

Endoscopic Management of a Giant Sino-Orbital Psammomatoid

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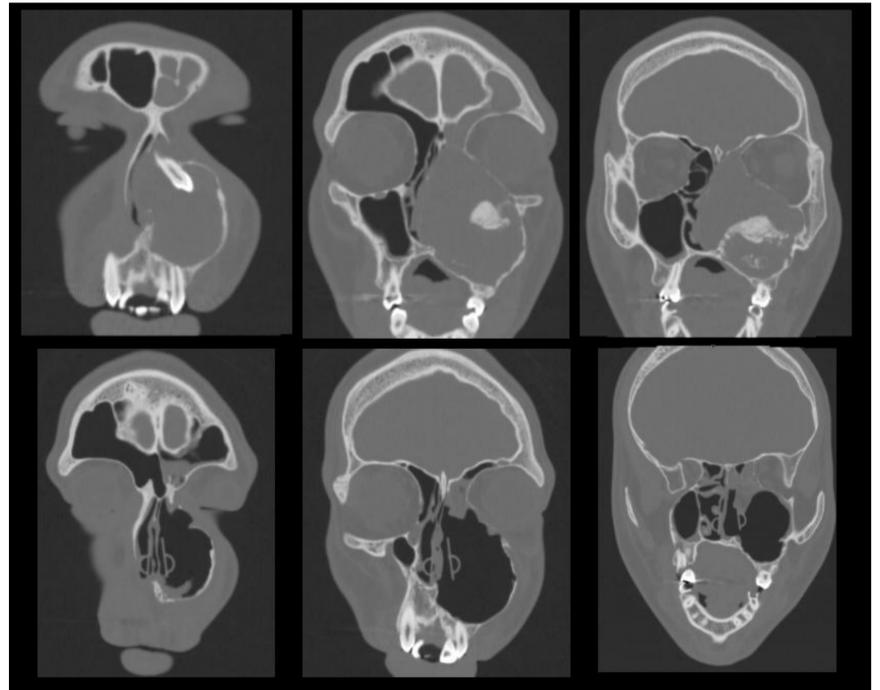
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Background

- Expansile lesions with maxillary origin can distort sinonasal, facial and lacrimal anatomy
- Traditional open approaches carry significant morbidity
- Extended endonasal approaches allow complete resection with functional restoration

Clinical Presentation

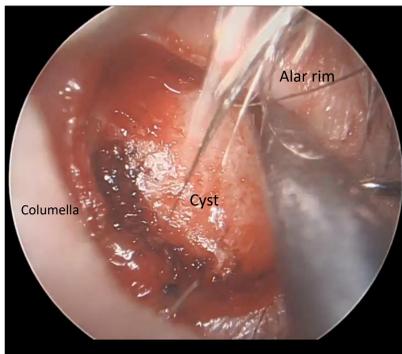
- Patient is a 20-year-old man who presented with a one-year history of an expanding left facial mass, nasal obstruction and epiphora
- Large left sided sinonasal mass was identified, causing facial deformity
- CT demonstrating cystic-calcified expansile mass arising within the left maxillary sinus, associated with tooth 11, which was displaced. Bony erosion and remodeling of the maxilla.



Pre-operative (top) and post-operative (bottom) CT sinuses

Key Operative Steps

STEP 1 – ACCESS



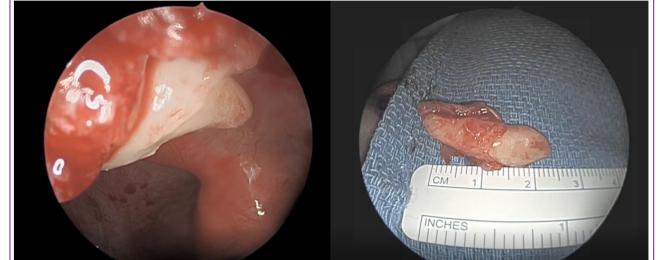
Modified endoscopic Denker's approach to large maxillary sinus lesion

STEP 2 – DECOMPRESSION



Drilling of cyst wall with evacuation of cystic contents

STEP 3 – CAPSULE & TOOTH



Capsule mobilization and ectopic tooth resection

STEP 4 – CAPSULE REMOVAL



Complete capsule mobilization, with delivery through the nose

STEP 5 – SINUSES & DCR



DCR for NLDO and sinus surgery for post-obstructive sinusitis

STEP 6 – CAVITY ABLATION



Drilling of osseous component with cavity cauterization

Surgical Pearls

- Modified endoscopic Denker's approach provides wide, safe access to giant maxillary sinus lesions
- Multidisciplinary management utilizing CT imaging is vital in pre-operative planning
- Open surgery can be avoided in complex dental-associated tumors
- Careful dissection and complete removal reduces risk of recurrence

Post-Operative Course

- Pathology: psammomatoid ossifying fibroma
- Post-operative imaging confirmed complete resection
- Recovered well, without complications

Conclusion

- Extended endoscopic Denker's approach enables safe, complete resection of complex maxillary tumors with restoration of sinonasal and lacrimal function

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