SUMMARY
Introduction: Mycotic infection of paranasal sinus could be the etiological factor of chronic sinusitis. The increase in number of fungal sinusitis cases have been reported recently among nonimmunocompromised patient after endodontic treatment of maxillary teeth. Nonspecific clinical signs and incorrect radiologic pictures interpretation as well as loss of therapeudic standards seem to be the cause of false negative diagnosis and difficulties in treatment of fungal sinusitis.

Aim of the study: Clinical and radiological picture of maxillary sinus aspergillosis was described in this paper.

Material and methods: In the period of 2006-2009 in the Department of Maxillo-Facial Surgery 19 patient with fungal maxillary sinusitis was treated. The endodontic treatment of maxillary teeth of the related side was performed previously in 80% examined cases. In 2 cases there were immunocompromised patients with immunosupresive treatment. In 16 cases patients were refered to our Department due to metallic foreign body of the maxillary sinus. Routine diagnostic radiological imaging was performed in each case: paranasal sinus view - Water’s view and panoramic radiograph (orthopantomograph). In 4 cases imaging was extended with computer tomography (CT) visualization. The surgical treatment was performed in each case. The final diagnosis was puted on histopatological examination and fungal culture.

Results: In 16 cases of analysed group histopatological examination and fungal culture revealed aspergilosis. In 2 cases fungal culture was negative, but histopatology slices confirm presence of hyphae of Aspergillus. In 1 case the root canal sealer was found in the maxillary sinus. In none case invasive form of aspergillosis was confirmed. In all cases Water’s view of paranasal sinuses and ortopantomograph showed partially or totally clouded sinus with well-defined, single or multifocal radiopaque object similar to metallic foreign body. Characteristic finding in CT imaging was well-defined radiodence concretions that have been attributed to calcium deposits in inflamatory changed mucosa, that might suggest ‘foreign body’ picture. In 1 to 3 years follow-up control there was a recurrence of symptoms in one case.

Conclusions: Foreign body of maxillary sinus has to be differentiated with aspergilosis. Metallic ‘foreign body’ view in maxillary sinus seems to be characteristic sign of aspergilosis. The most often form of maxillary sinus aspergilosis is aspergilloma.

Hasła indeksowe: grzybniak kropidlakowy, zatoka szczękowa

Key words: aspergilloma, maxillary sinus