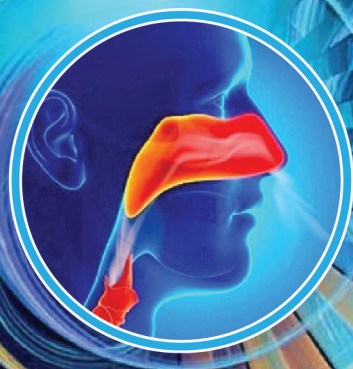


PULLMAN BUCHAREST WORLD TRADE CENTER HOTEL

08 – 10 SEPTEMBER 2021



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# Congress of the Romanian Rhinologic Society

## ABSTRACT BOOK

CONGRESS PRESIDENTS



**CODRUȚ  
SARAFOLEANU**



**VLAD  
BUDU**



## ***Dear colleagues and partners,***



*Codruț Sarafoleanu*



*Vlad Budu*

The Rhinology project continues with your help and despite the uncertainty due to the national and global pandemic context, it is the year of a new Congress of the Romanian Rhinologic Society.

Thanking you for the constant interest shown in the professional endeavors of our Society, we want to continue our scientific events and meet you again with all colleagues and friends of our association.

The 6th Congress of the Romanian Rhinologic Society is intended to be a scientific event to be held as you already know from previous editions.

We propose a conference under the sign of interactivity and exchange of ideas, in which all those interested can present their point of views, clinical observations, special cases and results of clinical or fundamental research.

Regardless of the hybrid format, we hope to meet healthy to discuss topical issues and interests in our specialty or related specialties.

**We are looking forward to seeing you!**

***Codruț Sarafoleanu & Vlad Budu***

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6<sup>th</sup> Congress of Romanian Rhinologic Society**SCIENTIFIC PROGRAMME**Wednesday 8<sup>th</sup> of September 2021

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Hour	New York Hall	Beijing&Vienna Hall
17.00 - 18.00	<b>PLENARY SESSION</b> <i>COVID 19 – Between pandemics challenges and medical certain</i> <i>Roxana Nemes, Codrut Sarafoleanu, Vlad Budu</i>	
18.00	<b>Opening ceremony</b>	

Thursday, 9<sup>th</sup> of September 2021

Hour	New York Hall	Hour	Beijing&Vienna Hall
8.40 – 9.00	<p style="text-align: center;"><b>Symposium</b> Cochlear Sistemul Cochlear™ Osia® - Inovația pe care o așteptăm cu toții Cel mai nou implant oseointegrat activ (OSI) pentru conducere osoasă de la Cochlear Cochlear™ Osia® <b>System</b> <b>- you've never heard anything like it</b> World's first osseointegrated steady- state implant (OSI) from Cochlear <b>Sönke Martin</b></p>	8.40 – 9.00	<b>KEYNOTE LECTURE</b> <b>Dilyana Vicheva</b> Update on Upper Airway Cough Syndrome
9.00 – 10.00	<p style="text-align: center;"><b>ROUND TABLE</b> Sinonasal benign tumors Moderator: Vlad Budu Panelists <b>Codrut Sarafoleanu</b> <b>Magdalena Chirila</b> <b>Gheorghe Muhlfay</b></p>	09.00 – 09.40	<p style="text-align: center;"><b>WORKSHOP</b> Pediatric rhinology (Romanian Society of Pediatric Otolaryngology) <b>Gheorghe Iovanescu</b> Endoscopic rhinosinusal surgery in children - challenges, expectations and limits <b>Dan Cristian Gheorghe</b> Upper airway infections in children – practical considerations</p>

10.00 -10.20	<p><b>KEYNOTE LECTURE</b>  <b>Jean Askenazy</b>                  Sneezing - from etiology to treatment</p>	09.40 – 10.00	<p><b>Symposium</b>                  PlantExtrakt                  Fitoterapia în rinosinuzita acută virală la adulți – noutati in Romania                  Phytotherapy in acute viral rhinosinusitis in adults - novel approach in Romania  <b>Daniel Lupoi</b></p>
10.20 - 10.40	<p><b>KEYNOTE LECTURE</b>  <b>Dan Fliss</b>                  Parapharyngeal space tumors</p>	10.00 – 10.30	<p><b>Symposium</b>                  KRKA                  Noutati terapeutice in tratamentul durerii din sfera ORL                  Therapeutic novelties in the treatment of ENT pain  <b>Codrut Sarafoleanu</b></p>
10.40 - 11.00	<p><b>Symposium</b>                  Galenica                  Tamalis - Eficienta clinica in tratamentul rinitei alergice                  Tamalis - Clinical efficacy in the treatment of allergic rhinitis  <b>Vlad Budu</b></p>	10.30 – 11.00	<p><b>Symposium</b>                  Antibiotice lasi                  Provocari in managementul faringoamigdalitei streptococice recidivante                  Challenges in the management of recurrent streptococcal pharyngotonsillitis  <b>Gabriela Musat</b></p>
11.00 - 11.30	Coffee break		
11.30 - 11.50	<p><b>KEYNOTE LECTURE</b>  <b>Michele Cassano</b>                  Endoscopic management of nasal septal perforations</p>	11.30 – 12.40	<p><b>WORKSHOP</b>  <b>Malignant tumors of the nose sinuses and oromaxillofacial region</b>  <b>Dan Mihail Cobzeanu</b>                  Diagnosis and treatment in malignant tumors of the nose pyramid  <b>Victor Vlad Costan</b>                  The value of 3D modeling in the treatment of cephalic extremity defects  <b>Dragos Palade</b>                  Preop evaluation and management of rhinosinusal malignant tumors  <b>Mihaly Szocs</b>                  Own experience in the management of sinonasal malignant tumors</p>
11.50 - 12.10	<p><b>KEYNOTE LECTURE</b>  <b>Francesco Passali</b>                  Empty nose syndrome: clinical and surgical approach</p>		

12.10 - 12.40	<b>Symposium</b> Sunwave Pharma Sinosun in tratamentul rinosinuzitelor – aspecte practice Sinosun in the treatment of rhinosinusitis – practical aspects <b>Codrut Sarafoleanu, Marioara Poenaru</b>	12.40 - 13.00	<b>KEYNOTE LECTURE</b> <b>Daniela Vrinceanu</b> Multidisciplinary approach in Naso-Orbital-Ethmoid fractures
12.40 - 13.00	<b>KEYNOTE LECTURE</b> <b>Timoleon Terzis</b> New options in the management of severe eosinophilic CRS: Preliminary results from the first Greek patients treated with biologics		
13.00 - 15.00 Lunch break			
15.00 - 15.30	<b>ROUND TABLE</b> Related skull base pathology <b>Moderator: Madalina Georgescu</b> <b>Panelists</b>	15.00 - 15.20	<b>KEYNOTE LECTURE</b> <b>Alma Maniu</b> The advantages of phenotyping and endotyping in chronic rhinosinusitis for daily medical practice
15.30 - 16.00	<b>Madalina Georgescu</b> Vertigo and hypoacusis related to skull base pathology <b>Daniela Vrinceanu</b> Strategies in surgery for tumors of the infratemporal fossa: our clinical experience <b>Luminita Radulescu</b> Vestibular involvement in cochlear implantation	15.20 - 15.50	<b>Symposium</b> Berlin Chemie Menarini Rinita alergica - o patologie la granița dintre alergologie si rinologie Allergic rhinitis - a pathology on the border between allergology and rhinology <b>Camelia Berghesa, Vlad Budu</b>
	<b>Gabriela Musat</b> Superior semicircular canal dehiscence syndrome	15.50 - 16.20	<b>Symposium</b> Chiesi Dificultati in tratamentul rinitei Difficult to treat rhinitis <b>Codrut Sarafoleanu, Vlad Budu</b>



<p>16.00 - 16.20</p>	<p><b>KEYNOTE LECTURE</b>  <i>Philippe Eloy</i>                  Lacrimal surgery: what can an ENT do when there is tearing</p>	<p>16.20 – 16.40</p>	<p><b>Symposium</b>                  Viatris                  Rolul betahistinei în recuperarea pacienților cu deficit vestibular unilateral periferic                  The importance of betahistine in the recovery of patients with peripheral unilateral vestibular deficit  <i>Madalina Georgescu</i></p>
<p>16.20 - 16.40</p>	<p><b>Symposium</b>                  Innergy                  Rolul microbiotei orale în infecția SARS-CoV-2                  Implications of the oral microbiota in SARS-CoV-2 infection  <i>Codrut Sarafoleanu</i></p>		
<p>16.40 - 17.40</p>	<p><b>WORKSHOP</b>  <b>Obstructive Sleep Apnea</b>  <i>Adriana Neagos</i>                  Theoretical and practical aspects of the OSA  <i>Rodica Muresan</i>                  Myofunctional therapy in OSA  <i>Raluca Enache</i>                  Increased nasal resistance and sleep-disordered breathing</p>	<p>16.40 – 18.00</p>	<p><b>FREE PAPERS 1</b>  <b>Moderators</b>                  Dan Cristian Gheorghe,                  Cristian Martu</p>
<p>17.40 - 18.00</p>	<p><b>KEYNOTE LECTURE</b>  <i>Cemal Cingi</i>                  Minor procedures - Major outcomes on the face</p>		
<p>18.00 - 18.20</p>	<p><b>Symposium</b>                  Magnapharm - Humer                  Beneficiile apei de mare                  The benefits of seawater  <i>Boris Smoc</i></p>	<p>18.00 - 18.20</p>	<p><b>Symposium</b>                  Alliance Healthcare_Tonimer lab  <i>Gheorghe Iovanescu</i></p>

Friday, 10<sup>th</sup> of September 2021

Hour	New York Hall	Hour	Beijing&Vienna Hall
8.40 – 9.00	<b>KEYNOTE LECTURE</b> <i>Madalina Duna, Denisa Predeteanu</i> Nasosinusal implications in systemic diseases	8.40 – 9.00	<b>KEYNOTE LECTURE</b> <i>Mario Milkov</i> Treatment decisions and appliance selection in the treatment of OSA
9.00 – 9.20	<b>KEYNOTE LECTURE</b> <i>Marco Piemonte</i> Defensive Medicine in Rhinology: how can we deal with it?	9.00 – 9.20	<b>KEYNOTE LECTURE</b> <i>Luminita Radulescu</i> A comparative study of pneumatization of mastoid cells and paranasal sinuses in children
9.20 – 09.40	<b>KEYNOTE LECTURE</b> <i>Magdalena Chirila</i> Olfactory rehabilitation of the laryngectomized patient	9.20 – 09.40	<b>KEYNOTE LECTURE</b> <i>Giulio Cesare Passali</i> HHT - Multidisciplinary management of anemia beyond epistaxis
09.40 – 10.00	<b>KEYNOTE LECTURE</b> <i>Zsolt Bella</i> Simultan multiportal approaches to the skull base	09.40 – 10.00	<b>KEYNOTE LECTURE</b> <i>Mihai Dumitru</i> The future is here – the use of nanoparticles in rhinology
10.00 – 10.20	<b>KEYNOTE LECTURE</b> <i>Prepageran Narayanan</i> Surgical anatomy of paranasal sinus - cadaveric dissection		
10.20 – 10.40	<b>Symposium</b> Reckitt Benckiser Eficienta tratamentului topic simptomatic in inflamatiile faringiene Effectiveness of symptomatic topical treatment in pharyngeal inflammation <i>Vlad Budu</i>	10.00 – 10.20	<b>KEYNOTE LECTURE</b> <i>Ion Anghel</i> Preservation rhinoplasty - Dorsal preservation with septal strip resection

10.40 – 11.00	<b>KEYNOTE LECTURE</b> <b>Camelia Berghesa</b> Update in allergic rhinitis in relation to allergic asthma	10.20 – 10.40	<b>KEYNOTE LECTURE</b> <b>Serban Bertesteanu</b> Surgical approach for infratemporal fossa tumors
		10.40 – 11.00	<b>Symposium</b> Sun Pharma Terapia Conșiderații terapeutice în rinosinuzita bacteriană acută Therapeutic considerations in acute bacterial rhinosinusitis <b>Vlad Budu</b>
11.00 – 11.30	Coffee break		
11.30 – 11.50	<b>KEYNOTE LECTURE</b> <b>Desiderio Passali</b> Glycyrrhizin for prophylaxis of COVID-19	11.30 – 13.00	<b>FREE PAPERS 2</b> <b>Moderators</b> <b>Magdalena Chirila,</b> <b>Gheorghe Iovanescu</b>
11.50 – 12.10	<b>KEYNOTE LECTURE</b> <b>Luisa Belussi</b> Inflammations and chronic rhinosinusitis		
12.10 – 12.40	<b>Symposium</b> Viatrix Ghidul EUFOREA și recomandări practice relevante în rinita alergică EUFOREA Allergic Rhinitis Pocket Snippets <b>Peter Hellings, Codrut</b> <b>Sarafoleanu</b>		
12.40 – 13.00	<b>KEYNOTE LECTURE</b> <b>Mario Rigante</b> Different strategies in Skull base reconstruction		
13.00 – 15.00	Lunch break		
15.00 – 15.20	<b>KEYNOTE LECTURE</b> <b>Ioannis Konstantinidis</b> Special considerations in pediatric endoscopic skull base surgery	15.00 – 15.20	<b>Symposium</b> Neolife Reiradierea in recidivele cancerelor de cap si gat Reirradiation for recurrent head and neck cancers <b>Ana Bancila</b>

15.20 – 15.40	<p><b>KEYNOTE LECTURE</b>  <i>Emilia Diaconu</i>                  Cerebrospinal Fluid Leaks – Imaging evaluation</p>	15.20 – 16.20	<p><b>Symposium</b>                  Alliance Healthcare_Thea Cazuri dificile in chirurgia endoscopica rinosinusala                  Difficult cases in endoscopic sinus surgery  <i>Codrut Sarafoleanu, Vlad Budu, Gheorghe Mühlhaf</i></p>
15.40 – 16.00	<p><b>KEYNOTE LECTURE</b>  <i>Reda Kamel</i>                  CSF leak repair: location targeted endoscopic approaches</p>		
16.00 -16.20	<p><b>Symposium</b>                  Magnapharm - Bronchostop                  Tusea asociata racelii comune                  Cough associated with the common cold  <i>Simona Strugariu</i></p>	16.20 – 16.40	<p><b>Symposium</b>                  Reckitt Benckiser Tratamentul durerii din perspectiva ORL in contextul actual pandemic                  Treatment of pain from the perspective of ENT in the current pandemic context  <i>Codrut Sarafoleanu</i></p>
16.20 – 17.20	<p><b>Workshop</b>  <b>Difficulties in CRS treatment</b>                  Moderator Magdalena Chirila  <i>Bogdan Cobzeanu</i>                  Etiopathogenic aspects in chronic recurrent rhinosinusitis  <i>Daniel Lupoi</i>                  Update of the medical treatment in CRS  <i>Ionut Tanase</i>                  Surgical tips and tricks in recalcitrant CRS</p>	16.40 – 18.00	<p><b>FREE PAPERS 3</b>                  Moderators                  Adriana Neagos,                  Amalia Neagu</p>
17.20 – 17.40	<p><b>KEYNOTE LECTURE</b>                  Florin Anghelina                  Orbital complications secondary to rhinosinusal infections</p>		
17.40 – 18.00	<p><b>KEYNOTE LECTURE</b>  <i>Violeta Melinte</i>                  Up to date in olfactory assessment</p>		

## ***Free Papers 1***

**Moderators:** *Dan Cristian Gheorghe, Cristian Martu*

- Lucian Lapusneanu** - Woakes' syndrome - Case report  
**Septar Haldun** - Major complications of odontogenic sinusitis  
**Nurullah Türe** - Non-Allergic Rhinitis in Children  
**Carmen-Aurelia Mogoanta** - Naso-sinusal plasmocytoma - the surprise of histopathological examination  
**Elena Pătrașcu** - COVID-19-related smell disorders – personal experience  
**Carmen Badea** - Misdiagnosed cavernous sinus thrombosis due to sphenoid sinusitis  
**Eloy Philippe** - Our experience with inverted papilloma: about 61 patients.  
**Cristian Mârțu** - Skeletal and functional changes associated with forms of complicated sinusitis

## ***Free Papers 2***

**Moderators:** *Magdalena Chirila, Gheorghe Iovanescu*

- Cernei Vadim** - Chronic hemirinosinusitis suppurated in exacerbation, complicated by cellulite retrobulbar and frontal intracerebral abscess, post-COVID. Clinical case.  
**Neagu Mihaela Cristina** - How covid-19 brought olfactory disorder to central stage  
**Daniela Cernev** - Maxillary osteomyelitis caused by SARS COV-2  
**Elena Grițco** - Epistaxis post alcoholic poisoning  
**Eloy Philippe** - Small maxillary sinus: different clinical entities but same surgical hazard  
**Shirley Tarabichi** - Optimal approach of hereditary hemorrhagic telangiectasia  
**Alina Anghel** - Neglected fronto-ethmoidal mucocele-case report

**Bejenariu Andreea** - Difficulties in the diagnosis and treatment of sinonasal tumors

**Nicoleta Dumitrescu** - Patient-centric approach in sleep apnoea syndrome management

## 14 **Free Papers 3**

**Moderators:** *Adriana Neagos, Amalia Neagu*

**Mihai Preda** - Therapeutic challenges in the diagnosis and treatment of intrasinusal foreign bodies

**Gheorghe Eduard Andrei** - Maxillary squamous cell carcinoma metacron with rhinopharynx cancer (clinical case presentation)

**Alexandra Ileana Sanda** - Wegener's granulomatosis – ENT implications and complications – case report

**Ioana Preoteasa** - Case presentation: CSF leak – 30 years after transsphenoidal approach of the sellar region after a nasopharyngeal swab

**Milea Alex Iulian** - Challenges in the diagnosis and treatment of small cell sarcoma in a 27-year old female

**Andrei Selman** – Relationship between radiologic origin and surgical outcome in inverted papiloma

**Lucian Lapusneanu** – External auditory canal squamous carcinoma – Case report

**Rodica Urs** - Preservation septoplasty in rhinoplasty with deviated noses

**Calinciuc Andra** - Traditional vs. endoscopic approaches for septoplasty techniques

## SKELETAL AND FUNCTIONAL CHANGES ASSOCIATED WITH PARTICULAR FORMS OF COMPLICATED RHINOSINUSITIS

**Cristian Mârțu<sup>1,2</sup>, Bogdan Cobzeanu<sup>1,2</sup>, Vlad Cozma<sup>1,2</sup>,  
Gilda Daniș<sup>2</sup>, Dan Mârțu<sup>1</sup>, Corina Butnaru<sup>1</sup>, Andrei Roșu<sup>1</sup>,  
Luminița Rădulescu<sup>1,2</sup>**

<sup>1</sup>. University of Medicine and Pharmacy

„Grigore T. Popa” Iasi

<sup>2</sup>. ENT Department, Clinical Rehabilitation Hospital Iasi

### **Abstract:**

The inflammatory pathology of the paranasal sinuses is vast and involves a number of symptoms such as nasal obstruction, rhinorrhea, headache as well as fullness sensation of hemiface. However, a number of less common signs, both clinic and radiographic such as diplopia, swelling in the affected hemiface and osteolysis of the maxillary bones can be encountered, making it difficult to diagnose.

The paper presents cases of inflammatory disease of the paranasal sinuses with particular symptomatology, that sometimes can raise diagnostic and therapeutic problems specific to each patient.

**Conclusions:** Although the great majority of patients can be diagnosed and treated according to general protocols, there are still cases that need special attention when investigating the disease, preparing a diagnostic and delivering a therapeutic solution, that has to be tailored to the specific of the disease and especially of the patient.

**Keywords:** paranasal sinuses, inflammatory pathology, osteolysis

## THEORETICAL AND PRACTICAL ASPECTS OF OSAS

**Adriana Neagoș, MD PhD**

University of Medicine, Pharmacy, Science and Technology  
GEORGE EMIL PALADE, of Tg. Mureș, Otorhinologic  
Departement

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Obstructive sleep apnea syndrome (OSAS) is a sleep disorder characterized by repetitive episodes of upper airway obstruction. OSAS, is closely associated with complications such as cardiovascular diseases, neurocognitive diseases, and metabolic syndromes. OSAS is associated with significant sequelae.

Overnight polysomnography (PSG) is currently the only reliable diagnostic modality that can differentiate OSAS from primary snoring. However, the PSG criteria for OSAS have not been definitively validated, and it is not clear that primary snoring without PSG-defined OSAS is benign.

Traditionally, polysomnography (PSG) in an attended setting (sleep laboratory) has been used as a reference standard for the diagnosis of OSA. Polysomnography measures several sleep variables, one of which is the apnea-hypopnea index (AHI) or respiratory disturbance index (RDI).

Multiple treatments for OSA reduce AHI, Trials of CPAP and other treatments have not established whether treatment reduces mortality or improves most other health outcomes, except for modest improvement in sleep-related quality of life.



## PARAPHARYNGEAL SPACE TUMORS

**Prof. Dan Fliss, Sackler University, Tel Aviv, Israel**

The objective of the study is to present a large case series of parapharyngeal space tumors (PPST) and the most comprehensive literature review of tumor histopathologic distribution.

The study was designed as internal case series and full Pubmed/MEDLINE electronic database review in a tertiary academic medical center. Tumor histopathology and patient demographics were obtained from a comprehensive Pubmed/MEDLINE database review, as well from an internal case series of 117 patients referred to our center between 1993 and 2013. Main outcome and measures of the study were to define the age, gender, and histopathology of PPST within a large internal case series and among the current body of published literature, and to propose a diagnostic and treatment algorithm for these tumors.

Our cohort included 117 cases, 58 females and 59 males, with benign tumors comprising 85 % (n = 99) and malignant tumors 15 % (n = 18). A systematic review of published literature from 1963 to the present revealed 37 case series, and when combined with our present series, yielded a total of 2160 cases. Benign tumors are most common (78.8 %), with tumors of salivary gland (44.4 %), neural (34.4 %), and vascular (2.64 %) origin representing the largest subtypes.

Pleomorphic adenomas (30.9 %), paragangliomas (13.1 %), and schwannomas (12.3 %) comprised the majority of all cases. Due to their rarity, data regarding the histopathologic distribution of PPST is scarce. We provide one of the largest case series and the most comprehensive review of these tumors in the literature to date, and offer our algorithm for evaluation and treatment.

## DEFENSIVE MEDICINE IN RHINOLOGY: HOW CAN WE DEAL WITH IT?

**M. Piemonte**

University Medical School, 33100 Udine, Italy

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The surgical approach to naso-paranasal region is a still open and up-to-date problem due to its different options, different solutions, different aims and different expectations with reference to any single patient, while surgeon and patient often show antithetic ways of evaluating the results (by objective versus subjective views). As rhinosurgery is still a major field in medico-legal contests and claims for damages, Defensive Medicine in Rhinology is rapidly spreading all over the world.

Rhinological clinical problems widely range among functional, aesthetic, inflammatory, infectious, neoplastic and traumatic diseases, sometimes in emergency situations, and this shall be attentively considered in order to perform “tailored” treatment to any single patient, whose expectations should be absolutely considered in advance. Rhinoseptoplasty, turbinosurgery, oncologic rhinosurgery, Functional Endoscopic Sinus Surgery, epistaxis treatment, OSAS surgery and dacryocystorhinosis show highly different problems, which shall be attentively distinguished from case to case.

Modern e-Health culture by web “surfing” assures pre-operative important news to the patients, but often these news could be misunderstood, distorted, misinterpreted or even acquired as “Bible-proof” items, thus leading the patients themselves to wrong expectations.

For this reason the true “Defensive Medicine” shall be represented in first row by an attentive, correct and deep pre-operative medico-patient relationship in order to widely explain the surgical options, the clinical problems, the expected results and the possible complications, thus sharing the therapeutic planning and follow up. The so called “Informed Consent” shall not be a formal act but a shared route.

Defensive Medicine could be applied in a positive way (“assurance

behaviour”) by exceeding in preventive formal or clinical acts or in a negative way (“avoidance behaviour”) by trying to avoid clinical and surgical treatment, but it is not always a warrant in order to prevent claims for damages. Both behaviours could often be very risky and could be even contested in Medico-Legal claims.

Assurance and avoidance behaviour could be variously mixed in an acritical and slavish observance of clinical Guidelines, which are widely recognized trends of good medical practice but not necessarily the “absolute law” or the “best practice” in any patient.

Moreover, the most modern technologies and surgical techniques improve the therapeutical chances for the surgeon and the patient, but also add more and sometimes important risks to surgical interventions.

In short, Defensive Medicine is a double-edged weapon even in Rhinology, which shall be considered and approached in a multi-shaped way by the skilled surgeon, always considering the need of a continuous professional growth, an optimal work behaviour, a strict but friendly touch with the patient, a greater attention to the advantages and disadvantages of e-Health information and – last but not least – the development of a “Risk Management” culture which is absolutely necessary in the 21th Century professional performance in Medicine.

## OWN EXPERIENCE IN THE MANAGEMENT OF SINONASAL MALIGNANT TUMORS

**Mihály Szócs, Simona Mocan, Evelin Szilágyi, Gyula Lurcza, Csaba Balogh**

**Mihály Szócs**, attending physician, E.N.T. Clinic of Târgu Mureș, University Lecturer at the University of Medicine, Pharmacy, Sciences and Technology of Târgu Mureș, E.N.T. Department

**Simona Mocan**, attending physician at Anatomical Pathology Department of County Emergency Clinical Hospital of Târgu Mureș

**Evelin Szilágyi**, resident doctor, E.N.T. Clinic of Târgu-Mureș

**Gyula Lurcza**, resident doctor, E.N.T. Clinic of Târgu-Mureș

**Csaba Balogh**, resident doctor, E.N.T. Clinic of Târgu-Mureș

**Keywords:** nasosinusal malignant tumors, management, treatment.

### Introduction

Malignant sinonasal tumors are rare, positive diagnosis is usually delayed and has a wide variety of histopathological fi and their treatment and management is complex and diffi The aim of the paper is to present their treatment and management in light of the author's own experience.

### Material and methods

The number of cases included in the study was 21 of wich 9 were intestinal and non-intestinal adenocacinoma, 5 where squamos carcinomas of wich one recently described version of associated multi-phenotypic HPV, 2 lymphomas, 1 rhabdomiosarcoma, 1 chistic adenoid carcinoma, 1 mixed fi osarcoma, 1 hemangiopericitoma, 1 chistic adenoid carcinoma. Most tumors were stage II and III. The therapeutic plan was made in according of tumor extension, it's histopathological aggressiveness, taking into account especially in the advenced stages of disease the decision of patients regarding their quality of life. All patients have received endoscopic or external surgical treatment except for one outpatient case. In all cases the surgical treatment was followed by radio and chemotherapy treatment.

### Results

The evolution of patients depends on the stage of the tumor, the degree of histopathological differentiation and location. Undifferentiated squamous cell carcinoma and ethmoidal localization have the most unfavorable prognosis. No postoperative complications were reported. Since we started the study at the beginning of 2018, the co-opted patients are monitored and are in our continuous records.

### **Conclusions**

The main problem in the treatment of sinonasal malignancy is the inability to properly control local spread. In making the therapeutic decision, the complexity of the anatomical regions involved: the face, the orbit, the intracranial extension, makes that in addition to the oncological, functional and aesthetic aspects, respectively the quality of life are very important. The development of reconstructive surgical techniques, Intensity Modulated Radiotherapy (IMRT) and intraarterial chemotherapy can offer new therapeutic perspectives.

## NASO-SINUSAL PLASMOCYTOMA THE SURPRISE OF HISTOPATHOLOGICAL EXAMINATION

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**Aim of the paper:** Extramedullary plasmacytoma of the head and neck region is a rare, aggressive tumor, about 80-90% of extramedullary plasmacytomas involve the lymphoid tissue of the mucosa of the upper respiratory tract, 75% of which involve the nasal and paranasal regions.

**Material and method:** We present a case diagnosed postoperatively as a right naso-sinusal plasmacytoma, operated in the ENT clinic of the county emergency clinical hospital, Craiova, clinical and histopathological aspects.

**Results:** The 43-year-old patient with ENT clinical examination with unilateral nasal obstructive syndrome presents on the computer tomography examination a soft tissue involving the entire left nasal fossa, the left ethmoid sinus and the secondary opacification of the left maxillary sinus.

The nasal endoscopic examination detects the tumor formation, slightly bleeding in taxis, covered by translucent-purulent secretions that occupy the entire nasal fossa and the left osteo-meatal complex, including the entire left middle nasal cornet.

Endoscopically guided ENT surgical treatment followed by histopathological examination confirmed the diagnosis of extramedullary plasmacytoma.

The patient was recommended to perform immunohisto-chemical examination, but also additional hematological investigations to rule out multiple myeloma.

**Conclusions:** A multidisciplinary collaboration is needed to be able to differentiate between localized disease and blood dyscrasias with a poor prognosis such as multiple myeloma.

The otolaryngologist must identify the tumor lesions and perform a hematological monitoring, the histopathological examination being the one that establishes the positive diagnosis and the appropriate surgical conduct.

The therapeutic conduct involves surgery and radiotherapy with periodic ENT and hematological monitoring.

**Keywords:** plasmacytoma, naso-sinusal, extramedullary, rare.

## **PRESERVATION RHINOPLASTY**

### **Dorsal Preservation with Septal Strip Resection**

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#### **PURPOSE**

The new approach Presevation Rhinoplasty marks a distinct change from resection rhinoplasty. Dorsal hump reduction is an essential step consisting of resecting portion of both the bony end cartilaginous dorsum or septal strip resection.

In this study I preferred to perform Dorsum Preservation Rhinoplasty through an endonasal approach.

#### **METHODS**

This article present the author experience in Preservation Rhinoplasty using the approach of Dorsal Preservation by Sub-Dorsal Septal Strip Resection based on 60 clinical cases .

#### **RESULTS**

The concept of lowering the dorsum by sub-dorsal septal strip resection offers many advantages for both patients and surgeons a very natural results , normal aesthetic lines and rapid healing.

## MULTIDISCIPLINARY APPROACH IN NASO-ORBITAL-ETHMOID FRACTURES

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### **Abstract**

**Aim:** The purpose of the presentation is to make an update on the pathology of naso-orbital-ethmoid complex fractures and to present our clinical experience in the diagnosis and treatment of this particular type of craniofacial trauma.

**Introduction:** The naso-orbital-ethmoid complex comprises extremely fragile bone structures of the anterior rhinobase, as well as essential ophthalmic elements that must be preserved and/or restored in the event of trauma at this level. The naso-orbital-ethmoid complex fracture management involves the ENT surgeon, the ophthalmologist, the OMF surgeon, and the neurosurgeon. The clinical picture includes clogging of the nasal pyramid, telecanthus, „panda eyes” and rhinoliqorrhoea. The two essential therapeutic aspects that must be discussed are the time of surgery, when it is required, but also the type of approach. Regarding the time of intervention, there are different protocols, depending on the experience of clinics, but it is generally accepted that it is preferable for the intervention to be done 4-5 days after the trauma, to allow resorption of facial hematomas, and not later. 10 days, when the vicious consolidation begins. The coronal approach offers the greatest advantages in terms of access to the fracture and the possibility of repairing all damaged structures bone, medial cantonal tendon, and the lacrimal apparatus.

**Material and method:** Series of clinical cases

**Results:** We will present 4 clinical cases with fractures of the naso-orbital-ethmoid complex, in the context of polytrauma. We will detail the clinical aspect, the imaging aspect through CT with 3D reconstruction and the therapeutic protocol, the multidisciplinary approach in each of the cases.



**Conclusion:** Fractures of the naso-orbital-ethmoid complex raise many therapeutic and medico-legal problems, related to the aesthetic appearance of the nasal pyramid, the telecanthus, and the functioning of the lacrimal apparatus, as well as the CSF leaks. Careful multidisciplinary clinical examination after trauma stabilization and CT imaging with 3D reconstruction is mandatory for the correct and complete diagnosis of lesions. The therapeutic protocol is, most of the time, individualized, and the multidisciplinary approach is the solution to solve this type of pathology as effi as possible.

**Keywords:** naso-orbital-ethmoid fractures, surgery, multidisciplinary approach.

## STRATEGIES IN SURGERY FOR TUMORS OF THE INFRATEMPORAL FOSSA: OUR CLINICAL EXPERIENCE

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### **Abstract**

**Aim:** We compared our experience in the surgical approach of the infratemporal fossa with the data from the literature, to discover the optimal strategy in approaching the tumors of this difficult region of the lateral base of the skull.

**Introduction:** The infratemporal fossa is an irregular space at the base of the skull, located posterior to the maxilla, being superiorly delimited by the large wing of the sphenoid and the lateral temporal bone squama by the infratemporal ridge. The surgical approach to this difficult anatomical area is divided between the neurosurgeon, the maxillofacial surgeon, and the ENT surgeon, which is why it is often considered "no man's land".

**Material and method:** We present a series of cases with 6 tumors of the infratemporal fossa that we have surgically approached.

**Results:** All 6 cases (4 women and 2 men) were surgically treated in 5 of them we managed radical ablation, while in one case only an incisional biopsy was performed. We used a transcervical approach in 3 cases, a transmandibular transcervical approach in one case, a transcervical and coronal approach in one case, transcranial transcervical in one case. Tumor histology indicated schwannoma in 3 cases, capillary hemangioma, fibrous cyst, and salivary gland adenocarcinoma in one case. The cutaneous approach of infratemporal fossa tumors can be summarized in the cervical approach and the coronal approach, while the bony approach can be transmandibular, transzygomatic, transantral, and transcranial. We presented the particularities of each case studied. The choice of surgical strategy depended on several factors the intention of radical ablation, clinical and imaging suspicion about the extent

and benign/malignant nature of the tumor, the patient's age and comorbidities, surgical experience, the existence of a team involved in this pathology.

**Conclusion.** The surgical approach in a mixed team of tumors of infratemporal fossa allowed a successful cure of this challenging pathology. The imagery is essential in surgical planning. The transcervical approach allowed a good exposure of tumors of the infratemporal fossa. The transmandibular approach may enlarge the exposure. The gold standard remains radical ablation of the tumors of the infratemporal fossa.

**Keywords:** infratemporal fossa, tumor, surgical approach, mixed team.

## UPDATE ON UPPER AIRWAY COUGH SYNDROME

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**Abstract:** The American College of Chest Physicians defi UACS as a syndrome characterized by chronic cough present for  $\geq 8$  weeks related to upper airway abnormalities. UACS was formerly known as "Postnasal Drip Syndrome"; however, the term UACS is now preferred. Pathogenesis is unclear. Key diagnostic factors are: cough; unpleasant sensation in throat; postnasal drip; cobblestone oropharyngeal mucosa; nasal abnormalities; symptoms of rhinitis; posterior pharyngeal mucus; inspiratory wheeze; voice disturbance; GERD. UACS is a clinical syndrome with a variety of causes and proper treatment is associated with certain difficulties.

The current treatments are limited.

**Key words:** Upper airway cough syndrome, causes, management

## WOAKES' SYNDROME CASE REPORT

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**Keywords:** Woakes' syndrome Functional endoscopic sinus surgery Nasal polyposis

**Background:** Woakes' syndrome is a rare entity, define as severe recurrent chronic rhinosinusitis with nasal polyps, which has as a consequence the deformation of the nasal pyramid, produced by the continuous pressure and the infltion maintained by the size of the polyps.

**Objective:** We present the case of a 60-year-old patient who addressed the ENT Outpatient Clinic of the Braila County Emergency Hospital for complete bilateral nasal obstruction, nasal pyramid deformity, posterior rhinorrhea, anosmia, closed rhinophony, frontal headache.

**Material and Method:** Surgical treatment consisted of endoscopic sinus surgery.

**Results:** The post-surgical status was favorable. The postoperative treatment consisted of nasal saline irrigation and topical intranasal corticosteroid spray. The follow-up performed at 10 days postoperatively revealed rhinosinusal cavities partially lined with crusty secretions, without signs of local recurrence.

**Conclusions:** The etiology of Woakes' syndrome remains uncertain, the disease generally showing a long-term evolution, with diffiin terms of treatment and control of the disease. The therapeutic attitude remains the medical-surgical one. Endoscopic sinus surgery, followed by topical treatment and, if necessary, even systemic, are required to prevent or reduce relapses.

## REMISSION AND RELAPSE IN GRANULOMATOSIS WITH POLYANGIITIS IN A YOUNG WOMEN

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The purpose of this presentation is to present you a rare case of a patient presenting for the fi time to us in july 2017 with recurrent episodes of headache, chronic nasal obstruction and anterior rhinorrhea.

**Methods** – The patient was diagnosed with granulomatosis with poluangiitis in 2017 when she was admitted to our department for the fi time. The physical examination revealed “saddle–nose deformity” and crusts in the nose. The patient was treated with glucocorticoid pulses (methylprednisolone 3 × 500 mg i.v.) and pulses of cyclophosphamide (CYC) in dose 15 mg/kg/infusion with frequency of administration every 4 weeks for 6 months. In 2020, the patient was considered to have a relapse of the disease.

**Results** – Laboratory tests were signiffor CRP 55mg/l, cANCA increased. Nasal cultures were repeated in case of any symptoms of infection, but were negative. There were no laboratory symptoms of renal involvement (creatinine concentration and urine tests were normal). Anterior rhinoscopy showed destruction of the left sinus wall. Mucosal biopsies were taken, also.

Histopathological examination showed acellular amorphous areas containing karyorrhctic debris (tissue necrosis) and an associated inflcomposed largely of neutrophils, extending into the vascular wall (vasculitis). Repeated native CT sinuses revealed, this time, collection of left ethmoidal cells, bilateral maxillary and ethmoidal sinusitis.

**Conclusions** Granulomatosis with polyangiitis is a chronic relapsing disease. Cyclophosphamide and glucocorticoids have been the standard of remission induction therapy for generalized GPA for many years. CYC induction regimens are effective in 70–90% of patients, but a considerable number of patients are resistant to standard treatment.

The presented patient had localized disease, only ENT involvement. It is worth highlighting the differences in recommendations regarding to this aspect. The 2009 recommendations suggested that methotrexate use was reasonable for those patients. However, the new recommendations have differentiated even localised disease into that with and without cartilage and bony involvement, the argument being that destruction of nasal tissues is an organ threatening manifestation and the treatment is as above.

## NON-ALLERGIC RHINITIS IN CHILDREN

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**Introduction:** This review aims to provide correct diagnosis and treatment management in children presenting with rhinitis symptoms by focusing on non-allergic rhinitis in children. We aim to convey our current knowledge of this diagnosis to otolaryngologists, especially rhinologists.

**Methods:** General and clinical features of non-allergic rhinitis in children were evaluated with current literature data.

**Results:** Rhinitis is classified as allergic and non-allergic according to the pathological mechanism. In about half of all rhinitis cases, the causative agent has been blamed as an allergy. It is not uncommon for two tables to overlap. In terms of complaints, there is no significant difference between allergic and non-allergic rhinitis. For this reason, the majority of pediatric patients presenting with rhinitis are diagnosed with allergic rhinitis. Treatment management is carried out according to this diagnosis. Studies on the epidemiology and pathogenesis of non-allergic rhinitis in children are generally based on data obtained from adult patients. For these reasons, there are difficulties in the diagnosis and treatment of non-allergic rhinitis in children. Diagnosis of non-allergic rhinitis in children is difficult due to differences of opinion in the classification of different forms of non-allergic rhinitis and the lack of clear pathophysiology. Because of this problem, the diagnosis of non-allergic rhinitis is made clinically.

There are forms with different etiologies and pathophysiologies under the term non-allergic rhinitis, such as non-allergic rhinitis with eosinophilia syndrome, infectious rhinitis, vasomotor rhinitis, and atrophic rhinitis.

Environmental irritants, foreign bodies in the nose, thyroid disorders, adenoid hypertrophy, rhinosinusitis, nasal polyps,

immotile cilia syndrome, granuloma, immunodeficiency diseases, cystic fibrosis, and reflux may also cause the disease. Other causes of non-allergic rhinitis in children are effective eosinophilic infectious rhinitis, complaints of runny nose, nasal congestion, and sneezing. Generally, it is observed that the complaints disappear within the first week, and mostly, the causative agents are rhinoviruses. In NARES, the symptomatology of the disease and response to treatment is similar to allergic rhinitis, but unlike high IgE antibodies are not observed. An overreaction of the nasal mucosa characterizes vasomotor rhinitis to physical stimuli. In vasomotor rhinitis, intermittent nasal congestion and nasal discharge are observed. There is a significant increase in complaints, especially after exposure to air pollution and cold air. Atrophic rhinitis is a rare clinical condition that begins with puberty and results in slow and progressive nasal mucosa atrophy. Nasal crusting and unpleasant odor are typical. Chronic rhinitis complaints significantly affect the quality of life of the child and can affect the family order. It causes sleep problems and fatigue in children. The method to reduce this difficulty is to increase knowledge on this subject and conduct extensive research in this area. Rhinologists will continue to be at the forefront of diagnosing and treating non-allergic rhinitis in pediatric patients.

**Conclusion:** It cannot be emphasized enough that understanding the nuances of rhinitis in children will lead to a suitable treatment method. This information is essential for otolaryngologists, especially rhinologists, who undertake the treatment of pediatric patients.



## COVID-19-RELATED SMELL DISORDERS – PERSONAL EXPERIENCE

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### **Abstract**

**Introduction:** COVID-19 causes smell disorders more frequently than other respiratory viruses and it may persist, in some patients, for long period after resolution of respiratory symptoms. Smell disorders occur as a result of malfunction of the olfactory neurons, determined by infection, inflammation, and subsequent dysfunction of supporting non-neuronal mucosal cells.

**Aim of the paper:** To evaluate the smell disorders in patients diagnosed with SARS COV-2 infection, regardless the clinical form.

**Material and Methods:** We performed a clinical study on 47 adults patients with smell disorders, who were previously diagnosed with COVID-19 infection, using PCR test or antibodies determination. The assessment consisted in ENT clinical examination, nasal endoscopy, olfactometric evaluation (subjective tests – Sensonic Snap and Sniff test, n-butanol dynamic olfactometry and objective test evoked electric olfactory potentials) and imaging (cerebral MRI with focus on the olfactory bulb). Patients underwent treatment with systemic corticosteroids for 10 days, intranasal corticosteroids, neurotrophic vitamins and olfactive rehabilitation. The patients were subjectively evaluated at one month and six months after treatment.

**Results:** The majority of the patients were diagnosed with anosmia (32 patients – 68.08%) and hyposmia (13 patients – 27.66%). The symptom encountered in approximately all the patients (45 patients) was phantosmia. Evoked electric olfactive potentials were absent in 63.82% of the group (30 patients). Abnormal MRI olfactory bulb fi was noticed in one patient (2.12%). At one month evaluation, only 10 patients recovered the sense of smell. At six months evaluation,

18 patients recovered the olfaction.

**Conclusions:** Further studies are needed to be performed in order to evaluate the incidence and prognosis of smell disorders COVID-19 related, in terms of qualitative smell disorders tests and the evaluation of the central olfactory pathway. Interleukin-6, rather than cerebral injuries, such as ischemia or neuronal viral damage, appears to play an important role in the rapid recovery of smell and taste functions in COVID-19 patients.

**Key words:** anosmia, parosmia, smell disorders, olfactory evaluation, COVID-19.

## MISDIAGNOSED CAVERNOUS SINUS THROMBOSIS DUE TO SPHENOID SINUSITIS

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### **Abstract**

**Background:** Cavernous sinus thrombosis (CST) is a rare, life-threatening disease resulting from the spread of an infectious process of a contiguous tissue or drained by the cavernous sinus. The paranasal sinuses are the most common source of infection.

**Methods:** We present the case of a 84-year old female with history of chronic lymphoid leukemia, who referred to our clinic for severe, right-sided, temporal headache, right total ophthalmoplegia and progressive visual loss. It is to be noted that she was treated in another health care institution for 1 month for trigeminal neuralgia. Contrast enhanced computed tomography (CT) revealed total opacification of the right sphenoid sinus with bony dehiscence in skull base, a dilated right optic nerve and fullness of right cavernous sinus suggestive of cavernous sinus thrombosis.

**Results:** She was treated with broad-spectrum antibiotics, anticoagulant and endoscopic sphenoidotomy. Despite the favourable evolution of sinusitis, the general condition of the patient deteriorated because of the immunocompromised status.

**Conclusions:** The case emphasizes the importance of early diagnosis of sphenoid sinusitis in patients with unexplained headache and providing appropriate medical and surgical therapy to prevent occurrence of cavernous sinus thrombosis.

**Keywords:** cavernous sinus thrombosis, sphenoid sinusitis, headache.

## OUR EXPERIENCE WITH INVERTED PAPILOMA: ABOUT 61 PATIENTS.

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### ABSTRACT

Inverted papilloma is the most common type of Schneiderian papilloma originating from the mucosal lining of the nose and paranasal cavities. It is a semi benign tumour occurring in adult with a high tendency for recurrences and malignant transformation. Management consists of a complete tumoral resection and drilling the underlying bone.

We present herein a series of 61 patients (sex ratio M/F 2.9/1) with a mean age of 61 yo treated in the CHU UCL Namur site of Godinne between 1998 and 2019.

The patients are classified into 2 groups: the first one includes 48 patients operated de novo in CHU of Mont Godinne and the second group 13 patients referred to us for revision surgery.

We observe 8 recurrences, all groups confounded. The global success rate is 87%.

If we consider each group the number of recurrences in the first group is 6 out of 48 (success rate: 88%) and 2 out of 13 (success rate: 85%) in the second group.

All the revision surgeries are successfull.

Following these results we propose an algorithm of treatment depending on the site of attachment of the IP.

We confirm that more extended surgeries such as Caldwell luc procedure, medial maxillectomy, Draf IIb or III frontal sinusotomy or type III sphenoidotomy give better outcomes than more "limited" and functional surgeries such as draf I or IIa frontal sinusotomy or middle antrostomy. The latter should be done only for specific and limited extension of the IP in the maxillary sinus. A subperiosteal dissection is mandatory in all cases.

A long-term endoscopic followup is necessary to detect recurrence in all patients.

## HOW COVID-19 BROUGHT OLFACTORY DISORDER TO CENTRAL STAGE

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**Background:** The rapid spread of the COVID-19 infection required prompt recognition and immediate isolation of patients. In the evolution of the disease various symptoms were indicated as suggestive of a SARS-CoV-2 infection, among them being also described anosmia and ageusia.

**Materials and methods:** In order to review how olfactory disorders are related to COVID-19 disease, we carried out an analysis by searching PubMed, Science Direct, Springer, and LILACS. The research was made using MeSH descriptors and the Boolean operator, “AND”, for the terms “coronavirus infections” AND “olfactory disorders”, “COVID-19” and “ENT symptoms”, with a filter on the publication date set for 01.01.2020 – 18.06.2021. A total of 959 articles were found in the databases, of which 13 were included in the study.

**Results:** The statistics suggest that alterations of chemosensory function are strongly correlated with COVID-19 infection, the prevalence of anosmia ranging from 5.1% to 86.4%

**Conclusion:** Symptomatology suggestive of chemosensory dysfunction (smell primarily and then taste alterations) elevate the degree of suspicion of a SARS-COV-2 infection and they commend prompt isolation and surveillance measurements.

**KEYWORDS:** COVID-19 infection, olfactory disorders, ENT manifestations, anosmia, SARS-CoV-2.

## MAXILLARY OSTEOMYELITIS CAUSED BY SARS CoV-2

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**Introduction.** Osteomyelitis is an infectious process with a purulent-necrotic character, which evolves in the bone and surrounding tissues under the influence of physical, chemical and biological factors, against the background of preliminary sensitization and neurohumoral disorders.

**Objective of the study.** Evaluation of necrotic masses of the maxillary sinus caused by SARS COV-2.

**Material and methods.** Under endoscopic guidance with optics 300, the necrotic masses and the medial wall of the maxillary sinus were removed, subsequently the obtained fragments were sent to the histological examination.

**Results.** Two clinical cases with post-COVID complications were analyzed, where the maxillary sinuses were involved. In both cases, a superficial piece of non-keratinized squamous epithelium was found in the histology, with the underlying fibrous stroma showing acute inflammation. It has been found that patients with uncontrolled diabetes are immunocompromised due to the harmful effects of a hyperglycemic environment along with immune dysfunction, such as impaired neutrophil function, weakened antioxidant system and humoral immunity.

**Conclusions.** SARS-CoV 2 multiplies intensely in the periosteum, causing severe, diffuse phenomena, such as osteomyelitis. It is important to consider osteomyelitis in immunosuppressed people because it is a difficult pathology to treat.

**Key words.** Osteomyelitis, SARS CoV-2, virus.

## EPISTAXIS POST ALCOHOLIC POISONING

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**Introduction:** Epistaxis is a nasal hemorrhage that occurs in the nasal cavity, which is externalized in the anterior orifice (nostril) or posterior (choanal orifice) following the multifactorial action, which is also high alcohol consumption.

**Objective of the study:** Evaluation of the action and influence of alcohol on the nasal mucosa.

**Materials and methods:** Patients with nasal hemorrhage after alcohol intoxication.

**Results:** Two clinical cases with post-alcohol intoxication complication were analyzed, where the nasal mucosa was involved. In both cases there was a nosebleed. Our finding that alcohol is an important causative factor in nosebleeds is supported by growing evidence of the cardiovascular and cardiorespiratory effects of alcohol. Regular alcohol consumption reduces platelet aggregation and prolongs bleeding time. These effects, combined with hemodynamic changes, such as vasodilation and changes in blood pressure, may be important to cause some cases of nasal arterial bleeding in adults.

**Conclusions:** Alcohol directly influences the cardiovascular system and the coagulation system causing nosebleeds.

**Keywords:** Alcohol intoxication, epistaxis.

## OPTIMAL APPROACH OF HEREDITARY HEMORRHAGIC TELANGIECTASIA

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### **Abstract**

**Purpose:** To evaluate the therapeutic options of epistaxis in patients with Hereditary Hemorrhagic Telangiectasia.

**Material and Method:** Hereditary Hemorrhagic Telangiectasia or Rendu Weber Osler's disease is a rare genetic condition (1: 10000), autosomal dominant, characterized by multiple telangiectasias in the skin and mucous membranes, but also by the presence of arteriovenous malformations with multiple locations. The vast majority of patients have recurrent episodes of epistaxis, ranging from mild, self-limiting bleeding to severe bleeding that requires hematologic rebalancing. The therapeutic approach varies, depending on the severity of the bleeding, from conservative treatment to surgical maneuvers. We report the clinical case of a patient who presented to the Emergency Room of our clinic repeatedly for episodes of epistaxis, and who underwent multiple therapeutic maneuvers, in order to stop the bleeding.

**Results:** Stopping the bleeding was achieved through a gradual therapeutic attitude.

**Conclusions:** The reported case brings arguments on the need to optimize the therapeutic protocol of epistaxis in patients with Hereditary Hemorrhagic Telangiectasia. A gradual therapeutic approach is recommended, depending on the severity of the bleeding.

**Keywords:** epistaxis, Hereditary Hemorrhagic Telangiectasia, gradual treatment.



## NEGLECTED FRONTO-ETHMOIDAL MUCOCELE CASE REPORT

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### **Abstract**

**Background:** The mucocele is a cystic tumor of the paranasal sinuses with a mucous content, which when it reaches larger dimensions exerts pressure on the sinus walls, causing their erosion with extension at the neighboring structures. Orbital and endocranial complications can occur due to the expansive nature of the mucocele. Symptoms include headache, facial pressure, eye motility disorders, decreased visual acuity, behavioral disorders, phenomena that occur depending on the degree of tumor development. The mucocele appears most frequently in the fronto-ethmoidal area due to the complex sinus drainage at this level. The diagnosis is based on the history, physical examination and radiological findings.

**Methodology:** We report a case of 83 years old male with a large fronto-ethmoidal mucocele who was admitted to our ENT department for hemicrania, progressive swelling of the frontal region and internal angle of the orbit on the right side. The symptoms appeared 10 years ago and worsened three weeks before hospitalization. Clinical ENT examination and paraclinical exams (nasal endoscopy, computerized tomography scan) showed an externalized right fronto-ethmoidal mucocele with orbital extension. The treatment was surgical, with the drainage and marsupialization of the mucocele under endoscopic control. There is no evidence of recurrence of the lesion at the one year follow-up.

**Conclusions:** Although mucocele is benign pathology, diagnosis and treatment in the early stages are important in order to prevent complications due to the possibility of tumor extension to the orbit and endocranium.

**Keywords:** mucocele, ethmoidal sinus, frontal sinus, endoscopic surgery.

## DIFFICULTIES IN THE DIAGNOSIS AND TREATMENT OF SINONASAL TUMORS

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**Introduction:** Sinonasal tumors often pose diagnostic problems because of their similar symptoms with CRS, most of the patients complaining of nasal obstruction and rhinorrhoea.

**Materials and methods:** This retrospective study examined patients with sinonasal tumors from clinical, paraclinical and therapeutical point of view from ENT department of "Sfanta Maria" Clinical Hospital in Bucharest, between May 2019 to July 2021. This study has 50 patients with sinonasal tumors, 31 men and 19 women, with age group 11 – 83 years.

**Results:** Naso-sinusal tumors were benign in 90% of cases and malignant in 10%. The most common benign tumors were inverted papilloma (37,7%) and antrochoanal polyp (20%), followed by mucocele (20%), haemangioma (8,88%), JNA(4,44%). 40% of all malignant tumors were undifferentiated sinonasal carcinoma and the rest adenoid cystic carcinoma, lymphoma and different sarcomas. Among clinical manifestations, nasal obstruction (76%) and rhinorrhoea (70%) were the most frequent of them, followed by headache (22%) and epistaxis (18%). Eye related symptoms were in 16% of patients, and olfactory disorders in 14% of cases. The most frequent site of origin of sinonasal tumors was the middle meatus (34%) , followed by maxilar sinus (26%) and ethmoid sinus (12%). Surgical treatment was the main option. Surgical treatment with endoscopic approach was performed in 90% of patients, external approach in 6% and combined approach in 4% of cases.

**Conclusions:** There are difficulties in diagnosing sinonasal tumors due to similar clinical, endoscopic and even imaging signs. Usually, in these cases the symptoms appear late and thus complications can develop until an appropriate diagnosis and treatment is established.

**Key words:** sinonasal tumors, nasal obstruction, rhinorrhoea, inverted papilloma

## PATIENT-CENTRIC APPROACH IN SLEEP APNOEA SYNDROME MANAGEMENT

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### **Abstract**

**Background:** Sleep apnoea syndrome is a pathology with many symptoms that may lead the patient to various medical specialties before the correct diagnosis is defined. In the management of sleep apnoea there is a team effort to diagnose and treat as efficient as possible this life-threatening health problem. It is, therefore, the solution that needs to be identified through a pluridisciplinary approach and modern methods in order to address the patient’s goal.

**Methodology/Principal:** I am presenting the case of a 56 years old female patient who had been diagnosed several years before admission with severe obstructive sleep apnoea syndrome. She has been using CPAP for several years and underwent a Laser assisted uvulopalatoplasty, but her quality of life was very low and the need for CPAP persisted. Therefore, she was recommended for a mandibular advancement device. The case assessment consisted of anamnesis, clinical exam, polysomnography, sleep endoscopy and lateral cephalometry at presentation and after 3 months of treatment. Also, the patient underwent cardiology, pneumology, anaesthesiology examinations. Further, I have developed a software application focusing on the decision-making process regarding sedation used for sleep endoscopy. The project was designed in collaboration with a software engineer in order to reduce time and costs of sleep investigations.

**Results:** The therapeutic efficiency of the mandibular advancement device was highlighted by the improvement of polysomnographic parameters, quality of life and day-to-day activity assessed after 3 months of treatment. Moreover, the patient didn’t have to use anymore CPAP during sleep and the blood pressure

decreased. The application used the information obtained from patient's history, clinical examination and polysomnography showing that "treatment should be done in the hospital". The modern solutions and the daily activity/sleep questionnaires used in a patient-centric manner resulted in a confident doctor-patient relationship and in finding the appropriate treatment solution.

**Conclusions:** The pluridisciplinary approach of the sleep apnoea patients leads to an adapted treatment which proves to be efficient and well tolerated. This way, the medical team achieves its goal of improving the quality of life and the health status of sleep apnoea patients. The understanding of the patient's needs, lifestyle and culture is essential feature for patient centricity.

**Key words:** sleep apnoea; patient-centric approach.

## CHRONIC ATELECTASIA OF THE MAXILLARY SINUS AND SILENT SINUS SYNDROME: UNDERDIAGNOSED ENTITIES

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### **Abstract ;**

Chronic maxillary atelectasis (CMA) is characterized by an implosion of the maxillary sinus. At the final stage this leads to the development of a Silent Sinus syndrome with a collapse of the orbital floor.

These conditions can be asymptomatic, or diagnosed during a diagnostic workup for recurrent or chronic sinonasal complaints or revealed by a diplopia, an enophtalmos or a facial asymetry.

We report a series of 13 cases, diagnosed and treated in the ENT department of the CHU UCL Namur between 2015 and 2021.

The series includes 13 adults : 9 men and 4 women. There are 8 silent sinus syndrome and 5 chronic atelectasia of the maxillary sinus.

The treatment consists of a middle antrosotomy performed from backward to forward. No patients recur and no patients seeks for an orbital implant.

There was no orbital complication.

### **Conclusion:**

Chronic maxillary atelectasia or the maxillary sinus and Silent sinus syndrome are not so rare and not so silent. The diagnosis is not so difficult if the clinician has some suspicion. The treatment consits of a middle antrostotomy. It must be performed from backward to forward to avoid any orbital violation.

## THERAPEUTIC CHALLENGES IN THE DIAGNOSIS AND TREATMENT OF INTRASINUSAL FOREIGN BODIES

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<sup>2</sup>.ENT and Cervico-Facial Surgery Clinic, “Sfânta Maria” Clinical Hospital, Bucharest, Romania

### **Abstract**

Intranasal foreign bodies are rather common pathology in current practice, being a challenge both in terms of diagnosis and treatment.

The main etiology of this disease is iatrogenic, produced by various dental, ophthalmological or even ENT procedures, but scientific literature also describes cases of foreign bodies penetrating the sinus following trauma.

The most common location of intranasal foreign bodies is the maxillary sinus. In the lower part, the maxillary sinus is anatomically linked to the apical area of the dental alveoli, thus explaining the rapid expansion of dental infectious processes at this level, but also the easy penetration of foreign bodies of exogenous origin, such as endodontic material used in dentistry.

The diagnosis of intranasal foreign bodies is established on the basis of anamnesis, clinical examination and imaging investigations. The native sinus CT examination is the paraclinical investigation of choice, which, in addition to the correct and complete diagnosis of the disease, allows the exact assessment of the specific anatomy of each patient. This is mandatory in order to safely apply the appropriate surgical treatment.

Maxillary rhinosinusitis is the most common complication caused by foreign bodies entering the sinus. The mechanism of its occurrence consists in the local inflammatory response or in the fungal colonization of the dental material penetrating the sinus.

Due to the inflammatory phenomena produced on the sinus

mucosa, the removal of foreign bodies is essential, even in the absence of symptoms. The surgical treatment is of choice and the extraction of foreign bodies can be performed both by endoscopic endonasal approach as well as by external or mixed approach, depending on the size, location and the presence of possible complications.

**Keywords:** intrasinusal foreign bodies, maxillary sinus, chronic rhinosinusitis, endoscopic surgery, sinus CT examination.

## MAXILLAR SCUAMOUS CELL CARCINOMA METACRON WITH RHINOPHARYNX CANCER (CLINICAL CASE PRESENTATION)

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**Elena Ioniță<sup>1)</sup>, Iulică Ioniță<sup>1)</sup>, Carmen Aurelia Mogoantă<sup>1)</sup>,  
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**Purpose of the paper:** Highlighting aperta rhinophonic symptoms, food reflux on the nose in a patient with destructive left maxillary neoplasm.

**Objectives of the paper:** Clinical investigations, correlated with the paraclinical ones prior to the tumor biopsy with the highlighting of the histopathological type.

**Material and method:** Patient diagnosed 20 years ago with nasopharyngeal neoplasm irradiated, chemotreated squamous cell carcinoma, cured for 6 months, with imperceptible speech disorders (open rhinophonia) and food reflux on the nose.

**Results and discussions:** Objective, in the buccal cavity destructive ulceration of the gingival groove extending to the intermaxillary space, total bone lysis of the jaw, highlighting the left choanal orifice, creating a huge cavity in the left jaw area. Biopsy of the jugal mucosa squamous cell carcinoma. MRI no bone details. The presence of the same histological type in the nasopharynx and the maxillary area is the case in the chapter on metachronous tumors.

**Conclusions:** The appearance of squamous cell carcinoma in the organs of the ENT, nasopharynx, jaw, at a distance, requires periodic follow-up of the neoplastic patient.



## WEGENER'S GRANULOMATOSIS – ENT IMPLICATIONS AND COMPLICATIONS – CASE REPORT

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**Background:** Wegener's granulomatosis is a rare, multisystemic disease with multiple determinations, predominantly located in the upper and lower respiratory tract, as well as in the kidneys. Regarding the histopathological findings, the disease is represented by the triad: necrotizing vasculitis, granulomatous inflammation and necrotizing glomerulonephritis.

**Case report:** The case of a 47-year-old patient, known with Wegener's Granulomatosis, is presented, admitted in the ENT Department “Sfanta Maria” Hospital with chronic bilateral nasal obstruction and purulent antero-posterior rhinorrhea, septal perforation, adherent crusts at the level of the nostrils and saddle nose, symptomatology started 4 years ago, which progressively worsened. The patient is known to our clinic with chronic bilateral serous otitis, for which multiple tympanotomies were performed. Following the clinical and paraclinical examination, the diagnosis of chronic sphenoid rhinosinusitis was established, for which endoscopic surgery was performed.

**Conclusion:** This paper presents the problems related to relapse management and therapeutic attitude depending on the severity of symptoms.

**Keywords:** Wegener, multisystemic, rhinosinusitis, saddlenose, otitis serosa, recurrence.

## CHALLENGES IN THE DIAGNOSIS AND TREATMENT OF SMALL CELL SARCOMA IN A 27-YEAR OLD FEMALE

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**Background.** Sarcomas of the head-and-neck region are found only in 1% of all head-and-neck malignancies. Definitive cell typing of small round cell tumors is mandatory for enrollment of patients in specific therapeutic protocols. Patients who relapse in the first two years from diagnosis have an overall survival of less than 10%, and those who relapse after two years from initial diagnosis have an overall survival closer to 30%. Despite multimodal treatment, survival in metastatic disease occurring in 20–25% of patients, predominantly in the lungs (70–80%) and bone/bone marrow (40–45%), is still associated with a dismal prognosis.

**Material and methods.** Here, we present a rare case of relapsed small cell sarcoma of soft plate with left nasal cavity extension and pulmonary metastases in a 27-year old female, and describe the clinical, radiological, histopathological, immunohistochemical and molecular findings.

**Results.** The tumor was completely excised endoscopically without any complication. At the three-month postoperative review, there are no endoscopic signs of local recurrence. Histopathologically, over time, the patient had several diagnoses in the small cell sarcoma spectrum, with the need to perform more immunohistochemical and molecular tests in a sarcoma reference center, to start the systemic therapy.

**Conclusion.** In small cell sarcomas, due to the high rate of recurrence and metastasis, correct and prompt diagnosis is important.

**Keywords:** Immunohistochemistry, small cell sarcoma

## CSF LEAK – AFTER A NASOPHARYNGEAL SWAB IN A PATIENT OPERATED 30 YEARS AGO FOR A SELLAR TUMOR

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**Background:** CSF leak is a common complication after transsphenoidal approach of the sellar region. Usually is developed short time after the surgery.

**Case report** A 63 years old female with pituitary adenoma that was treated both with radiation therapy (1989) and surgical approach (1991), type II insulin-dependent diabetes, hypertension, internal carotid artery angioplasty and Cushing disease was admitted in our clinic for unilateral watery discharge appeared after a so called nasopharyngeal swab for a RT-PCR test for COVID 19. The endoscopic and imaging evaluation we diagnosed a CSF located in the sphenoidal region. No connection with the sellar approach after 30 years, but in close relationship with the aggressive swabbing performed from the upper part of the nasal cavity and not from the rhinopharynx.

**Conclusion:** Surgery was decided in order to close the dural defect in the region of the sphenoidal sinus. Recommendations should be made in order to avoid traumatic swabbing of the nose as the number of COVID tests is increasing during this pandemic.

**Key words:** CSF leak, transsphenoidal approach, graft, watery rhinorrhea

## TRADITIONAL VS ENDOSCOPIC APPROACHES FOR SEPTOPLASTY TECHNIQUES

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The evolution of surgical approaches to the correction of a deviated septum, including classic submucosal resection, traditional septoplasty, and open techniques, is covered. Complications of septoplasty are reviewed, in many publications.

The recently popularized endoscopic septoplasty, a significant advance in septal surgery, is addressed in this abstract

We would like to provides a presentation of modern techniques in the surgical management of the deviated septum with emphasis on the comparison of traditional versus endoscopic septoplasty approaches. Relevant anatomy and physiology of the nasal septum are discussed.

It is a really evolution of the surgical approaches for the correction of a deviated septum. Traditional and endoscopic septoplasty techniques are reviewed; the indications, advantages, and limitations of each approach are highlighted. Potential complications of septoplasty, with a focus on prevention and management, are also discussed.

## RELATIONSHIP BETWEEN RADIOLOGIC ORIGIN AND SURGICAL OUTCOME IN INVERTED PAPILOMA

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### **Abstract**

**Introduction:** Inverted papilloma is a benign epithelial tumor located into the nasal cavity and paranasal sinuses, involving most frequently the maxillary sinus. This type of tumor is characterized by aggressive evolution and increased risk of malignancy. The diagnosis is based on clinical aspects, imaging findings and histopathologic examination. Radiologic assessment has two main objectives: precise determination of the tumor extension and the location of the tumor site. On cranio-facial CT scan, the presence of a focal, "cone-shaped" or "plaque-like" hyperostosis area is correlated with the point of origin. The therapeutic approach consists in surgical removal of the tumor, taking into consideration the dimensions and extension.

**Material and Methods:** We present the radiological characteristics of the rhinosinusal inverted papillomas of the patients admitted and the surgical outcomes of the patients treated in our Department.

**Results:** Taking into consideration the patients' history, clinical examination and radiological findings, we performed surgical removal of the tumors, either by external approach, endoscopic middle maxillectomy or combined techniques.

**Conclusions:** Inverted papilloma is a rare pathology with a significant risk of malignancy, and recurrences are frequent postoperatively. Also, differential diagnosis can be difficult.

A radiological correlation between the origin of the inverted papilloma and focal hyperostosis on CT might facilitate preoperative prediction of tumor origin by radiologists and ENT specialists.

**Keywords:** inverted papilloma, medial maxillectomy, recurrence, CT scan, hyperostosis.

# CONGRESS INFORMATION

## Continuing Medical Education (CME)

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The participants attending onsite the Congress will receive a certificate of participation with 18 EMC credits issued by CMR - Romanian College of Physicians, according to credit address 11609 / 11.08.2021. The certificates will be released Friday 10<sup>th</sup> of September in the afternoon. The online participants will receive the credits certificate from the organizers immediately after the end of the Congress

More details can be found by accessing the following link:  
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