

An Unusual Case of Sinus Exostoses

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Introduction

- We present a unique case of a patient with paranasal sinus exostoses (PSE) incidentally discovered on nasal endoscopy.
- Report discusses **the clinical presentation, etiology, review of pathology and management of PSE.**
- Correlation between the development of exostoses and nasal irrigations.
- Otolaryngologists must be familiar with the possible side effects of cold nasal irrigations and medications requiring refrigeration.

Case Presentation

- A 45-year-old asymptomatic male with history of sarcoidosis and prior functional endoscopic sinus surgery for chronic rhinosinusitis was referred to the otolaryngology clinic at our academic institution for **evaluation of multiple small bony lesions in the ethmoid sinus cavities** seen during nasal endoscopy.

- A CT scan of the sinuses showed the unusual appearance of **many exophytic bone density foci along the walls of the bilateral ethmoid and frontal sinuses.**

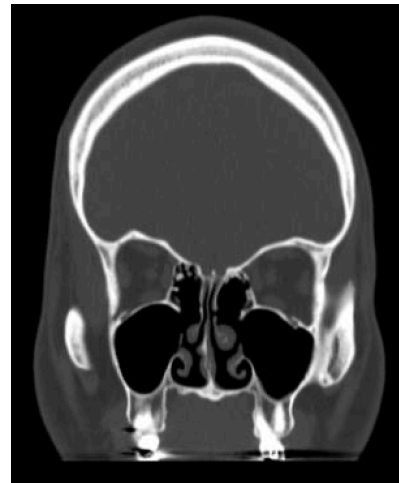
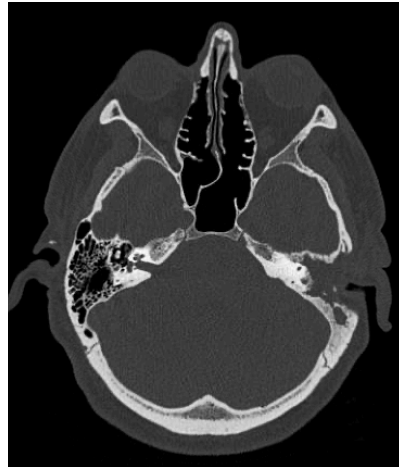


Figure 1: Axial and coronal CT scans showing the unusual appearance of many tiny exophytic bone density foci along the walls of the bilateral ethmoid and frontal sinuses.



Figure 2: Nasal endoscopy showing multiple bony lesions in the sinuses.

Diagnosis and Management

- Prior to our evaluation patient was using room temperature saline irrigations.
- Taken to the operating room for biopsies.
- Pathology of the sinus contents showed **trabecular bone and sinonasal mucosa with fibrosis, favoring fibro-osseous lesions.**
- **No further intervention was needed**

Discussion

- Although a rare diagnosis, it is vital for providers to be aware of PSE and to recognize its endoscopic and radiographic appearance

- Avoid patient anxiety and unnecessary surgery or testing.
- Providers should also properly counsel patients on the possible side effects of nasal irrigations.

Conclusion

- No formal management or follow up recommendations
- Presumed benign course
- Biopsy not always needed, consider with inconsistent history, progressive lesions
- Surgical management deferred until symptomatic

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