INTRODUCTION

Functional endoscopic techniques being minimally traumatic have become increasingly popular in diagnostic and therapeutic aspects of nasal and sinus problems **(*Kumar; et al, 2001*)**.

Accessory ostia of maxillary sinus are frequently found during endoscopic examination of the nasal cavities **(*Chung; et al, 1999*)**.

The area termed as "ostiomeatal complex" of the middle meatus has not only the posterior maxillary ostium (PMA) opening in the hiatus semilunaris but also, other "holes" or accessory maxillary ostium (AMO) in latin is termed as ostium maxillare ascessorium **(*Kumar; et al, 2001*)**.

For reasons which at this time are not clear, mucus is prone to recirculate between two proximate ostiums and thus is not effectively moved toward the postnasal space and pharynx to be swallowed and neutralized. Observation and experience has shown that the most common sinus involved is the maxillary antrum, but it may be a factor in the persistent infections of other major sinuses also **(*Matthews and Burke, 1997*)**.

Chronic rhinosinusitis (CRS) with defects of the fontanel region and mucus recirculation can promote a number of health disturbances (chronic postnasal drip, headache, and cough) **(*Mladina; et al, 2009*)**.