

Frontal Sinus Surgery

Indications

Frontal sinus surgery may be indicated for a variety of conditions, including:

Chronic sinusitis: This is a common condition in which the sinuses become inflamed and infected, leading to symptoms such as nasal congestion, facial pain or pressure, and difficulty breathing. When chronic sinusitis affects the frontal sinus, surgery may be necessary to remove diseased tissue and improve drainage.

Frontal sinus mucocoele: A mucocoele is a benign, cyst-like growth that can develop in the sinus. Mucocoeles can cause headaches, vision problems, and other symptoms, and may require surgical removal.

Trauma: Injuries to the skull or face can sometimes result in fractures or other damage to the frontal sinus, which may require surgical repair.

Tumors: Tumors or other growths that develop in or near the frontal sinus may require surgical removal.

Nasal polyps: These are growths that can develop in the nasal passages and sinuses, and can obstruct the flow of air and mucus. When nasal polyps affect the frontal sinus, surgery may be necessary to remove them.

The specific type of surgery recommended for frontal sinus conditions will depend on the nature and severity of the problem. Some common types of frontal sinus surgery include endoscopic sinus surgery, balloon sinuplasty, and open frontal sinus surgery. A doctor or surgeon can help determine the most appropriate treatment plan based on the individual's needs.

see [Frontal sinus cranialization](#).

see also [Frontal sinus fracture surgery](#)

see [Endoscopic Frontal Sinusotomy](#).

Due to the complexity and variety of the frontal recess and sinus anatomy, traditional Draf 2a frontal sinus surgery is challenging. The thickness of the nasofrontal beak and anterior-posterior dimensions of the frontal recess contribute to this complexity. Carolyn's window technique eliminates the limitation of anterior-posterior depth to facilitate a Draf 2a frontal sinusotomy. The approach is a 0° endoscope technique and provides an excellent view of the frontal sinus and recess. We describe Carolyn's window approach to frontal sinus surgery and the perioperative outcomes.

Methods: Consecutive adult patients in whom Carolyn's window technique was applied for frontal sinus dissection as part of the endoscopic management of both inflammatory and neoplastic disease were assessed. The primary outcome was frontal sinus patency. Secondary outcomes were surgical morbidity, defined as early (<90 days) or late (>90 days).

Results: Forty-five patients (49.1 ± 17.9 years, 48.9% Female) were assessed. All patients had successful frontal sinus patency (100% [95CI: 92.1%-100%]). Morbidities were adhesion (4.8%),

crusting (2.4%), pain (1.2%), and bleeding (1.2%) in the early postoperative period. There were no other morbidities in the early and late postoperative periods.

Conclusion: Carolyn's window approach to frontal sinusotomy is a technique that evolves from previously described approaches. Successful frontal sinus patency with very low morbidities is achieved while still working with a 0° endoscope. The “axillectomy” performed simplifies frontal recess surgery by removing the anteroposterior diameter limitation and the dexterity required in angled endoscopy and instrumentation. The inferior-based lateral wall mucosal flap and free mucosal grafting expedite the mucosal healing process ¹⁾

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Seresirikachorn K, Sit A, Png LH, Kalish L, Campbell RG, Alvarado R, Harvey RJ. Carolyn's Window Approach to Unilateral Frontal Sinus Surgery. Laryngoscope. 2023 Jan 18. doi: 10.1002/lary.30569. Epub ahead of print. PMID: 36651461.

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