

Allergic fungal rhinosinusitis changing into chronically invasive with orbital complications: A report of two cases with successful management

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Abstract

Background: Chronic granulomatous invasive fungal (CG-IFRS) rhinosinusitis has been described in immunocompetent patients from certain geographic locations. Allergic fungal rhinosinusitis (AFRS) changing into CGIFRS is seldom reported.

Methodology: We report two female patients already diagnosed with recurrent previously operated AFRS that progressed into CG-IFRS. Diagnosis and management of both cases are presented, along with discussion of previous cases rarely reported in literature.

Results: One patient presented to emergency department with left severe eye pain, diplopia, and left ptosis. Examination revealed recurrent grade 3 nasal polyps, frozen left globe, squint with severe limitation of extra-ocular muscle movements. The other patient presented with recurrence after previous 4 endoscopic sinus surgeries, along with left persistent epiphora. CT & MRI showed in both cases demonstrated destruction of lamina papyracea as well as intraorbital extension. Narrow orbital canal was also reported in one patient. Biopsy confirmed presence of giant cells and invasive aspergillus hyphae.

Both cases were successfully managed by endoscopic sinus surgery plus long-term voriconazole therapy with complete recovery.

Conclusion: AFRS changing into CG-IFRS is a rare clinical entity. Certain orbital or intracranial complications should raise the clinician's suspicion. Successful management of CG-IFRS is possible if appropriate diagnostic and treatment strategies are applied.

Biography

Omar Elmayas has completed specialty at the age of 31 years from BAU, Lebanon. European board in 2013, Head of department at KAM complex 2016-2017, KSA. Started rhinology A.consultant since 2018 at King Abdullah Medical city, KSA.



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