

*INTRODUCTION
AND
AIM OF THE WORK*

INTRODUCTION

Chronic maxillary sinusitis is a debilitating disease which now presents only occasionally but when it does the disease still carries the same risk of morbidity from the development of serious complications (Wright, 1979).

The symptoms of chronic sinusitis are very variable, they may be severe enough to prevent the patient from going to work or they may be so mild that the source of chronic illhealth may never become obvious.

The development of endoscopic techniques allows direct examination of the nose and paranasal sinuses and has focused attention on the difficulties of accurate assessment in nasal and sinus disease. Radiographic evidence of the degree and type of sinus pathology has been shown to be highly suspect, at best there is only a 50 - 100% correlation between radiographic findings and the actual findings in the sinuses at endoscopy or surgery.

The combination of signs and symptoms aided by sinus endoscopy and pathological examination rarely have the diagnosis of chronic sinusitis in doubt (Croft and Lioyed, 1986).

The initial treatment of a patient with chronic sinusitis should include antibiotics and decongestants. Irrigation must usually be added to achieve adequate evacuation of exudate. If the patient fails to respond to medical management surgical intervention is required. The basic surgical procedures used in treatment of chronic maxillary sinusitis are the intranasal antrostomy with its modifications and the radical operation of Caldwell-Luc.

Severe, long standing chronic maxillary sinusitis may causes many microabscesses beneath the mucosal lining of the sinus. Such a condition usually requires removal of the diseased mucosa to adequately treat the infection. A Caldwell-Luc procedure combines removal of diseased mucosa with development of a nasoantral window to improve drainage. This procedure always results in a cure of the sinusitis. The operation is indicated when extensive maxillary sinusitis is present that has recurred numerous times over a period of years or has failed to respond to all conservative measures (Ritter, 1986).

The early closure of nasoantral window created during Caldwell Luc procedure indicates the low value of this creation and it is considered to be one of the causes of postoperative maxillary cyst. Therefor there has been controversy about making the counter opening for radical operation of maxillary sinusitis and new operative procedures without establishing a counter-opening in the

inferior meatus but widening of the normal maxillary ostium have been introduced (Saito et al., 1990).

Recent functional endoscopic sinus surgery advocated the middle meatal antrostomy rather than the inferior meatal approach because middle meatal antrostomy shows a high patency rate and physiological drainage.

The long term patency of the middle meatal antrostomy is very important for drainage even after radical operation especially for the ethmoid sinus (Saito et al., 1990).

The definition of what constitutes irreversible mucosal disease after reestablishing normal drainage and ventilation remain controversial, however there seems to be a general trend particularly in Europe toward greater conservatism in the removal of the diseased mucosa perhaps in part as a result of increasing recognition of the complication rate associated with Caldwell-Luc procedures. Carefully controlled long-term studies will be required to further evaluate the various therapeutic approaches to mucosal disease (Kennedy, 1985).

Since it is not always accurate to assess and to compare the results of different surgical procedures done for chronic maxillary sinusitis from symptomatology and plain radiography alone it was necessary to study these results using the nasal endoscopy.

The Aim Of The Work

The aim of this work was to study and evaluate the clinical, pathological and endoscopic changes after Caldwell-Luc operation, Caldwell-Luc operation with middle meatal antrostomy instead of inferior meatal antrostomy and middle meatal antrostomy alone as a different lines in management of chronic maxillary sinusitis.

- * Assessment of the diagnostic value of nasal endoscopy by correlating both the endoscopic and radiographic findings in each case.
- * One of the anticipated outcomes of this work was to clarify the relevant points in anatomy, physiology, pathophysiology, clinical aspects and endoscopy in cases of chronic maxillary sinusitis.