

Unilateral chronic rhinosinusitis

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Date accepted for publication 24 September 2008

Abstract

Foreign bodies within the para-nasal sinuses are a reported cause of chronic unilateral rhinosinusitis. The most commonly cited cause is of dental origin. One previously reported case cited a foreign body from the repair of an orbital blow-out fracture. Suspicion of a sinogenic foreign body cause may only be aroused by a thorough history and examination, usually confirmed by imaging. We report a case of 57-year-old man was referred to ENT with persistent right nasal blockage and catarrh for over a decade. It transpired that he had previously had surgery using a silastic graft for a blow-out fracture. This is only the second reported case in the world literature of recurrent sinusitis from a graft placed to repair an orbital blow-out. A history of significant facial injuries should be considered and then actively investigated in unilateral chronic rhinosinusitis. The advent of ultra-low dose sinus computed tomography scans may encourage a more inquisitive surgeon to further investigate rhinosinusitis with imaging.

Keywords

Silastic graft; blow-out fracture; unilateral chronic rhinosinusitis; foreign body; nasal blockage.

Introduction

Foreign bodies within the para-nasal sinuses are a reported cause of chronic unilateral rhinosinusitis. The most commonly cited cause is of dental origin.^[1] One previously reported case cited a foreign body from the repair of an orbital blow-out fracture. Several cases of implants and endodontic materials have also been reported.^[1-18] Suspicion of a sinogenic foreign body cause may only be aroused by a thorough history and examination and can usually be confirmed by imaging. We report a case of a 57-year-old man referred to ENT with persistent right nasal blockage and catarrh for over a decade.

Case report

A 57-year-old man was referred to ENT with persistent right nasal blockage and catarrh for over a decade. He was noted to have been in a road traffic accident 18 years previously and sustained facial fractures.



Fig. 1. Coronal CT showing a silastic graft in the maxillary antrum.

Nasendoscopic examination revealed mucopus from the right middle meatus. There was no specific dental history of note. Maximal medical therapy did not resolve his symptoms and a computed tomography (CT) scan was arranged prior to planned endoscopic sinus surgery (Fig. 1).

The CT scan revealed a foreign body in the right maxillary antrum thought to be part of a silastic graft used to reconstruct the orbital floor following the road traffic accident. Endoscopic sinus surgery enabled removal of the graft via a middle meatal antrostomy. His symptoms have fully resolved and he remained well at 3-month follow-up.

Teaching point

This is only the second reported case in the world literature of recurrent sinusitis from a graft placed to repair an orbital blow-out, the first in English. A history of significant facial injuries should be considered and then actively investigated in cases of unilateral chronic rhinosinusitis. The advent of ultra-low dose sinus CT scans may encourage a more inquisitive surgeon to further investigate rhinosinusitis with imaging.^[19] In this case a relatively straightforward procedure has led to complete resolution of many years of troublesome symptoms.

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