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Maxillary sinus textiloma: a case report

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Abstract

Introduction: Textilomas have been reported in many locations. We report the first case of textiloma located in the maxillary sinus that mimicked a sinus cyst recurrence on computed tomography images.

Case presentation: A 60-year-old Caucasian man was referred for persistent infection of the right maxillary sinus. A maxillary sinus benign cyst had been removed three months before. Computed tomography showed a sinus opacity evoking a cyst recurrence. A new operation was planned to remove the cyst by a Caldwell-Luc approach. After excision of very thick fibrous tissue, a compress was discovered in the maxillary sinus. The patient did not present with any sinus infection after the operation.

Conclusion: The surgeon should always take into account the possibility of textilomas in a patient with a history of sinus surgery.

Introduction

Textiloma can be defined as a mass within the body composed of cotton matrix, which usually refers to a retained surgical sponge or compress, surrounded by a foreign-body reaction [1].

Most cases of textiloma reported in the literature have been connected to abdominal, orthopaedic and cardiothoracic surgery [1-3]. At the head level, few intra-cranial cases have been reported [4,5]. No case, to date, has been reported at the face level. The authors reported the first case of textiloma located in the maxillary sinus.

Case presentation

A 60-year-old Caucasian man was referred to us for persistent infection of the right maxillary sinus. He was operated on three months ago for a benign cyst. A Caldwell-Luc operation was performed. Since this operation, the patient complained of having recurrent sinusalgia with purulent rhinorrhea. Computed tomography (CT) showed a sinus opacity evocating a cyst recurrence (Figure 1). A new surgery was planned to remove the cyst by a new Caldwell-Luc operation. After excision of very thick fibrous tissue, a compress was discovered in the maxillary sinus (Figure 2). The patient did not present any sinus infection after the operation.

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Conclusions

The main complication of a maxillary sinus textiloma is a persistent infection. In this case, the sinusitis was limited (that is, no orbital or meningeal complications occurred).

The erroneous diagnosis of a mass provoked by the presence of a textiloma was frequently reported in the literature in other regions [1-5]. In this case, both the radiologist and the surgeon had suggested the diagnosis of cyst recurrence, given the CT-scan examination. However, at a second viewing of the images, some radiologic signs of textiloma were noticed: the mass was heterogeneous with a rectilinear alternation of thin bands (solid-band and air-band densities) that corresponded to the meshing of the compress. Moreover, foreign bodies of the maxillary sinus are a common cause of persistent infection. The diagnosis was finally corrected by the surgery, which definitively cured the patient.

The suspicion of textiloma should be raised when a patient with a history of previous maxillary sinus surgery presents with a history of chronic sinus infection associated with a sinus mass on CT images, even though textiloma is unlikely to be found in such a small cavity.

Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying

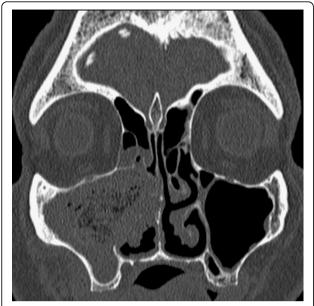


Figure 1 CT scan imaging showing the textiloma located in the maxillary sinus and mimicking a cyst recurrence.

Received: 6 January 2010 Accepted: 24 August 2010 Published: 24 August 2010

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doi:10.1186/1752-1947-4-288

Cite this article as: Pons and Schouman: Maxillary sinus textiloma: a case report. Journal of Medical Case Reports 2010 4:288.



Figure 2 Operative view of the compress extraction from the maxillary sinus.

images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

Authors' contributions

YP redacted the manuscript. TS supervised the manuscript. Both authors read and approved the final manuscript.

Authors' information

The authors are two medical doctors. Yoann Pons is a head and neck surgeon.

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Competing interests

The authors declare that they have no competing interests.

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