

Abstracts of the WCMSR

01. SILENT SINUS SYNDROME: AN ATYPICAL NEUROPSYCHIATRIC MANIFESTATION.

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BACKGROUND: Silent Sinus Syndrome is a rare acquired condition characterized by progressive maxillary sinus atelectasis due to chronic obstruction of the osteomeatal complex. The resulting negative intrasinus pressure leads to inward bowing of the sinus walls and inferior displacement of the orbital floor. Clinical presentation is often insidious and classically includes features such as enophthalmos, hypoglobus, and facial asymmetry. However, atypical presentations, especially those lacking overt sinonasal or orbitofacial findings can lead to a delayed diagnosis. Neuropsychiatric manifestations are rarely reported.

THE CASE: A 45 year old male with a longstanding history of recurrent panic attacks presented with persistent symptoms despite psychiatric management. Several years after symptom onset, he developed chronic nasal congestion, right sided facial pressure, intermittent diplopia, and lightheadedness. Prior ophthalmologic and dental evaluations had been unrevealing. CT sinus performed during an emergency department visit demonstrated right maxillary sinus hypoplasia with inferior displacement of the orbital floor, consistent with silent sinus syndrome. The patient subsequently underwent functional endoscopic sinus surgery (FESS) to restore maxillary sinus ventilation and address his sinonasal symptoms. Postoperatively, he experienced not only marked improvement in his sinonasal and visual symptoms, but also a remarkable reduction in the frequency and severity of his panic attacks.

CONCLUSION: This case highlights an atypical manifestation of silent sinus syndrome in which panic-like episodes were the initial early symptom, contributing to diagnostic delay and misattribution to a primary psychiatric disorder. We propose that progressive maxillary sinus atelectasis with orbital floor displacement altered visual alignment and vestibular input, creating a sensory mismatch that triggered autonomic activation and panic like episodes. Persistent or atypical panic-like symptoms accompanied by visual disturbances or sinonasal complaints should prompt consideration of an underlying anatomic pathology. Surgical intervention with FESS can not only lead to improvements in sinonasal symptoms but also associated secondary symptoms, including neuropsychiatric manifestations.

Key Words: Panic Disorder, Anxiety Disorders, Paranasal Sinuses, Nasal Surgery, Otorhinolaryngology

Figure:



CT Sinus demonstrating occlusion of the right osteomeatal complex and frontal recess, inferomedial atelectasis of right maxillary sinus with inferior displacement of the orbital floor and mild orbital displacement.