharynx leading to a reduction of the lateral recess". On 08/12/2015 he had an ORL appointment and was admitted to the hospital to study the source of the bleeding. A nasopharynx biopsy was made, revealing an undifferentiated NPC. A nasopharynx magnetic resonance and a cervical spine CT were ordered and he was sent to the Portuguese Institute of Oncology.

**Conclusions:** Family doctors have a privileged task on diagnosis. Patients' complaints shouldn't be underestimated. It is essential to investigate their cause and send patients to specific hospital appointments whenever necessary.

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