

Case Report

Rare case of infratemporal fossa mucocele after facial fracture

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ABSTRACT

A 55 year old man with history of previous midfacial fracture presented with right infraorbital swelling and ectropion with normal vision. A CT scan confirmed a cystic lesion occupying the right infratemporal fossa extending to the right

infraorbital region. The mucocele was successfully excised via right translabial approach. (Rawal Med J 2012;37:437-439).

Keywords

Infratemporal fossa, mucocele, midfacial fracture.

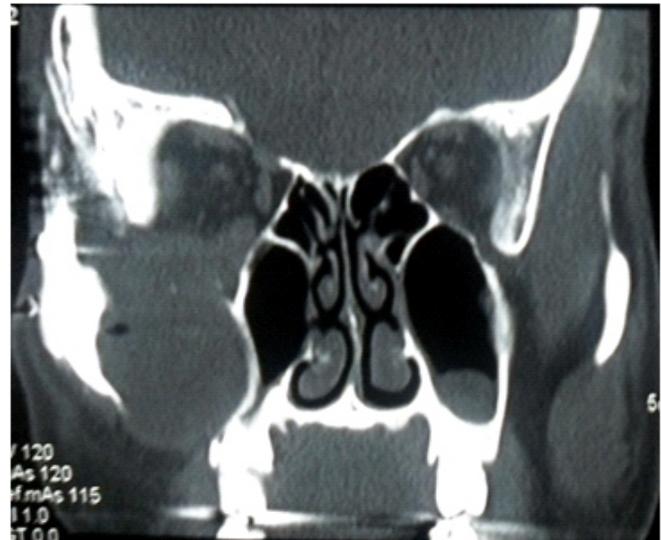
INTRODUCTION

The mucocele is a pseudocystic formation with a secretive epithelial layer filled with a dense liquid, aseptic and slimy mucous. It is an expanding lesion, slowly destroying the sinus wall due to osteogenetic processes and bone resorption. The lesion is located primarily in the frontal (60%) and ethmoidal (30%) sinuses. The etiopathogenesis is related to the association of two factors namely osteal obstruction (anatomic anomalies, traumatic event, benign or malignant tumors) and inflammation.¹ Mucocele of the maxillary sinus is rare, accounting for less than 10% of all reported cases according to European and American statistics.² Usually, diagnosis is made during the extension period and the related complications when the mucocele trespasses into the adjacent areas. To date, there is only one report of similar case.³

CASE PRESENTATION

A 55 year old Iban male had right maxillary fracture after a motor vehicle accident 15 years ago. Following the accident, he underwent fracture reduction and fixation. Ten years later, he developed right epiphora in which right external dacryocystorhinostomy was performed. He presented with 7 months history of right infraorbital swelling and ectropion of lower eyelid which was gradually worsening. His vision was normal.

Fig 1. A CT scan showing rim-enhanced lesion in the right infratemporal fossa extending superiorly to floor of right orbit.



Physical examination showed right soft infraorbital swelling measuring 2x3cm. Nasoendoscopic examination showed patent right maxillary ostial opening with no polyps and normal nasopharynx. Left nostril showed normal finding. A CT scan showed rim-enhanced lesion in the right infratemporal fossa extending superiorly to floor of right orbit and causing elevation of the inferolateral wall of globe as well of origin of the right inferior and lateral recti muscles (Fig 1).