

Ropień przegrody nosa i ropień wyrostka podniebiennego szczęki jako powikłanie zapalenia zatok przynosowych u 12-letniego chłopca

Nasal septal abscess and palatine process of the maxilla abscess complicating acute rhinosinusitis in a 12-year old boy

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Summary

We report a case of nasal septal abscess and palatine process of the maxilla abscess secondary to acute rhinosinusitis in an 12-year-old boy. Rare complication of acute sinusitis is the nasal septum abscess; even rarer is the abscess of the palatine process of the maxilla, which our patient presented. Nasal septum abscess is an reservoir of suppurative secretion between cartilage or bone of the septum and their periostium or perichondrium. Nasal septum abscess is most often bilat-eral, causing nasal cavities obstruction. Other symptoms are: nasal pain, fever, headache, nasal tenderness, bad general feeling. Spontaneous abscesses of nasal septum are rare and occur due to acute ethmoid or sphenoid sinusitis and inflam-mations originating from teeth. Patophysiology of nasal septum abscess depends on its etiology. The isolated acute sphenoid sinusitis may lead to occurrence of nasal septum abscess by spreading of inflammatory changes under periostium along the anterior surface of sphenoid bone and damaging the periostium of vomer and perpendicular lamina of ethmoid bone into subperichondrial space of quadrangular cartilage. Inflammation of inferior wall of sphenoid sinus located over fornix of nasopharynx might have lead to appearance of the palatine process of the maxilla abscess. We consider this mechanism of abscess creation occurred in our patient. Another possible mechanism comprehends spreading of inflammatory process through bone fissures, congenital bone malformations of due to thrombophlebitis. Recommended procedure in cases of confirmed nasal septum abscess is surgical decompression from semitransverse incision of the column and abscess drainage. Aspiration and bacteriological culture allow for exact establishment of proper antibiotic treatment. Antibiotic therapy should be conducted for 2—3 weeks according to bacterial sensitivity to chemotherapeutics. In reex-amination of our boy's nasal septum cavity of abscess was assessed and a small cartilage defect was noted. Necrotic changes in nasal septum cartilages arise due to ischemia and compression by residual pathological contents between perichondrium and cartilage. Proper recognition and surgical and preservative treatment lead to total recovery. In our boy, control examinations after 2 and 6 months confirmed recovery without recurrence and later complications.