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**An Elderly with Unilateral Maxillary Sinus Mass**

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**Case Presentation**

A 65-year-old female with long standing diabetes mellitus presented with left unilateral nasal blockage for 6 months duration. The symptom was progressively worsening causing total obstruction of the left nostril. She also had left greenish thick nasal discharge associated with facial fullness, cacosmia, hyposmia and left epiphora.

Nasal endoscopy showed a polypoidal mass at superior part of left nasal cavity with medialization of left lateral nasal wall and obliteration of the osteomeatal complex and inferior meatus by the mass (Figure 1). The pale mass extended towards posterior nasal cavity but not obscuring the posterior choana.



**Figure 1** Endoscopic view of left nasal cavity showing the polypoidal mass with bleeding point (black arrow) and medialization of left lateral nasal wall.

Result of the biopsy of the mass was consistent with inflammatory polyp with predominant neutrophilia. Computed tomography (CT) scan of the paranasal sinuses was performed. There was heterogenous enhancing mass occupying the entire left maxillary, frontal, anterior and posterior ethmoid sinuses. Additionally, the left maxillary sinus was widened with erosion of its medial wall and hyperostosis of its lateral wall (Figure 2).



**Figure 2** Coronal (A) and axial (B) reconstruction of CT of the paranasal sinuses showing heterogenous mass in the left maxillary sinus with intrasinus calcification within (red arrow) and erosion of its medial wall (blue arrow) and thickened lateral wall (green arrow).

**Question 1:** Hyperostoses of sinus wall are present in the following conditions except

- A. inverted papilloma
- B. chronic sinusitis
- C. fungal sinusitis
- D. acute rhinosinusitis

**Question 2:** What is the most appropriate clinical management for this patient?

- A. Open surgical debridement
- B. Intravenous antifungal medications
- C. Endoscopic sinus approach
- D. Oral steroids with intravenous antibiotics