

Przewlekłe zarostowe zapalenie zatoki szczękowej (*silent sinus syndrome*)

Chronic maxillary atelectasis (*silent sinus syndrome*)

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Summary

Introduction: We discuss 3 cases with chronic maxillary atelectasis presenting as enophthalmos without any particular evidences of sinus pathology. **Material and methods:** We report clinical features and imaging data of sinus atelectasis in 2 men and 1 woman, 20-39 years old. Only 1 patient complained of diplopia, in 2 patients we found allergic rhinitis, in 2 cases septal deviation. Hertel enophthalmometry demonstrated enophthalmos 1-4 mm. Evidences have lasted for 2-6 months. CT scans revealed unilateral complete antral opacification, inward bowing of the antral medial and postero-lat-eral walls and collapse of orbital floor. **Results:** Three patients with enophthalmos and asymptomatic maxillary sinus disease were identified. All patients underwent successful functional endoscopic sinus surgery with endoscopic maxillary antrostomy and in one case anterior ethmoidectomy. Additionally septoplasty was performed in two cases. We did not need to repair orbital floor in any case. Patient with diplopia achieved spontaneous return of orbital floor to almost normal position with enophthalmos -1 mm and all three were asymptomatic. Intrasinus manometry was performed in one case and confirmed the presence of negative pressure (-2,8 cm H₂O). **Conclusion:** Chronic maxillary atelectasis presenting as enophthalmos is a rare evidence and sinus component of the disease mostly remains asymptomatic. The most effective treatment is endoscopic maxillary antrostomy.