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CHIRURGIE CERVICO-FACIALE ET CANCÉROLOGIE

Rosai-Dorfman disease of the maxillary sinus

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Abstract

Aim
The purpose of our studyis to show the management of this uncommon pathology

Methods
We report a rare case of a Rosai–Dorfman disease which were managed in our center

Results
A 12-year-old girl was presented to our center withchronic nasal obstruction without other symptoms. The endoscopy has showna polypoid formation emerging from the right maxillary sinus and protrudesinto the nasal cavity. On CT scan and MRI, the mass wassuspicious. The biopsy concluded into a local RDD. We achieved a successful treatment outcome with combined endoscopique surgical resection of the mass and corticosteroid medication. The symptoms and tumors were resolved within 3 months after treatment

Conclusion
Rosai-Dorfmandiseaseis rare, but shouldberecognized. Diagnosisisanatomopathological.Treatment must bediscussed on a case-by-case basis, withsurgerygivenpride of place. Othertreatment options requiremultidisciplinary collaboration.

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The purpose of our study is to show the management of this uncommon pathology.

Methods

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Conclusion

-Rosai-Dorfman diseaseis rare, but should be recognized.
-Diagnosis is anatomopathological.
-Treatment must be discussed on a case-by-case basis, with surgery given pride of place. Other treatment options require multidisciplinary collaboration.

References

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Observation

- An **12**-year-old girl
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- **History** of bilateral chronic nasal obstruction resistant to medical treatment evolving for 8 months .
- No history of nose bleeding, nasal discharge or otologic symptoms.

- **Physical examination :**
-No cervical swelling
- Nasal endocsopy: hypertrophy of the inferior turbinates in the 2 nasal cavities, which block the progress of the endoscope.

- **Additional exams**:

✓ CT scan (figure 1)
-polypoid formation of the nasal cavities, particularly the lower meatus, which appears to emerge from the nasolacrimal duct on the right.They are of indeterminate etiology.

✓ MRI (figure 2)
-suspected nasal cavity fleshy process in T1 hyposignal and T2 hyposignal enhanced after gadolinium injection with significant decrease in ADC occupying the nasal cavity anteriorly and medially to the middle and lower turbinates, reaching the roof of the ethmoid by 31 mm on the right and 22 mm on the left.on the right, it ascends locally to the distal portion of the nasolacrimal duct.

- **Surgical management**
tumor exeresis through an endoscopic medial maxillectomy on the right side and middle meatotomy on the left side .

- **Post –operative consequences** :
➢Wicking for 48 hours
➢Outgoing after 2 days later
➢Patient referred to internal medicine put on corticosteroid therapy.

- The symptoms had completely resolved during 6 months of follow up .

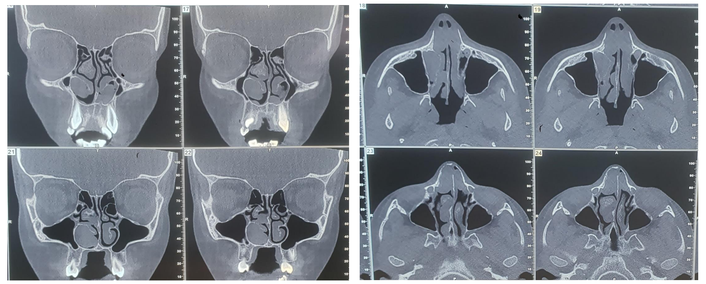

Figure 1: CT scan findings

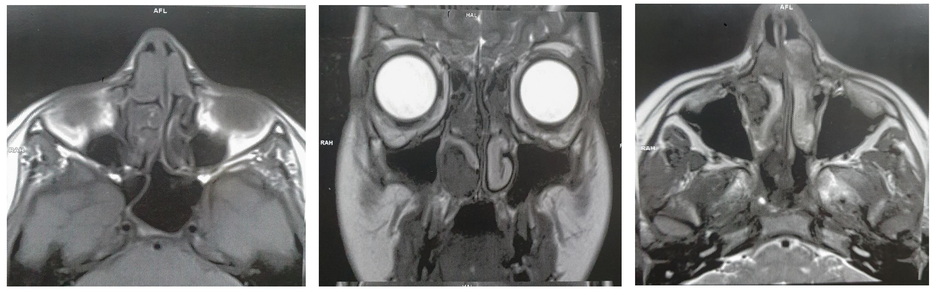

Figure 2 : MRI findings