A Case of Refractory Frontal Sinusitis with a Cutaneous Fistula

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The frontal sinus is prone to blockade because of the anatomical structure of its excretion path, the frontonasal duct, and it is often difficult to treat frontal sinusitis and frontal sinus cysts. When conservative management is ineffective, frontal sinus operations are performed via nasal endoscopes or an external approach, however, the incidence of postoperative recurrence is high. Obstruction of the front nasal duct causes stagnation of secretions in the frontal sinus, which may result in pressure necrosis of the sinus wall, and rarely, formation of a frontal sinus fistula on the forehead.

Herein, we report a patient with no history of operation or trauma who had refractory frontal sinusitis with a cutaneous fistula. The 60-year-old male had been diagnosed as having frontal sinusitis and undergone five operations over a period of eight years.

Keywords : frontal sinusitis, cutaneous fistula, fat obliteration, omentum

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The local frontal flap was designed to cover and close the fistula of the frontal sinus a year eight months after the first visit of the patient to the clinic.

left, preoperative findings, right, postoperative findings

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Seven years nine months after the first visit, the frontal sinus was obliterated with the greater omentum, whereas the fistula was covered by skin transplantation.

① preoperative findings

② the greater omentum was placed in the left frontal sinus.

③ postoperative findings