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: 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.

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.

References

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