ORIGINAL RESEARCH PAPER

ENT

KEY WORDS:

RARE CASE OF FUNGAL SINUSITIS WITH ORBITAL CELLULITIS WITH DIABETES MELLITUS TYPE 1 (A CASE REPORT)

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ABSTRACT

AIM- To study case of fungal rhinosinusitis with orbital cellulitis with DKA in adolescent.
METHADOLOGY-Medical management for DKA ,followed by surgical management i.e. FESS for fungal rhinosinusitis with orbital decompression.
RESULT-post operative sinuses were clear,vision improved,orbital symptoms relieved.
CONCLUSION/SUMMARY-Wound debribement(surgical) with antifungals (medical) is the best management for such a case.

CASE DETAILS

- A 17yrs male came to SAIMS emergency at around 8 PM on 16/9/2017. Patient had chief complaints of right periorbiral swelling & right cheek swelling since 15 days.
- Swelling was gradually progressive and was associated with fever, pain,redness over local area and lacrimation.
- Swelling extended to right cheek area and had diminished right eye vision.
- Tracheostomy was done and he was put on ventilator.

In the due course in the hospital he developed swelling over right eye.

FIGURE-1,PATIENT CONITION ON ADMISSION

RADIOLOGICAL INVESTIGATION

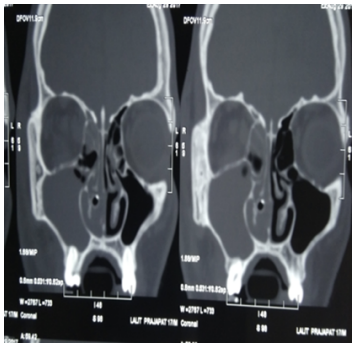

FIGURE-2,CT-PNS

- CT SCAN –
- Right dns noted.
- There was Extensive mucosal soft tissue density, mucosal thickening with air fluid level causing near complete opacification in right half of nasal cavity and I/L paranasal sinuses with obliteration of drainage pathways suggestive of rhinosinusitis.
- Also,Introconal fat along with thickening of extraocular muscles causing right eye proptosis.
- Thinned out lamina papyracea
- The medial and inferior rectus muscle is enlarged with surrounding fat stranding suggestive of myositis /pseudotumour secondary to inflammatory sinus disease.
- No obvious intraorbital or subperiosteal loculated collection is noted
- Left sided paranasal sinuses and nasal cavity appears unremarkable
- Right perisinosal fat planes are dirty and the edema is extending further in right pterygoid fossa
- left maxillary sinus is clear
- The pathology is extending in the right orbit and is causing severe inflammation in the extra as well as intra coanal fat planes with involvement of medial rectus.
- Indentation seen on optic nerve,mass effect also seen in right eye globe ,which is therefore pushing the globe laterally/anteriorly.

IMPRESSION-FUNGAL INVASIVE SINUSITIS

FIGURE-3 MRI

MRI CONTRAST was performed-
S/O – heterogenous opacities in periorbital and ethamoids suggestive of fungal sinusitis.

SURGERY

OT procedure functional endocopic sinus surgery (FESS) Under general anesthesia was planned.

With the FESS consent and a high risk consent signed by the patient ,patient was intubated.

FIGURE 4-INTRAOPERATIVE FINDNG

- Debribement was done,anterior ethamoidectomy was done and mucopus with polypoidal mucosa was cleared off.
- Then Posterior ethamoidectomy done,ostia were widened,mucopus cleared.
- Thinned Lamina paparaycea was removed and orbital decompression done and disease cleared. Sphenoid ostium opened and polypoidal tissue was cleared off.

Histopathology

- Microscopically section showed fibrocollagenous tissue with dense mixed inflammatory cell infiltrate forming abcess.focal area show septate fungal hyphae with right angle branching.
- PAS stain confirmed fungal hyphae.

IMPRESSION:

CHRONIC FUNGAL INFECTION

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