Surgical Treatment of Chronic Frontal Sinusitis

BY

Dr. R. S. Seth,
S. S. P. G. Hospital Varanasi.

Frontal Sinusitis occurs frequently as an acute condition, but less often than infection of the Maxillary and Ethmoid sinuses. The usual symptoms of chronic Frontal sinusitis are:—more or less constant headache or feeling of oppression in the region of the sinus. Characteristically the headache is localised to the region of the sinus, and appears regularly soon after rising with disappearance later in the day. But when other sinuses are also involved, the headache may become more or less constant.

The treatment of chronic Frontal sinusitis is more difficult as compared to other sinuses. More than one operations have been described, making it clear that there is no royal road to success, although obliterative Frontal operation, by osteoplastic flap technique gives a hope of such a treatment.

The operations for chronic Frontal sinusitis can be divided in two types:—

1. Drainage Operations.

2. Obliterative Operations.

Drainage type of operations include, removal of drainage barriers, in the form of deviated septum, polypi, enlarged turbinate etc. In the event of failure to unblock the sinus ostium, a new outlet should be made, but it should not disturb the natural ostium drainage as far as possible.
The approach to the sinuses can be (1) Intranasal (2) External.

Intranasal Operation:—are of two types:—i-Natural drainage through the fronto-nasal duct. This is assisted by removing the obstruction in the nose in the form of septal deviations or spurs, ethmoidal polypi, hyperplastic middle turbinates etc. Where such obstructions are present they should be removed first. Catheterisation of the Frontonasal duct succeeds only in a very small percentage of cases, and even then it should not be repeated very often, as it is likely to damage the Frontonasal duct and cause subsequent stenosis.

Intranasal Frontal sinus drainage operation, described by Haller gives good results in some cases, the advantage being its noninterference with the frontonasal duct and absence of any external scarring.

External operation on frontal sinuses is indicated in cases of failure of internal operation, pain and involvement of the soft parts externally, fistula, signs of orbital or cerebral invasion, general illhealth, toxemia, caries or necrosis of bone or osteomyelitis.

OBLITERATIVE OPERATION

This is almost certain method of cleaning up a Frontal sinus, that is resistant to other forms of treatment. The size of the sinus could be ascertained first by a skiagram. There are two methods of obliterating the Frontal sinus:—

(1) By removal of the anterior wall of sinus and removing the granulations and pus from the Frontal sinus and pressing the skin in contact with the posterior wall of the sinus so that no dead space is left and so pocketing will not occur. This method always leads to a deformity in the form of a depression in the middle of forehead for which a second plastic operation is needed.

(2) The second approach for obliteration of the Frontal sinus is by Osteoplastic flap method. The advantages of this