ABSTRACT

Endoscopic surgery in pediatric recurrent antrochoanal polyp

Shawky Elmorsy Hesham Mohammad Eladl, Mansoura faculty of medicine, Egypt

INTRODUCTION

Antrochoanal polyp (ACP) is a soft tissue mass originating from the maxillary antrum, emerging from the ostium and extending to the nasal cavity and nasopharynx. The growth of this lesion is asymptomatic until the polyp obstructs the orifice of the maxillary sinus and nasal cavity. Endoscopic surgery is the approach of choice; however, in pediatric age and b) Inaccessibility of the lateral wall of maxillary antrum. Combined approaches by canine fossa technique and mini-Caldwell or transcanine surgeries can miss pathology in the anterior wall of the maxillary sinus.

METHODS AND MATERIALS

Between January 2000 and September 2008, we enrolled 12 children with unilateral ACP. All the ACPs were documented by preoperative endoscopy and computer tomographic (CT) scans. (Figure 1) During operation, decompensation of the inferior turbinate and middle turbinate was achieved by using 2% cocaine-soaked cottonoid. A 0°, 45° and 70° endoscopes were used to inspect the intramaxillary cavity and to approach the origin of polyp from maxillary sinus. In our series, removal of the polyp was achieved using both subjective measures (symptoms improvement) and objective measures (radiological and endoscopical) to prevent incomplete excision and recurrences, combined approaches (endoscopic endonasal surgery and mini-Caldwell) should be considered, particularly when the attachment site of the antral part of the polyp is located anterior to the anterior maxillary wall. Mini-Caldwell or transcanine surgeries can miss pathology in the anterior wall of the maxillary sinus.

RESULTS

12 patients with 5 left-sided lesions and 7 right-sided lesions; were treated using endoscopic wide middle meatal antrostomy. Postoperative follow-up duration ranged from 25 to 82 months. The primary surgery was done at the mean age of 9.3 years (median age: 10 years; range: 5-15 years). The inferior portion of the uncinate process was uniformly excised to increase the space for endoscopic manipulation. The inferior portion of the uncinate process was uniformly excised to increase the space for endoscopic manipulation. Associated pathology were present in all cases, sinusitis, adenoids, turbinate hypertrophy, deviated septum and concha bullosa in one patient. These lesions were managed endoscopically with managing the antrochoanal polyps.


CONTACT

Shawky Elmorsy MD
Ass. Professor of Otolaryngology, Mansoura University Phone: 002012495514 Email: shawky_morsy2003@yahoo.com

REFERENCES


4. Par. Inf. Turbinectomy + wide MMA

5. Sinusitis

6. Adenoidectomy + anterior ethmoidectomy + wide MMA

7. DS

8. Adenoids + sinusitis

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10. Endoscopic surgery in pediatric recurrent antrochoanal polyp

11. Table 1.

12. Figure 1.

13. Coronal computed tomography scans showing Antrochoanal polyps.

14. Figure 2. Wide middle meatal antrostomy with complete removal of the polyp.