IMAGES IN OTORHINOLARYNGOLOGY

A Rare Cause of Nasal Obstruction

Causa infrecuente de insuficiencia ventilatoria nasal

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We present the clinical case of a male patient whose most important personal history consisted of panhypopituitarism secondary to empty sella syndrome under treatment with hormone replacement therapy, and surgery for cleft lip. The patient was diagnosed by the Pneumology Service with obstructive sleep apnoea syndrome (OSAS) under treatment with continuous positive airway pressure (CPAP). He was sent to our Otorhinolaryngology Service for intolerance to the CPAP due to nasal obstruction.

In the physical exam, rhinoscopy revealed anterior septal deviation towards the left nostril. Using nasofibrolaryngoscopy a very large bulky mass was seen in the cavum. A CAT scan (Fig. 1) was requested as a complementary test; it showed erosion of the floor of the sella turcica with a mass that occupied the cavum area and left nostril, which could correspond to a tumour in the sella turcica or cavum. Faced with this diagnostic doubt, an NMR was recommended (Fig. 2). In the NMR T2 sequence, intracranial content was seen to protrude due to a bone defect (Fig. 2), which was homogeneously hyperintense. This suggested great fluid content (CSF), and a diagnosis of sphenoid meningocele was finally established. Consequently, our service decided to wait and observe, and the patient was sent to the Neurosurgical Service for assessment.

Figure 1 CAT scan: Erosion of the floor of the sella turcica with occupation of the cavum or left nostril.

Figure 2 NMR: Bone defect with image of intracranial protrusion suggesting great water content, compatible with sphenoid meningocele.

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