

Images in...

## Silent sinus syndrome

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### DESCRIPTION

A 35-year-old male patient presented to our clinic complaining of a 2-week history of progressive left cheek depression causing visible asymmetry of the face and the sensation of his left eye 'sinking in' for the previous 5 days. The patient had a history of minor bilateral intermittent nasal obstruction symptoms and slight rhinorrhoea. On examination enophthalmos of the left eye and facial asymmetry were observed (figure 1).

CT scans of the orbit and the nose and paranasal sinuses showed complete opacification and collapse of the left maxillary sinus with inferior bowing of the orbital floor (figure 2).

The patient was diagnosed to have silent sinus syndrome (SSS). Patency of maxillary sinus ostium was

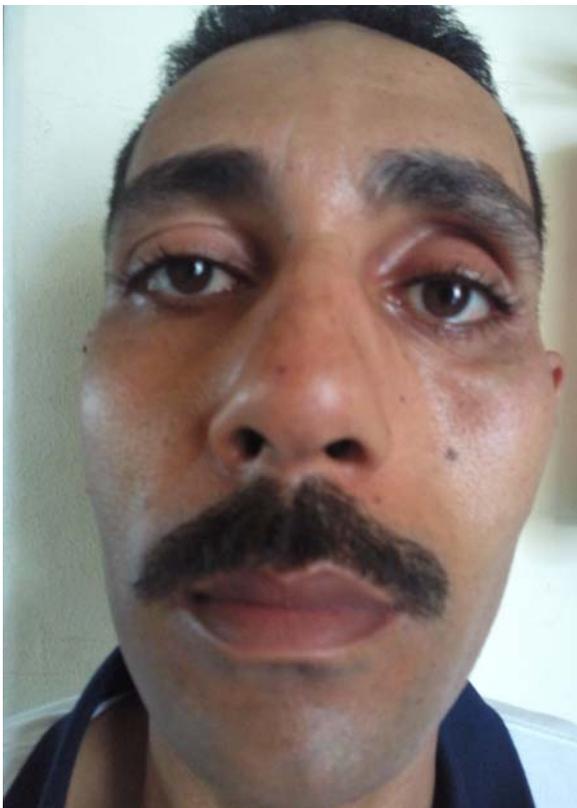
achieved with an endoscopic approach under general anaesthesia. Six months after the operation the patient is free from orbital or sinus disturbance.

SSS is an acquired spontaneous unilateral maxillary atelectasis with complete or partial opacification of the sinus associated with spontaneous, painless enophthalmos and progressive hypoglobus. It is a very uncommon pathology.<sup>1 2</sup>

Physical examination findings may include upper lid retraction, deepened upper lid sulcus, malar depression, facial asymmetry and maybe diplopia.<sup>1 2</sup>

The diagnosis of SSS is confirmed by CT of nose and paranasal sinuses which characteristically shows maxillary sinus opacification and collapse with inferior bowing of the orbital floor. The uncinate process is retracted against the inferomedial aspect of the orbital wall.

The management of SSS is to restore normal maxillary sinus drainage by enlarging the sinus ostium with functional endoscopic sinus surgery.<sup>1 2</sup>



**Figure 1** Left-eye enophthalmos and progressive left cheek depression causing visible asymmetry of the face.

### Learning points

- ▶ Silent sinus syndrome (SSS) is an acquired unilateral maxillary atelectasis with complete or partial opacification of the sinus associated with enophthalmos and hypoglobus.
- ▶ The diagnosis of SSS is confirmed by CT scans of the nose and paranasal sinuses which characteristically show maxillary sinus opacification and collapse with inferior bowing of the orbital floor. The uncinate process is retracted against the inferomedial aspect of the orbital wall.
- ▶ The management of SSS is to restore normal maxillary sinus drainage by enlarging the maxillary sinus ostium with functional endoscopic sinus surgery.

**Competing interests** None.

**Patient consent** Obtained.

### REFERENCES

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**Figure 2** CT of the nose and paranasal sinuses (coronal view) showing complete opacification and collapse of the left maxillary sinus with inferior bowing of the orbital floor. Features diagnostic of left silent sinus syndrome.

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