Nasal, paranasal, maxilla sinus cancer makes up 0.2-2% among all malignancies [1, 4-6, 11]. First of all, the difficulty of its treatment is conditioned by anatomic and topographic peculiarity, closeness of vital organs, tumor quick spread on adjacent structures, advanced stage of tumor and neglect of tumor process and emergent bleeding [4,12]. Literature data are evidence of constant growth of malignancies of this localization [3, 6].

One of the perspective methods is to increase the efficiency of drug therapy is considered the use of intraarterial regional chemotherapy. We worked out indications and contraindications for performance of the method of continuous intraarterial polychemotherapy with catheterization of the external carotid artery. There determined indications and contraindications for external carotid ligation. After performance of external carotid ligation, in 105 (84%) patients, reduction of tumor sizes, precancerous edema, evident pain syndrome due to loss of lesion site supply and arrest of acute and chronic bleeding were followed, that corresponds with observations of other investigators. In 5 cases, when catheter was introduced into the branch of external carotid artery and then into facial artery the pain syndrome was more evident. Administration of catheter in external carotid artery has been more proved in these cases. The technique developed is a high effective method promoting reduction of tumor sizes and pain syndrome. Their usage result in reduction of intraoperative and postoperative blood loss, as well as it has diagnostic significance: lymph dissection to verify the tumor lesion. Administration of chemicals via catheter to the tumor site provides increase in their concentration in the tumor for more prolonged period that enhances the therapeutic effect.

**Key words:** ligation and catheterization of external carotid artery, cancer, nasal and paranasal sinus, maxilla, intraarterial chemotherapy.
Further, this complicates (anatomy is disturbed) performance of surgery of facial-sheath dissection of cervical cellulose. And also the patients who have bilateral cervical lymph nodes while continuous intraarterial chemotherapy conduction, chemical generally concentrates in tumor site and malfunctions on regional lymph nodes, in this connection, the performance of the therapy is not reasonable. And also the patients who have remote metastases, as well as concomitant diseases of cardio-vascular, urinary system, central and peripheral nerve systems and others. After performing of external carotid ligation, in 105 (84%) patients, reduction of tumor sizes, precancerous edema, marked pain syndrome due to loss of lesion site supply and arrest of acute and chronic bleeding were followed, that corresponds with observations of other investigators [9]. In 5 cases, when catheter was introduced into the branch of external carotid artery and then into facial artery the pain syndrome was more evident. Catheterization of external carotid artery has been more proved in these cases.

Conclusion
Thus, definition of indications and contraindications to external carotid ligation, as well as its branches is a high effective method promoting improvement of treatment results and reduction of pain syndrome. Simultaneously, intraoperative and postoperative blood losses have been decreased. This procedure has a diagnostic value: lymph dissection to verify the tumorous lesion. Administration of chemicals via catheter to the tumor site provides increase in its concentration in the tumor for more prolonged period that enhances the therapeutic effect.

REFERENCES