True cholesteatomas of the paranasal sinuses are said to be rare. The disease can mimic malignancy of the maxillary antrum. A case is presented below:

Case Report

S.L., 40 years male, presented with a painless, progressive swelling of left maxilla of 6 months duration. Pain appeared briefly in the swelling. The disease was thought to be a dental abscess and the suspected tooth extracted in one of the peripheral hospitals. However, the pain subsided following tooth extraction but the swelling kept progressing. There was no epistaxis, foul smell, epiphora or visual symptoms.

On examination, there was a bony swelling smooth, ill defined, hard and nontender. There was expansion of alveolar margin and the swelling produced a bulging in the sublabial sulcus in the region of canine fossa.

Anterior rhinoscopy revealed nasoantral wall pushed medially and almost touching the nasal septum. There was no visible growth in the nose or post nasal space. The right eye was proptosed. There was no facial anaesthesia or parasthesia. Transillumination test was negative.

X-rays skull P.A. and lateral views showed opacity of the left antrum with erosion of the anterolateral wall (Fig. 1).

Based on the clinical presentation, age of the patient and the X-ray examination, a provisional diagnosis of carcinoma left maxillary antrum was made. It was decided to obtain a biopsy through the sublabial route.

Operative Finding:

A sublabial incision was made. As the lower mucoperiosteal flap was retracted down the bone underneath was found to be covered with granulations which were scrapped away. The antrum was opened and found full of pultaceous, white, foul smelling material enclosed in a thin walled
reported a patient with a painful swelling of the maxilla with a discharging oroantral fistula. The X-rays revealed bony destruction. The antral mucosa exhibited irregular squamous metaplasia.

Reviewing the literature they quoted Petrillo’s suggestion about the origin of antral cholesteatoma:

1. Invasion of the sinus cavity by squamous epithelium through oroantral fistula.
2. Inclusion of epidermis in the sinus cavity during development.
3. Squamous metaplasia of the antrum.

Coates (1961) expressed a similar opinion and believed that migration of epithelium from the oroantral fistula into the sinus or the squamous metaplasia of the antral epithelium, as the cause of cholesteatoma.

Baxter (1966) reported a case of cholesteatoma of maxillary antrum and believed it to be arising from an epidermal inclusion rest in the antrum.

The case presented above does not belong to the category of oroantral fistula. In absence of previous history of maxillary sinusitis, it is unlikely that the cholesteatoma resulted through squamous metaplasia. We are inclined to believe that it arose from an inclusion rest of the squamous epithelium in the antrum.

Summary:

A case of cholesteatoma in a 40 years male is presented. The aetiology and pathology of the disease is discussed.