

nasal cavum. Histopathological analysis confirmed the macroscopic findings and showed that the mass is inverted papilloma.

Conclusion:

The preoperative diagnostics and planning of an operation are crucial for the outcome of the treatment. Detecting and radically removing the insertion of the IP is the main challenge intraoperatively. Unusual sites of origin must not diverge us from the total and radical removal of the tumor. Histopathologic confirmation of the whole operative specimen is concluding the successful treatment.

Keywords: Inverted Papilloma, Endoscopic nasal surgery, Sinonasal Tumors, Human Papilloma Virus (HPV)

RHINOGENIC HEADACHE – PATIENT CASES AND SURGICAL TREATMENT

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Patients with rhinogenic headaches and facial pain are frequent visitors to ENT practice. However, only a minority of headache cases are true rhinogenic headaches.

Additionally, along with the pain over the involved sinuses, nasal symptoms (nasal congestion or blockage, nasal discharge, hyposmia or anosmia) are usually present in patients with acute rhinosinusitis (ARS), chronic rhinosinusitis (CRS) exacerbation, and their orbital and intracranial complications. Diagnostic criteria are (1) pain localized to the paranasal sinuses, (2) endoscopic or computer tomography (CT) scan and/or magnetic resonance imaging (MRI) signs and/or laboratory peripheral blood signs of ARS or CRS exacerbations, (3) timely coincidence of headache and ARS or CRS exacerbation and (4) disappearance of headache or facial pain in 7 days after ARS or CRS exacerbation resolution. The diagnosis should always be established by nasal endoscopy and CT and/or MRI. Importantly, the plain X-ray has no diagnostic value.

Furthermore, contact points in the nose (nasal septum spurs and deviations, pneumatized middle turbinate, etc.) can cause localized periorbital, medial canthus, or temporomandibular intermittent facial pain. Contact point facial pain changes depending on upright or supine position and after local anesthetic application, it should disappear in 5 minutes. The contact point should be visualized by nasal endoscopy and/or by CT.

Importantly, dental causes of headache and facial pain should always be excluded.

NEWS IN SINUS PA

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INTRODUCTION: The term rhinogenic headache is used only due to the complication of sinusitis. It is due to the border area between the nasal cavity and the paranasal sinuses. The numbers of sinus pathologies are increasing, leading to a decrease in quality of life, their management is individually or in complex cases.

MATERIALS AND METHODS: The University Clinic of Otorhinolaryngology Clinic of Târgu Mureş treated this type of pathology. The diagnosis was confirmed by documentation, through the use of CT and MRI, from presumptive-, differential-, and finally the true image of this pathology. The treatment has several technical aspects.

RESULTS: The majority of cases required radical medical assistance. The treatment was an adequate therapeutical combination of medical and surgical patients route from outpatient to inpatient, helping them reach a quick recovery.

DISCUSSIONS: Beyond the treatment, the possibility for unlimited use of modern equipment and instruments, the involvement of an engaged medical team, and the importance of the establishment of a multidisciplinary team.

CONCLUSIONS: The main goal is a complete diagnosis, endoscopic and radiological, respecting the functional aspects of the disease, healing per primam intention, and logical treatment. All these aspects are important.

KEYWORDS: rhinology, sinusitis, headache