Addendum: Biphenotypic Sinonasal Sarcoma—Case Report and Review of Clinicopathological Features and Diagnostic Modalities

Chandala Chitguppi[1] Ian Koszewski[1] Kaitlin Collura[1] Mark Curtis[1] Gurston Nyquist[1] Mindy Rabinowitz[1] Marc Rosen[1]

[1] Division of Rhinology and Endoscopic Skull Base Surgery, Department of Otolaryngology - Head and Neck Surgery, Thomas Jefferson University Hospital, Philadelphia, Pennsylvania, United States

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Address for correspondence Marc Rosen, MD, Division of Rhinology and Endoscopic Skull Base Surgery, Department of Otolaryngology - Head and Neck Surgery, Thomas Jefferson University, 925 Chestnut Street, 6th Floor, Philadelphia, PA 19107, United States (e-mail: marc.rosen@jefferson.edu).

ADDENDUM

The authors have informed the publisher that they would like to rephrase the 1st paragraph under the section "Case Report" in the above mentioned article published in the *Journal of Neurological Surgery Part B* (DOI: 10.1055/s-0038-1667146). The revised paragraph is given below.

We report an otherwise healthy 53 year old gentleman who presented for evaluation of progressive unilateral nasal obstruction and anosmia for several months. Examination revealed a large left sided soft tissue mass. Imaging showed complete opacification of the left frontal sinus with bony erosion of the medial orbit and skull base. Office biopsy was most consistent with a low-grade spindle cell carcinoma, with immunohistochemistry stains positive for S100 and negative for actin, desmin, and neurofilament. Though initially a peripheral nerve sheath tumor was one of the differential diagnoses, as the patient had no clinical features of Neurofibromatosis-1, it was unlikely. He was taken to the operating room for an endoscopic endonasal approach for resection of the tumor. Intraoperatively, the tumor was found to be highly vascular and locally invasive, with destruction of superior portions of the lamina papyracea and exposure of periorbita within the nasal cavity on the left side. Tumor was adherent to the periorbita and, given the presumed benign nature of the tumor; a small amount of residual tumor was left attached to the periorbita. There was further destruction of the superior septum and portions of the cribriform plate, with gross tumor within the right ethmoid cavity and abutting the right orbit. Frozen pathology specimens remained consistent with a spindle cell tumor. His postoperative course was uneventful.

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