

INTERESTING CASE:

CHRONIC GRANULOMATOUS INVASIVE FUNGAL SINUSITIS

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DISCLOSURES

None

CLINICAL PRESENTATION:

A 36-year-old, otherwise healthy, Caucasian male living in the Southeast United States presented to ENT clinic with left eyelid drooping for nine months and progressive proptosis and diplopia for one month.

IMAGING:

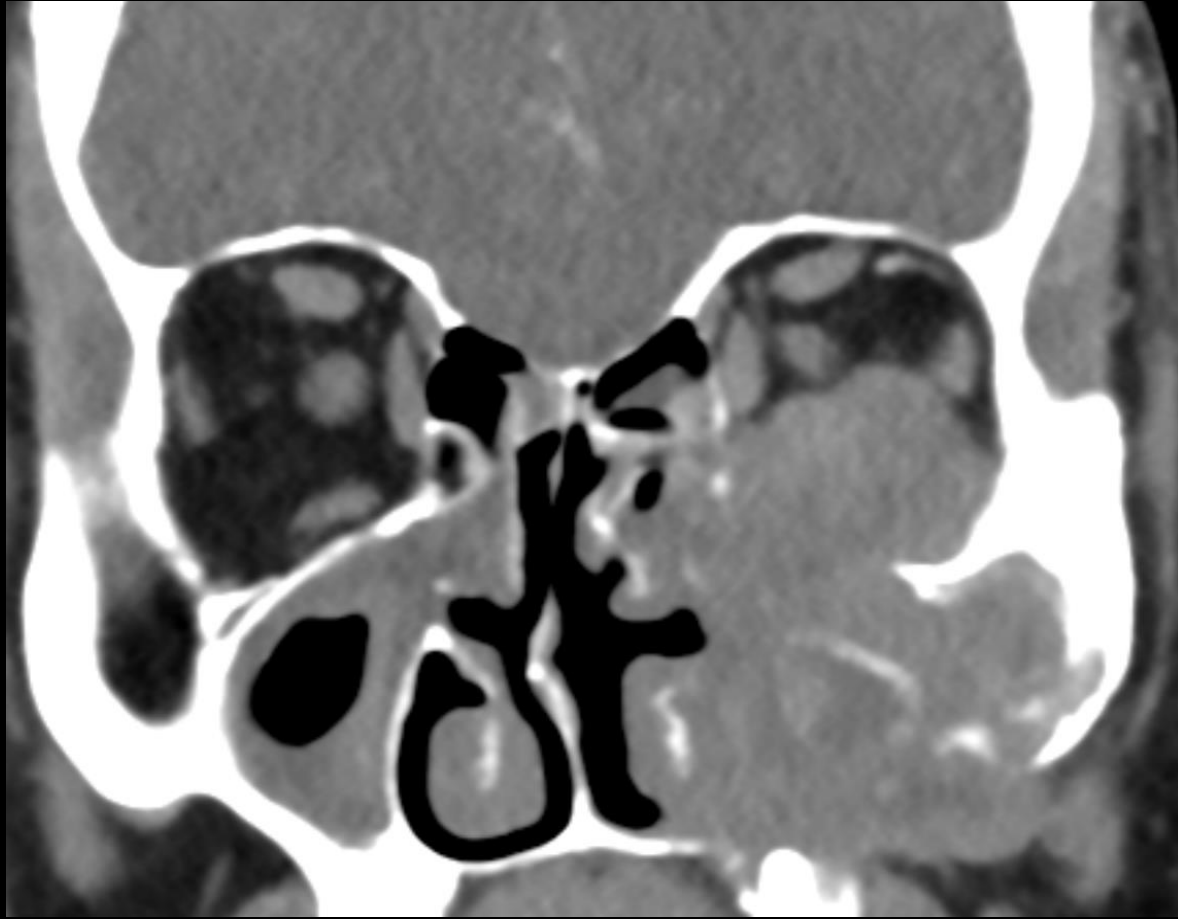


Figure 1. Coronal CT post-contrast soft tissue and bone window demonstrating left maxillary sinus soft tissue mass with destruction of adjacent bony structures and orbital extension.

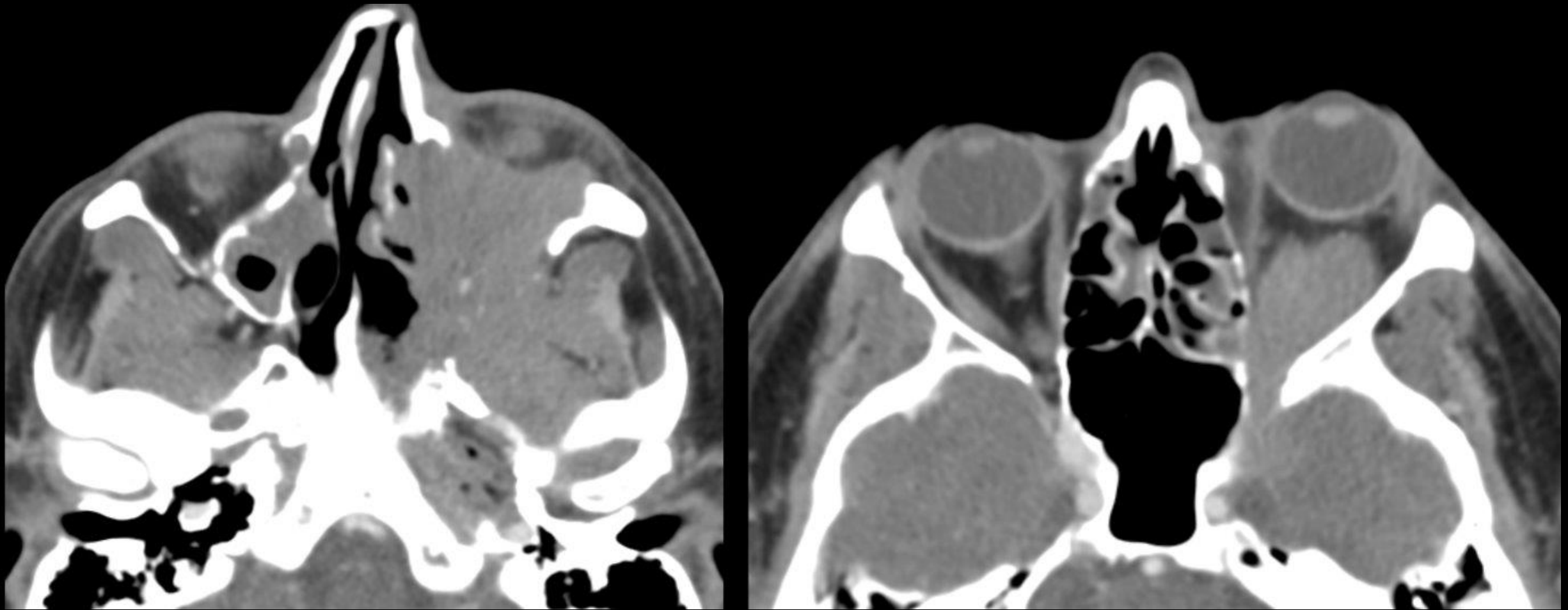


Figure 2. Axial post-contrast CT at the level of the maxillary sinuses and orbits demonstrating left maxillary sinus soft tissue mass infiltrating the masticator space and left orbit, including the apex.

DIAGNOSIS:

- FNA: Multinucleated giant cells
- Culture: *Aspergillus*
- Final Pathology: Chronic Granulomatous Invasive Fungal Sinusitis.

MANAGEMENT OF CGIFS:

- Oral antifungals and surgery aimed at slowing the progression and reducing disease burden
- Surgical management can range from endoscopic to craniofacial resection depending on clinical features and extent of disease seen on imaging

OUTCOME:

The patient was treated with oral antifungal therapy and repeated surgical debridement with symptomatic improvement.



Figure 3. CT following sinonasal debridement

TAKE HOME POINTS:

1. Invasive fungal sinusitis can be classified into acute fulminant, chronic nongranulomatous or chronic granulomatous disease.
2. The chronic granulomatous subtype occurs in immunocompetent hosts
3. Vast majority of cases are found in areas in the dry climates of Africa, Saudi Arabia and India
4. *Aspergillus flavus* is the usual causative organism
5. Mimic of sinonasal malignancy
6. Late presentation/delayed diagnosis is frequent due to insidious nature

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