

Table SI. Chronology of clinical events and follow-up protocol.

Date	Event	Description
December 2013	Admission	Hospitalization at Department of Internal Medicine, Princess Marina Hospital (Gaborone, Botswana). The blood chemistry profile confirms hyponatraemia (sodium between 130-134 mmol/l), establishing the diagnosis of syndrome of inappropriate antidiuretic hormone secretion.
January 2014	Diagnostic imaging and biopsy	Brain CT with contrast: Large mass (5.3x4.2x4.4 cm) in the right sphenoid sinus with bone destruction and nasal/ethmoidal extension, without intracranial or orbital invasion. Neck CT: Normal. Endoscopic incisional biopsy confirmed histopathologically the olfactory neuroblastoma.
February 2014	Surgical treatment	Transnasal endoscopic surgical resection and wide sphenoidotomy. Serum sodium levels completely normalised within 48 h postoperatively.
April 2014	Adjuvant treatment	Completion of intensity-modulated adjuvant radiotherapy with a total dose of 60 Gy directed to the sphenoid body and ethmoid cells.
2014-2019	Initial follow-up protocol	Clinical and imaging surveillance for 5 years: Otolaryngology every 3 months (first 2 years) and then every 6 months (next 3 years). Imaging studies and general laboratory tests repeated every 6 months with no evidence of disease.
2019-2024	Late follow-up protocol	Spaced medical surveillance at an annual frequency after 5 years in complete remission.
April 2024	Symptoms and relapse by imaging	The patient presented with persistent rhinorrhea and epistaxis. Contrast-enhanced CT scan of the paranasal sinuses identified a new heterogeneous calcified mass (5.3x4.7 cm) in the right nasal cavity and ethmoid sinuses with invasion of the maxillary antrum and right orbit.
May 2024	Diagnostic confirmation and therapeutic decision	Diagnosis of late local recurrence. Given surgical technical limitations and refusal of re-irradiation, the tumor board approved the use of systemic chemotherapy.
June 2024	Start of treatment	Initiation of the systemic chemotherapy regimen

September 2024	End of treatment	with 6 cycles of cisplatin (75 mg/m ² IV, day 1) and etoposide (100 mg/m ² IV, days 1, 2 and 3) administered every 21 days. Successful completion of the last chemotherapy cycle. The patient showed good tolerance with transient grade 1 nausea and grade 2 myelosuppression. Strict monitoring every 12 weeks is scheduled.
December 2025	Follow-up imaging	Contrast-enhanced CT scan of the head and neck: Complete absence of the tumor mass described in 2024; brain parenchyma, orbits, neck, thyroid and prevertebral structures are completely normal. Complete remission.
February 2026	Current status	Case report cut-off date; the patient remains clinically asymptomatic and disease-free.

IV, intravenous.