Rhinology/Allergy

Antrochoanal Polyp Originating from Inferior Turbinate
Anthony J. Anfuso, MD (presenter); Hassan H. Ramadan, MD, MSc

Objective: Present a case of an unusual presentation of an antrochoanal polyp that originates from the left inferior turbinate and does not extend into the maxillary sinus. Literature review shows only 3 prior cases where an antrochoanal polyp originated from the inferior turbinate.

Method: This is a case presentation of an 81-year-old woman who presented with a left-sided nasal mass. Her workup included CT scan and MRI of the sinuses. The nasal mass was removed endoscopically and was sent for review by our pathologists.

Results: In this elderly female, physical examination showed a dark nasal mass filling the entire nasal cavity. CT and MRI showed a left-sided nasal soft tissue mass with lateral displacement of the medial wall of the left maxillary antrum. The preoperative diagnosis included inverted papilloma, benign nasal polyp, and squamous cell carcinoma. The patient was taken to the operating room where it was found that the mass originated from inferior turbinate and spanned its entire length. It was removed from this attachment and delivered nasally using endoscopic sinus instruments. Surprisingly, pathology revealed antrochoanal polyp.

Conclusion: Classic antrochoanal polyp originates within the maxillary antrum. We present this case to illustrate that the antrochoanal polyp can originate from the inferior turbinate and should be considered in a patient with a unilateral nasal mass distinct from the maxillary sinus.

Rhinology/Allergy

Atypical Skull Base Osteomyelitis in an Immunocompetent Patient
Timothy Michael Haffey, MD (presenter); Troy D. Woodard, MD

Objective: 1) Present an abnormal case presentation of an already rare and deadly disease process. 2) Critically review and summarize the literature as it pertained to this case. 3) Increase awareness of a diagnostically challenging reversible deadly disease process. 4) Review current treatment options/recommendations for atypical SBO.

Method: This is an unusual case of atypical skull base osteomyelitis in an immunocompetent patient diagnosed in 2010 at the Cleveland Clinic Foundation (CCF). A literature review for “atypical” and “central skull base osteomyelitis” was performed using PubMed.

Results: As with other published cases of atypical skull base osteomyelitis, this patient was an elderly male, had no preceding infective source, and presented initially with headache that progressed to multiple lower cranial neuropathies (CN 8, 9, 10, 12). However, our patient is unique because he was not diabetic and had no immunodeficiencies. His work-up initially centered on ruling out a primary headache disorder, temporal arteritis, and oncologic pathology. Biopsy, culture, and an indium tagged WBC scan were pivotal in proving an infectious etiology. Prolonged IV antibiotics were vital in clearing the infection.

Conclusion: Skull base osteomyelitis should be considered even in immunocompetent patients presenting with headache and cranial neuropathies. When possible, culture, biopsy, and indium-tagged-WBC scan should be performed to help distinguish an infectious process over malignancy, and guide antibiotic therapy. Early diagnosis and treatment is imperative in managing this life-threatening disease.

Rhinology/Allergy

Auto-erosion of the Uncinate Process in Cystic Fibrosis
John E. McClay, MD (presenter); Jordan J. Rihani, MD

Objective: Report a phenomenon of auto-erosion of the uncinate process and medial maxillary wall in children with cystic fibrosis.

Method: Retrospective chart review with IRB approval. Setting: Tertiary care children’s medical center. Patients: Children evaluated from 1995 to 2010 with cystic fibrosis and chronic sinusitis who were noted to have auto-erosion of the uncinate process on endoscopic and radiographic evaluations.

Results: Six out of 62 (10%) children evaluated from 1995 to 2010 with cystic fibrosis and sinusitis without previous sinus surgery at a tertiary children’s hospital were noted to have auto-erosion of the uncinate process and medial maxillary wall. Auto-erosion appears to occur from expansion, pressure, and demineralization of the bones of the uncinate process and medial maxillary wall.

Conclusion: Auto-erosion of the uncinate process is seen in children with sinusitis and cystic fibrosis. Auto-erosion appears to be a non-surgical self-ventilating phenomenon associated with improvement of maxillary sinus disease on computed tomography.

Rhinology/Allergy

Biofilm Disruption: Combined Modality Treatment Using Hydrodynamic Therapy and Laser
Sohit P. Kanotra, MBBS (presenter); Garth James; Victor Z. Kizhner, MD; Yosef P. Krespi, MD; Matthew F. Myntti, PhD

Objective: Biofilms have been increasingly implicated as an underlying factor in refractory chronic rhinosinusitis (CRS). This study researches the efficacy of a combination of hydrodynamic therapy and laser in disrupting bacterial biofilms.