



Frontal recess osteoma causing severe headache

Şiddetli baş ağrısına neden olan frontal reses osteomu

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Summary

Frontal sinus osteomas are benign, well-defined, masses that cause various symptoms when they press on the surrounding tissues. Paranasal sinus osteoma is seen as a well-defined mass showing high opacity in Computed tomography. We presented here a 53-year-old frontal recess osteoma with severe headache filling the left frontal recess in the context of the literature.

Keywords: Computed tomography; headache; osteoma.

Özet

Frontal reses osteomları benign, iyi sınırlı, çevre dokulara baskı yaptığında farklı semptomlara neden olan kitlelerdir. Paranasal sinüs osteomları tomografide yüksek opasifiye, iyi sınırlı kitle olarak görülürler. Biz 53 yaşında sol frontal resesi dolduran osteomu olan ve şiddetli baş ağrısı olan hastayı literatür eşliğinde sunduk.

Anahtar sözcükler: Komputerize tomografi; baş ağrısı; osteom.

Introduction

Frontal sinus osteomas are often asymptomatic, but slowly growing, benign tumours that can cause different symptoms when they compress the surrounding tissue.^[1] Disturbances in the frontal sinus drainage may cause symptoms of sinusitis, as well as unilateral localised or bilateral headache.^[2] Paranasal sinus computed tomography (CT) is the most useful in the diagnosis. The type of surgery is determined according to the size of the mass and the relationship with the surrounding tissues. Surgery is open, or endoscopic, or a combination of the two methods is used. We present a case of a frontal recess osteoma causing severe headache in the context of the literature.

Case Report

A 53-year-old male patient presented with severe pain in the left side and complaints in the left eye at the outpatient clinic. The patient had previously received 10 days of antibiotic treatment in other centres. A paranasal sinus CT scan showed a mass of 17×11 mm in diameter, occupying the lower third

of the frontal sinus, filling the left frontal recess and disrupting the sinus drainage. The septum deviations that prevented reaching the mass on the left side were intervened. A mass filling the frontal recess and extending the frontal sinus was mobilised and removed in one piece (Figures 2, 3). The mass was in contact with the lamina papyracea and the anterior headbase. No defect was observed in the lamina papyracea. However, there was a defect of 1×1 cm in the anterior osseous area of the skull base. However, no cerebrospinal fluid fistula was detected. The patient was followed up for 4 days in the clinic. During this period, he was given antibiotic treatment of 1 g ceftriaxone three times a day. The patient was discharged on the 4th day. At the 5th-month follow-up, the patient's symptoms completely disappeared and no problems were observed.

Discussion

Osteomas are benign, slowly growing, well-limited tumours of the paranasal sinuses. They are primarily observed in the frontal sinuses, followed by the ethmoid sinuses.^[3] There is a male predominance

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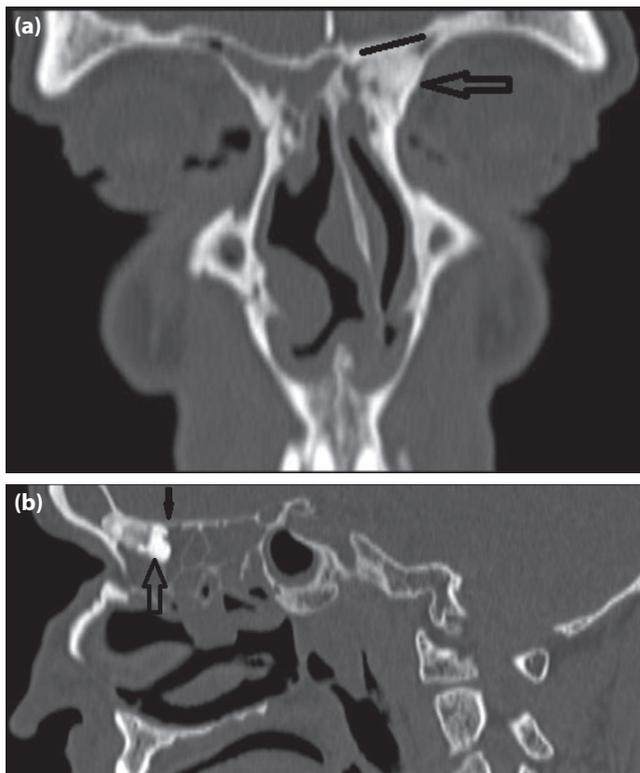


Figure 1. (a) Coronal section of computerised tomography scan of the patient. Osteoma (black arrow), nasal septum (white arrowhead). (b) Sagittal section. Osteoma (black arrow), anterior skull base (oblique black line).

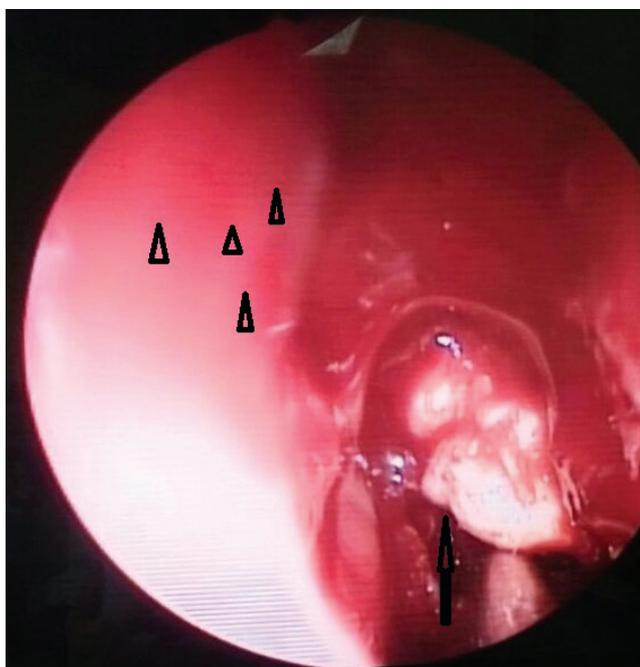


Figure 2. Intraoperative endoscopic view of the mass. Osteoma (black arrow), nasal septum (black arrowheads).

among the affected populations.^[4] Our patient was a 53-year-old male patient. Osteomas are often incidentally detected to be asymptomatic. Paranasal sinus CT is the gold standard in the diagnosis. CT shows a radiopaque mass with well-defined borders, which



Figure 3. Post-operative picture of the mass.

can cause various symptoms depending on the size of the lesion and the mass. Headache is observed especially in case of frontal osteomas. However, frontal osteomas are incidentally detected simultaneously in non-symptomatic headaches. Radiological imaging is important in this context. In addition, frontal osteomas must be considered in the differential diagnosis of patients applying to the neurology clinic with headache.^[5] Obliteration of the frontal recess can cause sinusitis symptoms and severe headache by disrupting the sinus drainage. In our case, the osteoma that obstructed the frontal recess was under pressure in the lamina papyracea. There was severe pain on the left side of the forehead and numbness in the left eye.

The treatment for symptomatic frontal sinus osteomas is surgery. The type of surgery is determined based on the size and location of the osteoma. According to Chiu et al's classification, the frontal osteomas are differentiated based on the occupation of the frontal recess. Grade 1 and 2 tumours are treated using an open approach, whereas grade 3 and 4 tumours can be treated by the endoscopic method. Our case was grade 1, and an endoscopic approach was planned.

In our case, we osteotomised the osteomas by excising from the surrounding tissues. Sieńkiewicz A. applied endoscopic approach to all the eight frontal osteoma series and obtained complete cure in all the patients.^[7] In another series of 60 patients reported by Turri-Zanoni et al., the authors had applied endoscopic approach to 31 patients, combined approach to 25 patients and open approach to 4 patients, with no long-term recurrences being observed during the periodic follow-ups.^[8] It has been emphasised that the endoscopic approach has low post-operative

morbidity in these series. In our case, we performed endoscopic excision of the frontal recess and filling osteoma that prevented the sinus drainage.

In conclusion, frontal recess osteomas can lead to different symptoms depending on the region where they are pressed, and high success rates can be obtained using an appropriate surgical treatment.

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