

Woakes' Syndrome: Case Report

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Abstract

Case Report

Woakes syndrome is a chronic inflammation of the paranasal sinuses characterized by the appearance of recurrent nasal polyposis, progressive widening of the base of the nose due to pressure and bone erosion due to the growth of polyps. There is also aplasia of the frontal sinus and bronchiectasias. We present the case of a patient with woakes syndrome who underwent a functional ethmoidectomy at the military hospital of Nouakchott.

Keywords: woakes – polyposis - ethmoidectomy.

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INTRODUCTION

Woakes syndrome is a rare disease, defined as a severe nasal polyposis responsible for a destruction of the nasal pyramid, and thus a deformation of the face. The chronic polyposis process exerts pressure on the sinus cavities causing a deformation of the nose and face. This syndrome consists of several symptoms including destruction of the ethmoid sinus that cause widening of the nasal ridge, aplasia of the frontal sinus and bronchiectasis. Treatment is medical-surgical; first corticosteroid therapy and then functional and aesthetic surgery.

OBSERVATION

We present the case of a 32-year-old patient with no special history, followed for 5 years for bilateral nasal obstruction associated with progressive onset anosmia and facial deformation. Clinical examination found a stage IV nasal polyposis with the presence of bilateral rhinorrhea, dacryocystitis and a deformation of the nasal pyramid.

The objective CT scan a complete refill: advanced nasal polyposis more marked on the left with deformation of the nasal pyramid The patient had been treated for several years with local corticosteroids without improvement, hence the decision to undergo a surgical cure of her polyposis. She received initial microdebrider plectomy, medium meatotomy, functional ethmoidectomy, and bilateral sphenoidotomy. Follow-up the patient after one month of local corticosteroid therapy notes a clear

improvement. It is programmed in the second stage for rhinoseptoplasty.

DISCUSSION

Woakes' syndrome was first described in 1885 as a form of necrotic hemoiditis with a widening of the nasal ridge. Appaix and Robert described the syndrome later in 1924 as having the following characteristics: bilateral nasal polyps in the medium meat beginning in childhood, hypertropic process with deformation of the pyramid nasal [1]. Kellerhals and De Uthemann defined Woakes Syndrome in 1979 as the widening of the nose, frontal sinus aplasia, bronchiectasis and dyscrinie (production of very viscous mucus) [2]. In recent years, Woakes' syndrome has usually been characterized by polyp's severe recurrent nasal infections with consequent destruction of the nasal pyramid leading to widening of the nose due to chronic pressure of polyps [3]. Nevertheless, some reports the majority of cases of Woakes syndrome occur in children and young adults due to the plasticity of the developing and growing facial structures [5]. However, few cases of onset in adults have also been reported. Although the etiology remains uncertain, they are associated with allergies, asthma, infection, cystic fibrosis and sensitivity to aspirin [5].

Some have suggested that genetic factors are more common in siblings. They concluded that the severe sinusitis seen in these siblings had causes other than the recessive diseases Known autosomal associated with recurrent and destructive nasal polyposis. [6] External harmful substances and allergies can accelerate

the growth of polyps. However, in many cases, no agent or allergy has been detected, indicating that this syndrome, involving recurrent deformed polyps, is a distinct clinical entity. The extreme expansion of the nose is explained by the chronic pressure of the polyps. [7]. Functional Endoscopic Sinus Surgery (FESS) is a reference in polyps management nasal. The objective is to restore normal sinus ventilation and drainage, to remove polyps or other tissues that obstruct the osteomeatal complex. L" maxillary anthropomy Medial (MMA) and l" excision of the mass were sufficient to improve nasal passage and ventilation. To remedy the nasal deformation, a septorhinoplasty was performed to restore nasal function in maximizing nasal air flow and improving the aesthetic appearance [10]. However, a simple digital facial compression without osteotomy had also been performed to improve the aesthetic appearance [8].



Fig-1: Patient with pyramid nasal deformation

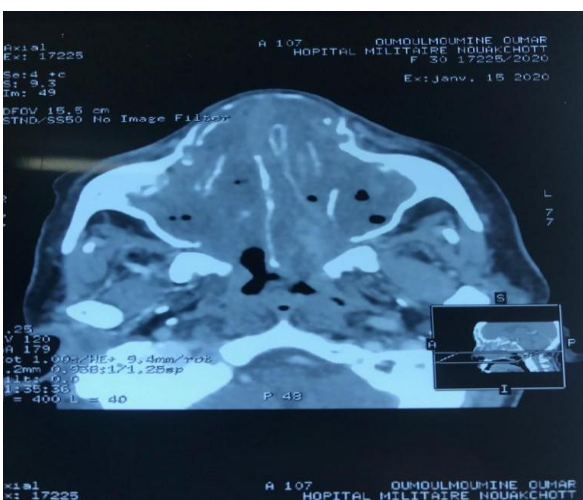


Fig-2: Scanographic axial section showing the range of nasal polyposis

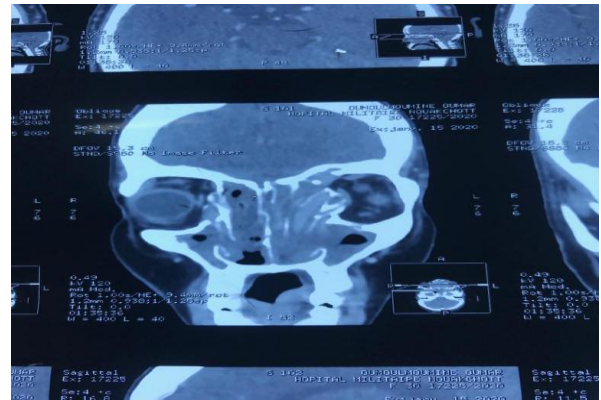


Fig-3: Scanographic front section showing nasal polyposis



Fig-4: Endoscopic control post operatory showing the two nasal cavities which are permeable

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