A total of 57 patients underwent surgery for sinonasal inverted papilloma from January 2006 to August 2011. Most of the T3 cases in Krouse classification could be treated with endonasal approach. Swinging was performed eight cases of Swinging-turbinate procedure and seven cases of EMM. All of those cases were T3. Only one case was recurrence in Swinging-turbinate procedure, that seemed to be the recurrences by the long-term follow up by the surgeon.

In recent years, many papers supported the endoscopic medial maxillectomy (EMM) for benign inverted papilloma arising from lateral wall of maxillary sinus. The reasons are improved mini-invasive of surgical approach, with low complications and shorter hospital stay. The endoscopic medial maxillectomy (EMM) is one of the best approaches for maxillary tumor arising from the lateral and/or frontal wall of the maxillary sinus. The EMM can be safely performed with less morbidity. We are the first paper to treat the recurrence by piecemeal resection. It is not important for the operation result that surgical approach is the mediolateral or endonasal approach. EMM and/or Swinging-turbinate procedure is the ideal methods for the treatment of anteromedial maxillary IP. In addition, swinging-turbinate procedure have an advantage in conserving turbinate function, however, is of equal surgical results.

In conclusion, this study reports results of a selective endonasal approach for sinonasal inverted papilloma. EMM and/or Swinging-turbinate procedure is the ideal methods for the treatment of anteromedial maxillary IP. In addition, swinging-turbinate procedure have an advantage in conserving turbinate function, however, is of equal surgical results.

REFERENCES