

3. Hyperplastic type causes tuberculoma formation. Prognosis depends on the involvement. Mucosal lesions respond well to proper medical treatment bone involvement and fistula formation offer poor prognosis. In the present, three cases in the form of pathological disease, which was seen, were the larval forms in Cases 1 and 3 and hyperplastic type in Case 2. Successful treatment of this condition depends on early diagnosis and radical surgical intervention. In the following cases endoscopic excision of the disease was done followed by standard antitubercular regime. The general condition of the patients was good except for persistence of pain. A repeat biopsy from the nasal cavity after complete treatment revealed only fibrosis with no evidence of the disease.

CONCLUSION

Three cases of primary nasal tuberculosis are presented with the comment that this disease entity though uncommon should therefore be kept in mind while managing a unilateral nasal mass in this part of the world where tuberculosis is still very common. It serves us to stress the importance of bacteriological examination of the antral washings and the

histopathological examination of all removed inflammatory tissues.

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AN UNUSUAL COMPLICATION OF INTRANASAL ANTROSTOMI

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ABSTRACT: Intranasal antrostomies are performed for treating maxillary sinusitis. Here we present a rare case, who developed maxillary sinusitis as a complication of the previous inferior meatal intranasal antrostomy. This case also proves the current concept that even though the inferior meatal antrostomy opening may be patent, the drainage is through the natural ostium.

Key Words: Endoscopic sinus surgery, intranasal antrostomy, maxillary sinus foreign body, sinusitis

The concept of dependant drainage in case of maxillary sinusitis has changed by the advent of nasal endoscopy. The cilia functions by beating towards the natural ostium thereby moving the maxillary sinus secretions towards the natural ostium. This case report illustrates this current concept.

CASE REPORT

A 28-year-old male patient presented with complaints of headache, nasal discharge and nasal obstruction on left side for the past 5 years. Four and half years ago he underwent sub-mucosal resection operation with left intranasal

antrostomy elsewhere but the symptoms recurred after few months. Clinical examination showed a hypertrophied left inferior turbinate and purulent discharge in left middle meatus. Diagnostic nasal endoscopy revealed a patent intranasal antrostomy opening in the inferior meatus on left side and muco purulent discharge in the left middle meatus. X-ray paranasal sinuses showed an opaque left maxillary sinus. The CT scan with coronal section showed a wide and patent intranasal antrostomy opening in the inferior meatus on left side and fluid collection with a radio dense foreign body in the left maxillary sinus [Figure 1 and 2]. The patient was taken

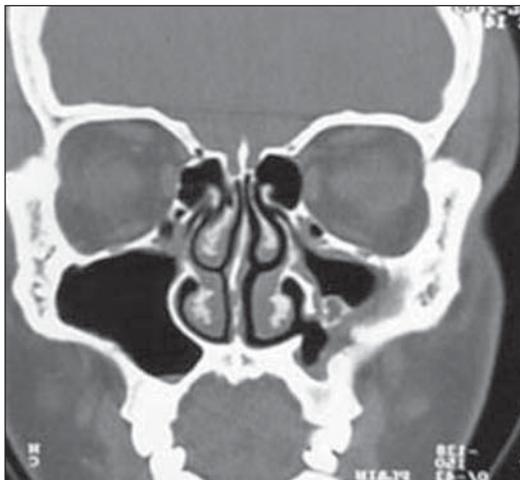


Figure 1: CT scan coronal section showing foreign body in left maxillary sinus with patent intranasal, antrostomy opening



Figure 2: CT scan coronal section showing foreign body in left maxillary sinus with opacity of the sinus

up for surgery. Under general anesthesia Functional Endoscopic Sinus Surgery was performed and wide middle meatal antrostomy was made. A small piece of necrosed bone of the previous intra nasal antrostomy was found lying free in the maxillary sinus. It was removed and sent for histopathological examination, which subsequently confirmed the same. Routine postoperative follow up made an uneventful recovery.

DISCUSSION

Intranasal antrostomy is a surgical procedure used in the treatment of chronic maxillary sinusitis. However, the concept of dependant drainage in case of maxillary sinusitis has changed by the advent of nasal endoscopy. The cilia function by beating towards the natural ostium thereby moving the maxillary sinus secretions towards the natural ostium.^[1] Accordingly even if the intranasal antrostomy opening is patent, the ciliary movements tend to expel the maxillary sinus contents towards the natural ostium.^[2]

This patient with maxillary sinusitis who underwent inferior meatal antrostomy had persistent sinusitis following the procedure. During the procedure the bone fragment from the antral wall had been forced inside the antrum instead of being removed out with the Myles retrograde gouge. The fragment remained in the maxillary sinus and acted as a focus of foreign body reaction and infection leading to sinusitis.

Even though the inferior meatal antrostomy opening was patent, the muco purulent discharge from the maxillary sinus was seen coming out through the natural ostium in the middle meatus since cilia functions by beating towards the natural ostium. This case therefore proves that middle meatal antrostomy using the sinus endoscope for maxillary sinusitis should be the accepted modality of treatment and has replaced the conventional inferior meatal antrostomy.^[3]

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