



Short communication

**Frontoethmoidal osteoma with orbital extension.
A case report^{☆,☆☆}**



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ABSTRACT

Case report: A case is presented of a right frontoethmoidal osteoma with intraorbital invasion in a 43-year-old male, who was seen in the clinic with a proptosis, retro-orbital pain, peri-palpebral inflammation, and binocular diplopia due to muscular route limitation. Open surgery was performed using a subcranial approach, with removal of several fragments of osteoma. Histological analysis confirmed the diagnosis.

Discussion: Osteomas are benign bone-forming tumours with slow growth. They are usually asymptomatic until mass effect complications occur in the brain or in the orbit, or locally, generating mucoceles due to sinus drainage obstruction.

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Osteoma frontoetmoidal con extensión intraorbitaria. A propósito de un caso

RESUMEN

Caso clínico: Presentamos el caso de un osteoma frontoetmoidal derecho con invasión intraorbitaria en un varón de 43 años que comenzó como un cuadro de dolor retroocular con proptosis, inflamación peripalpebral y diplopía binocular por limitación del recorrido muscular. Se realizó cirugía abierta mediante abordaje subcraneal anterior, con extirpación de varios fragmentos de osteoma, cuyo análisis histológico confirmó el diagnóstico.

Discusión: Los osteomas son tumores benignos formadores de hueso de crecimiento lento. Habitualmente son asintomáticos, hasta que producen complicaciones por efecto masa en

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el cerebro o en la órbita, o a nivel local, hasta que obstruyen el drenaje del seno donde asientan, generando mucoceles.

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Introduction

Osteoma is the most common cancer of the paranasal sinuses, with an incidence rate of 0.014–0.43%.¹ While frontal osteomas represent nearly 80% of all cases,² sino-orbital location is uncommon.^{3,4}

They largely affect males aged from twenty to fifty years, and symptoms are commonly headaches, proptosis, facial deformities, diplopia, dizziness and sinusitis.^{1,3}

Case report

43-Year old male who has presented right oppressive retroocular pain, headache and nasal congestion, with no fever, for 3 days. He refers several similar episodes in the last few years, and no other history of interest.

Examination revealed visual acuity of a unit (decimal scale) in both eyes. Pupils are isochoric and normoreactive, with absence of relative afferent pupillary defect. There



Fig. 1 – Images of the proptosis and inflammation of RE and limitation in supraversion.

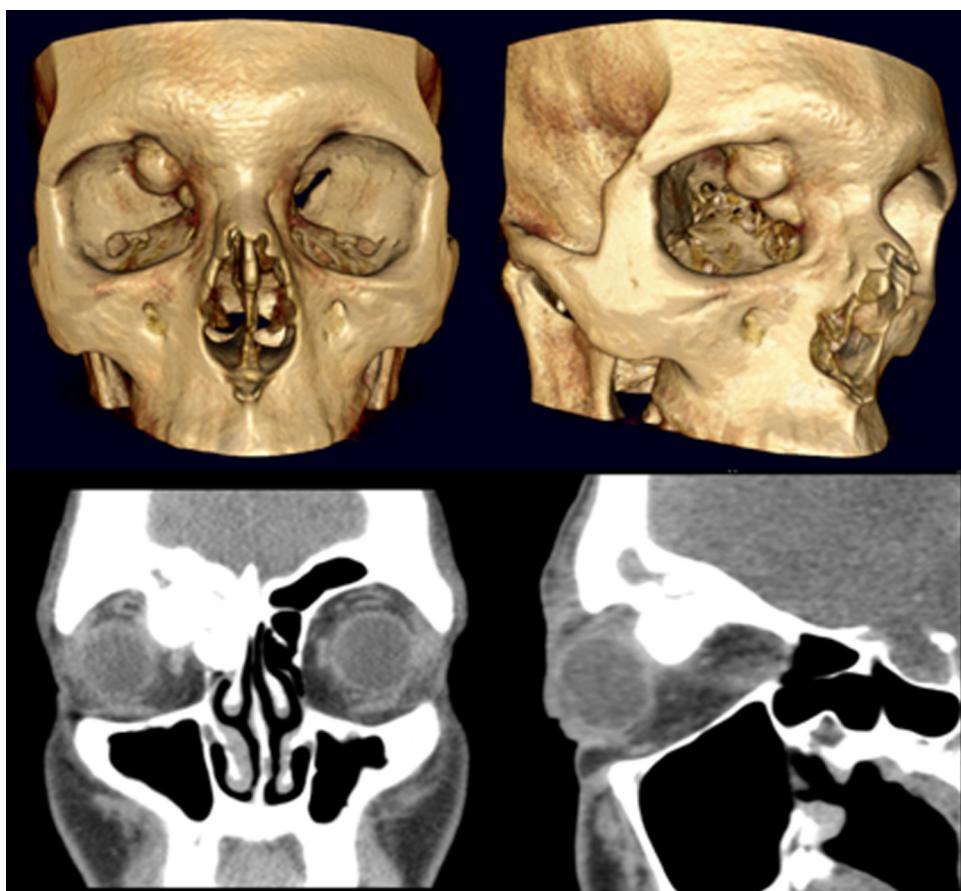


Fig. 2 – CT images showing the osteoma. The upper images show the multi-plane reconstruction.

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