

MASSIVE MUCOCELE IN THE PARANASAL SINUSES CAUSING SECONDARY HYPERTELORISM. A CASE REPORT.

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INTRODUCTION

Ocular hypertelorism was first introduced by Greig as an increased interpupillary distance. The paranasal sinus mucoceles are acquired lesions caused by various reasons, however, their behavior is progressive, capable of eroding the bone and extending to the orbital and intracranial regions.

OBJECTIVE

To present a clinical case of orbital hypertelorism secondary to a massive mucocele in the paranasal sinuses as well as its management.

CASE REPORT

72-year-old male patient.
30 months of evolution.
No relevant medical records.

Incisional Biopsy

Through a transoral approach, the definitive diagnosis was: **Mucocele**.

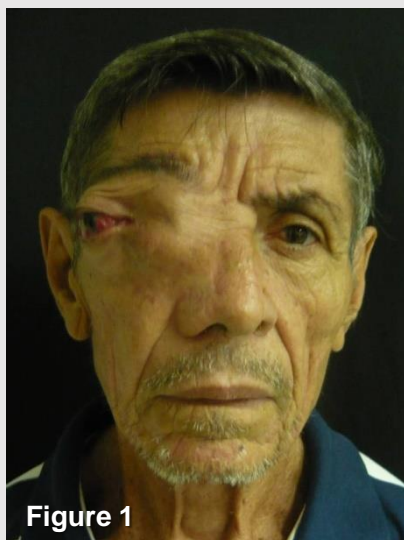


Figure 1

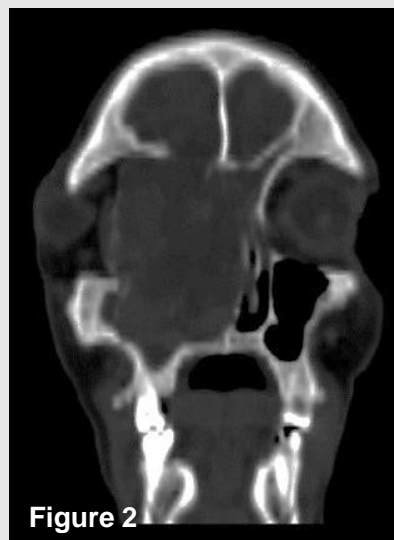


Figure 2

Figure 1. A large mass, with no inflammatory signs, located in the right naso-orbito-ethmoidal region with lateral displacement of the eyeball and associated proptosis, without signs of neurological involvement. **Figure 2.** CT scan showing a homogeneous isodense image involving the right orbital region with destruction of its medial wall, displacing the ocular globe laterally. Likewise, the nasal region presented destruction of its lateral wall, dorsum and septum. The lesion also occupied the maxillary and ethmoid sinuses, having an intimate relation with the sphenoid and frontal sinuses.



Figure 3

Figure 3. Resection of the tumor using a modified Webber-Ferguson approach. Reconstruction of the nasal dorsum with autologous calvarial graft was performed, as well as the reconstruction of the medial wall, the orbital floor and the anterior wall of the maxillary sinus with a titanium mesh plus the coating of the same with the buccal fat pad. Then, the ocular globe was relocated and medial canthopexy was performed to improve hypertelorism. **Figure 4.** Clinical image of the patient after 1 year, free of disease.

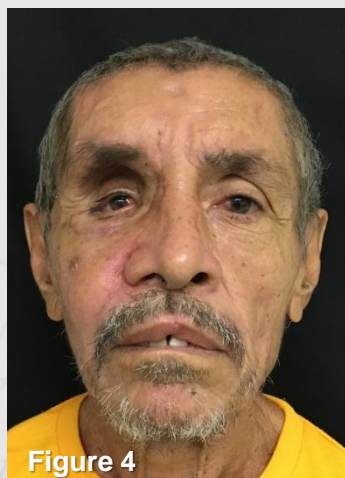


Figure 4

CONCLUSION

This case demonstrates the destructive capacity of this type of pathology, as well as the need to perform aggressive surgical procedures with the aim of completely resecting the lesion and, in addition, the alternative of an immediate reconstruction, restoring the functional capabilities and aesthetic appearance of the patient. Additionally, it is important to consider giant mucoceles as part of the differential diagnoses in patients with deformities in the middle and upper third of the face.

THE AUTHORS DECLARE THAT THEY HAVE NO CONFLICTS OF INTEREST.

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