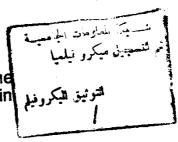
THE RELATIONSHIP BETWEEN THE FRONTAL SINUS DRAINAGE PATTERN AND THE PATHOGENESIS OF FRONTAL SINUSITIS

THESIS

submitted for partial fulfilment of the requirements for the M.D. degree in Otorhinolaryngology



Presented By
TALAAT ALI HASAN EL-SAMNY

M. B. B. Ch.
M. Sc. in otorhinolaryngology

616.212 T. A

SUPERVISORS

Prof. Dr. MAGDY HAMED ABDOU Professor and Head of Otorhinolaryngology Depart.

Dr.MOHAMMED ZAKI HELAL

Assistant Professor of Otorhinolaryngology

Dr. MOHAMMED A. EL - BEGERMY

Assistant Professor Of Otorhinolaryngology

48990

DR. HESHAM MAHMOUD AHMED

Lecturer of Radiodiagnosis

Faculty of Medicine Ain Shams University

1992







ACKNOWLEDGEMENT

First and foremost, thanks are to Allah, the beneficent and merciful.

I would like to express my deepest thanks and gratitude to professor Dr. MAGDY HAMED ABDOU, professor and head of E.N.T. Depart, Ain Shams University, who planned and supervised all the steps of this work.

Many thanks to Dr. MOHAMMED Z. HELAL assistant professor of E.N.T., Ain Shams University for his valuable efforts and meticulous directions during all the steps of the work.

Also, my thanks to Dr. MAHAMMED A. EL-BEGERMY assistant professor of E.N.T, Ain Shams University, for his help in supervision of this work.

Many thanks to Dr. HESHAM M. AHMED, lecturer of radiodiagnosis, Ain Shams University.

I cannot forget Dr. MAMDOUH A. EL-GOHARY, professor E.N.T., Ain Shams University for his valuable help in the beginning of this research.

My thanks to Dr. HAZEM EL-MEHERY, assistant professor of E.N.T., Ain Shams University.

Also thanks to Dr. ALI GAMAL ELDIN lecturer of E.N.T., Ain Shams University.

My thanks to Dr. BADR ELDIN MOSTAFA, lecturer of E.N.T., Ain Shams University.

My thanks to Dr. HESHAM S. EL-HALABI lecturer of E.N.T. Ain Shams University.

Finally, my thanks for every body helped me in any step for getting out this work especially Mr. Reda Fathy the technician of radiodiagnosis and Mr. Mahmoud Habashy the technician of the morque.

CONTENTS

	PAGE
INTRODUCTION AND AIM OF THE WORK	1
REVIEW OF THE LITERATURE	3
* Development of the frontal sinus	3
* Anatomy of the frontal sinus	7
* Anatomy of the ethmoid bone and sinus	12
* Pathophysiology of the frontal sinusitis	35
* Radiological assessment of the paranasal sinuses	42
* Diagnostic office endoscopy of the frontal sinus	55
* Endoscopic surgery of the frontal sinus	63
MATERIALS AND METHODS	69
RESULTS	. 80
DISCUSSION	• 8 6
CONCLUSIONS	• 120
SUMMARY	124
REFERENCES	•• 130
ADARIC SUMMARY	• •

INTRODUCTION

INTRODUCTION

Actually the demands of modern surgery of the paranasal sinuses, aimed more and more at functional preservation and restoration, have recently prompted a revival of anatomic investigations in this field.

At the present time, computed tomography provides an alternative method for studying craniofacial anatomy, not at all inferior to the classic dissection. Present radiographic study of sinus anatomy proceeds from close cooperation between the radiological and the clinical team and is mainly intended for surgical purposes.

AIM OF THE WORK

- 1- Study of the anatomical variations of the frontal sinus and the frontal sinus drainage with microscope to determine the percentage of different patterns of drainage in the cadavers of adult Egyptian population.
- 2- Study of the frontal sinus drainage in normal C.T scans and C.T scans with ethmoiditis + frontal sinusitis to determine the relationship between frontal sinusitis and the type of drainage of the frontal sinus
- 3- Study of the frontal sinus drainage endoscopically during FESS and a trial to determine the relationship between frontal sinusitis and the pattern of frontal sinus drainage.

REVIEW OF LITERATURE

DEVELOPMENT OF THE FRONTAL SINUS

Development of the frontal sinus is initiated in the fourth fetal life.

At birth, the sinus has a little clinical relevance, often being indistinguishable from the anterior ethmoidal cells.

postnatal growth is slow, and at one year the sinus is barely perceptible anatomically.

Usually after the fourth year, the frontal sinus begins to invade the vertical portion of the frontal bone; in most children over six years of age it can be demonstrated radiographically.

By the age of 12 years, the frontal sinus is still somewhat smaller than adult size, with growth being completed before 20 years age(Van Alyea, 1951).

Relation of development of the frontal sinus to its pattern of drainage: -

Drainage of the frontal sinus is variable, as determined by the embryological development. The lateral masal wall develops from furrows that are separated by ridges; the furrows become the meatuses and the ridges become the conchae (Kasper, 1936).

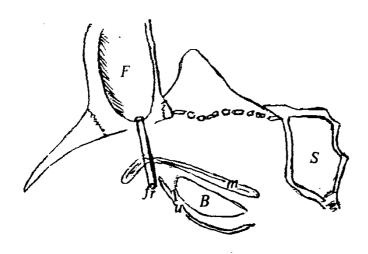


Fig. (1): Frontal sinus is draining in the frontal recess. It may be through an ostium or a duct.

F = Frontal sinus. u = uncinate process. fr = frontal recess. m = middle turbinate. B = Bulla ethmoidalis. S = Sphenoid sinus.

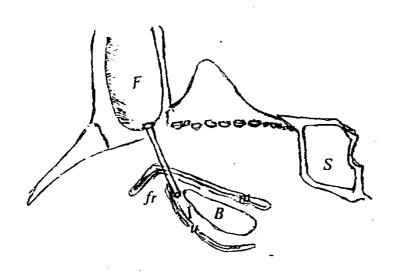


Fig. (2): Frontal sinus is draining in the infundibulum. It may be through an ostium or a duct.

The <u>frontal recess</u> is a deep anterior superior depression in the middle meatus. It is bounded medially by the anterior end of the middle turbinate and bounded laterally the anterior end of the uncinate process with the lateral nasal wall. (Messerklinger, 1978). The <u>infundibulum</u> is the vertical groove between the lateral nasal wall and the uncinate process. It's average depth, depending on the height of the uncinate process, is about 5 mm. (Evans, 1987). The infundibulum is the bottom or the most lateral region of the hiatus semilunaris. (Mosher, 1929).

The frontal sinus may develop; a) from upward extension of the entire frontal recess into the frontal bone, b) from one of the frontal recess cells, c) from one of the infundibular cells, d) from direct extension of the infundibulum into the frontal bone, or , rarely e) from the ethmoidal bulla. (Kasper, 1936).

Regardless of the frequency of each occurrence, the frontal sinus may develop:

(1) as an expansion of the entire frontal recess, in which case, its ostium opens directly into the frontal recess of middle meatus (Ritter, 1978). In such a case, the communication between the frontal sinus and the middle meatus can be expected



to be large and roomy (Kaspar, 1936) but this finally depends on the impinging (encroaching) anterior cells.(Rice & Schaefer 1988).(Fig)

(2) Also it may arise from a frontal recess cell when this occurs a frontonasal duct is formed, which drains into the frontal recess. (Mattox & Delaney, 1985). The frontal recess is a part of the nasal cavity (middle meatus) and hence the name frontonasal duct. (Fig.)

Zinreich, et al, 1987 mentioned that this communication is not strictly a duct but an internal aperture of hourglass configuration positioned between the sinus and the anterior middle meatus.

- (3) It may also develop from the <u>infundibular cell</u>, the frontal ostium drains above the anterior superior extremity of the infundibulum supposed through a <u>duct</u>, or through infundibular air cell also. (Rice & Schaefer, 1988). The infundibulum is a part of the ethmoid and is not included in the nasal cavity. Therefor, this duct is not a true frontonasal duct. The authors suggest for it the name of "frontoinfundibular duct". (Rice & schaefer, 1988). (Fig.).
- (4) The frontal sinus may develop also from the infundibulum itself as stated by **Van Alyea 1941** &

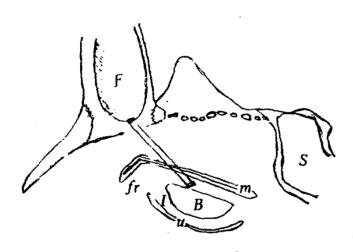


Fig. (3): Front sinus is draining in the suprabullar region.