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THÈME RHINOLOGIE

Giant concha bullosa presented as left nasal mass : case report

Sirine AYADI, Souha KALLEL, Yasmine SGHAIER, Ines AKROUT, Ghada YOUSFI, Amine CHAKROUN, Ilhem CHARFEDDINE
ENT department and research Laboratory LR23ES01, Habib Bourguiba University Hospital, University of Sfax, Sfax, Tunisia.

Objective

- We present a case of nasal obstruction with an unusually extensive unilateral concha bullosa
- Describe the clinical presentation of this case and the modalities of managing this type of concha bullosa

Observation

- **Computed tomography (CT) :**

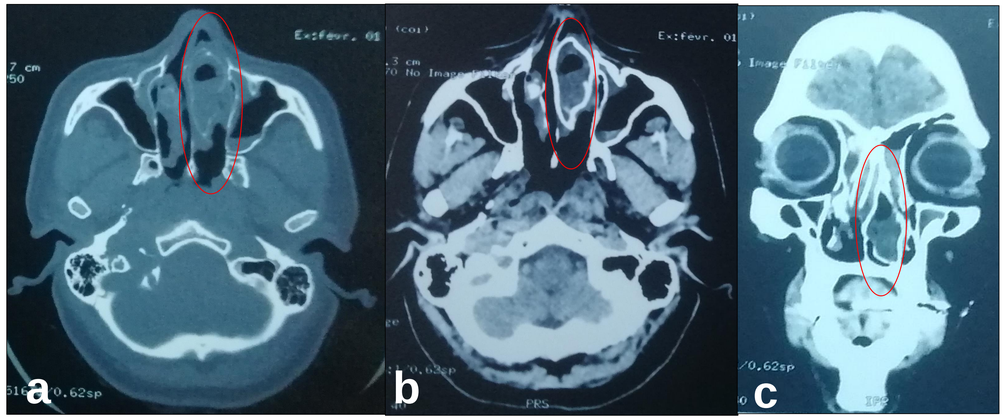

Figure 1 : CT axial (a,b) and coronal (c) images showing a giant concha bullosa. Left osteomeatal complex was obliterated. Partial opacification of the maxillary, right frontal and sphenoidal sinuses was noted.

Observation

- 49-year-old female
- **Complaints :** long-term nasal obstruction, cacosmia and sleep apnea
- **Anterior rhinoscopy :** a mucosal surfaced mass, almost completely filling the left nasal cavity, reaching the nasal floor, compressing the left inferior turbinate and deviated nasal septum to the right
- **Peroperative endoscopy :**
  - A significant hypertrophy of the left middle turbinate occupying the entire nasal cavity from the nasal valve anteriorly to the left choana, reaching the nasal floor and pushing inferior turbinate posteriorly
  - Pneumatization of the uncinate process was noted, giving the appearance of a double middle turbinate
- **Treatment :** Functional endoscopic sinus operation
  - The lateral wall of the concha bullosa was excised
  - The length of the middle concha on a vertical plane was reduced
- **Complications :** No perioperative or postoperative complications
- **Evolution :** The patient had no symptoms and the nasal passages were clear

Discussion

- Concha bullosa (CB) is the most frequently encountered anatomical variation of the lateral nasal wall
- CB occurs when ethmoidal air cells are present inside the turbinate, classified into three groups: lamellar CB, bulbous CB, and extensive CB
- It's commonly found incidentally and asymptomatic. Patients with extensive bullous concha will be symptomatic, while patients with bullous and lamellar concha are usually asymptomatic
- A surgical approach with various techniques is the most commonly used treatment for symptomatic CB : endocopic partial resection, turbinoplasty, total resection, crushing, and intrinsic stripping
- Surgical resection of the middle concha lateral lamella is the most commonly used procedure

Conclusion

- The knowledge of the anatomical variations of the nasal wall is crucial for the surgeon who is performing the endoscopic sinus surgery
- Unusually large variations in the size of pneumatised middle turbinates can occur, potentially leading to significant nasal obstruction

References

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2. Al-Kholaiwi FM, Al-Khatabi RA, Al-Shehri GA, Al-Ghonaim YA. Giant concha bullosa presented as left nasal mass: a case report and literature review. J Surg Case Rep. oct 2023;2023(10):rjad558.