Nasolabial Mass (Ameloblastoma) Excision by Caldwell Luc Approach

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Abstract

Statement of the problem:

Caldwel Luc operation, also known as Caldwel Luc antrostomy, is an operation to remove irreversibly damaged mucosa of the maxillary sinus. The approach is mainly through the anterior maxillary bone. It was introduced by George Caldwel and Henry Luc. It can be a useful approach for recurring nasolabial mass, though there might be a risk of cosmetic appearance being compromised as it happened with this patient.

Methodology and theoretical orientation:

The maxillary sinus in Caldwel Luc operation is entered from two separate openings, one in the canine fossa to gain access to the antrum and other in the nasoantral wall for drainage. In this particular patient, the access was gained by the same method only. A mass of approx. size 2x3 cm2 in size was excised from the maxillary antrum. The patient was followed up for 3 weeks, with no recurrence. The only complaints the patient presented with were pain at the local site and elevation of the upper lip near the operated site without any significant disability reported.

Findings:

A 27 year female patient presented to ENT OPD with complaints of painless swelling over the left side of cheek which was gradually increasing in size and intermittently painful. The patient was operated case of cyst in 2018 and 2019 by marsupialization method by dental surgeon (no records available)
On examination, single swelling was noted on the left side of nasolabial fold with elevation of left side of upper lip of approx. size 2x2 cm in size, it was cystic, non mobile, non tender, non

pulsatile with overlying skin free. Fullness was present on the left upper gingivolabial sulcus opposite to left upper canines which was fluctuant on palpation, non discharging, non tender with a scar mark on the mucosal aspect of upper lip due to previous surgery.
CT Paranasal sinuses was suggestive of 20x24x30mm size expansile lytic homogeneously enhancing soft tissue density lesion with narrow zone of transition is seen in the maxilla on left side in the
region of 2nd, 3rd, 4th and 5th teeth. Anteriorly, extending upto left nasolabial region and the left premaxillary region. Medially, abutting membranous nasal septum. Posteriorly, abutting the anterior wall of the left maxillary sinus. Inferiorly, into the floor of the left maxillary sinus, associated with thinning.
Operation:- Left nasolabial mass excision by caldwell Luc approach under General anesthesia.
Histopathology report was suggestive of Ameloblastoma of solid variant.

Conclusion and significance:

On 1 year of follow up, showed no signs of recurrences. There was pain localized to the operated site for nearly 6 weeks of follow up apart from having complaints of external appearance of the upper lip.
Ameloblastoma is a rare histopathological finding, locally invasive and infiltrates through medullary spaces and erodes the cortical bone; this patient happened to be histopathologically diagnosed with it.

Biography

Shanu Kher, is a second year otorhinolaryngology resident at Surat Municipal Institute and Medical Education and Research hospital in the city of Surat, who has also contributed in research done by Manit Mandal "Fat myringoplasty for small central perforation of tympanic membrane: A prospective study", along with her duties in the hospital and training.

About the research topic:

Caldwell luc approach has been a cosmetically worrisome procedure for some patients who had been presenting with complaints of sublabial swellings and postoperative recurrence. Depending upon the histopathology of the mass, nasolabial masses are known to recur. In this study, the patient had no postoperative complaints of the same lesion in 2 years of follow up.

About the institution:

Also known as SMIMER, is situated in the most visited area of the city, near the textile market. Where people come from every corner of the country to buy the cheapest yet most qualified fabrics in the country. It invites people of different regions, traditions and practices which also makes the area most vulnerable to a variety of diseases not endemic in the region. Accounting for more than 150 patients in OPD on an average per day. Giving an immense opportunity for

the practitioners and residents to experience a wide range of pathologies and train well on managing them.

References

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