Primary lymphoma is the most common nonepithelial malignant tumour arising from the paranasal sinus region. It occurs mostly in middle aged and elderly patients with a nonspecific clinical profile resembling that of commoner epithelial sinonasal malignancies. Modified Rappaport’s and the Working Formulation are the frequently used histopathological classification systems. Radiation therapy is the mainstay of treatment with excellent local control of the disease. Most of the failures occur at distant sites outside the treatment area or in the form of disseminated disease. Chemotherapy, though used in limited number of patients in some series, seems to have a better role to play in the management of these tumours in future as most of the sinonasal lymphomas are of poorly differentiated variety or of unfavourable histology.

Key words: Paranasal sinuses, Neoplasm, Primary lymphoma, Radiation therapy, Chemotherapy.
rhinoscopy, indirect nasopharyngoscopy, X-ray PNS, CT Scan of PNS which included base of skull. A biopsy was taken in all the patients either from nasal mass or from the maxillary antrum and subjected to histopathological examination which was interpreted according to guidelines laid by working formulation. With histological diagnosis of NHL, patients were subjected to staging procedure for NHL (Ann Arbor) which included CT Scan chest, CT abdomen and a bone marrow examination. None of our patient required staging laparotomy. All the 5 patients received chemotherapy and radiation therapy (Table I). The treatment plan was discussed in Head & Neck (ENT) oncology clinic among ENT surgeon, radiation oncologist and a medical oncologist. All patients received adriamycin based combination chemotherapy.

RESULT
In this study, the mean age of patients was 35 years (Range 18-65 years). Four out of five patients were male. All patients presented only with rhinogenic symptoms (Nasal obstruction 5, Epistaxix 4, Swelling of nose and cheek 5) except one who also had systemic ‘B’ symptoms (fever, weight loss and night sweats). Average duration of their symptoms was 8 months. All patients were nonsmoker and had no other medical disease excepting one who had diabetes mellitus a strong with family history.

After the staging procedure for NHL with CT scan chest, CT abdomen and bone marrow biopsy being normal, patients were staged to le disease. Anatomically on CT scan as a rule multiple paranasal structures were involved (Table II). Isolated involvement of sphenoid, frontal and ethmoid sinus was not seen in any of our patient. Two patients had bilateral maxillary antral involvement while one had bilateral ethmoid and nasal cavity involvement. In present study two of our patients are free of disease for 18 months and 8 months, 2 died of intercurrent disease and one patient was lost to follow up after testicular relapse. Because of small number of patients we made no attempt to provide survival figures.

DISCUSSION
Malignant lymphoma of the paranasal sinuses and nasal cavity accounts for about 13% of extranodal head and neck lymphomas and 2%