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(1) ALLERGEN PROVOCATION TESTS IN THE DIAGNOSIS OF RESPIRATORY ALLERGIES

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The correct diagnosis of allergic rhinitis (AR) and allergic asthma (AA) is paramount for implementing personalised management strategies such as measures to control environmental exposure, making informed life choices (e.g. hobbies, place of residence and pet keeping), and determining the indication for allergen immunotherapy (AIT) or biologicals.

Until recently, the allergic phenotype has been largely synonymous with IgE-mediated pathways, under the umbrella of a type 2 (T2) immune response. However, substantial evidence demonstrates that allergens can trigger inflammation through several IgE-independent pathways, such as epithelial barrier dysfunction and activation, recruitment of innate lymphoid cells, and T1 and T3 immune responses. Thus, it is logical to describe AR and AA as extremely heterogeneous in terms of molecular phenotypes and acknowledge the inclusion of individuals without specific IgE (sIgE), or without predominant T2 inflammation. The recently published EAACI Nomenclature for Allergic Diseases provides a new mechanistic framework for the definition and conceptualization of AR and AA.

Currently, the diagnosis of AR and AA relies largely on the demonstration of "IgE sensitisation" combined with a history that reflects the impact of aeroallergen exposure on disease symptoms and control. "IgE sensitisation" is defined by a positive skin prick test and/or the detection of serum sIgE. However, these tests are not tailored to the immunobiology of the IgE isotype. Furthermore, the concept of "IgE sensitization" does not capture the complexity of the immune-inflammatory mechanisms elicited by allergens. Clinical history can also fail to capture the impact of allergen exposure on disease symptoms and control, especially in more severe cases where multiple triggers are involved. Thus, patients in whom the clinical history is doubtful regarding the relevance of allergen exposure, who remain insufficiently controlled, and/or who can be expected to obtain clinical benefit from specific interventions for AR and AA (both pharmacological or non-pharmacological) should be considered for allergen challenge testing.

Allergen challenge tests are meant to reproduce the response of the airway mucosa to an allergen in a controlled manner. A nasal or ocular allergen challenge is recommended as the first step to investigate the clinical relevance of allergen exposure due to their excellent safety profile. These tests induce both early and late responses (up to 48 hours), thus being appropriate for evaluating different types of allergen-driven immune responses (T1, T2 or T3). If the nasal allergen challenge is negative or cannot be conducted for the diagnosis of AA a bronchial allergen challenge with a shortened wash-out period (≥24 hours) for inhaled corticosteroids (ICS) is recommended. If this provocation is negative and the patient is still expected to obtain a significant benefit from a precise diagnosis of AA, a bronchial allergen challenge with an optimal wash-out period (≥4 weeks) for ICS can be considered in patients with mild or moderate persistent asthma.

The choice of the allergen to be tested is guided by the clinical history and the relevance of the allergen in each geographical area. Wherever available, allergen extracts specifically manufactured for nasal and bronchial challenges should be used. Provocations with seasonal allergens should be performed outside the pollen season (4-week interval), whereas challenges with perennial allergens should be conducted during periods of minimal allergen burden.

Optimal control of AR or AA should be achieved before any allergen challenge. The test cannot be performed in pregnant women or within 4 weeks following a respiratory infection, anaphylaxis, or asthma exacerbation and within 3 to 6 months after major surgery involving the upper or lower airways. The allergen challenge should be conducted in a clinical setting located within a ≤30-minute distance from an emergency response team, by a competent physician supported by a fully trained nurse/technician.

The monitoring should include both subjective (symptom score) and objective (assessment of nasal patency and lung function) parameters. Additionally, collection of biomarkers pre- and post-challenge can help further define the disease endotype.

(2) MEDICAL MANAGEMENT OF MIDFACIAL PAIN IN RHINOLOGY

Adrian M Agius

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This presentation describes the frequency of chronic facial pain in a rhinology clinic. It analyses the types, explains the diagnosis and the management of facial pain of rhinogenic and non-rhinogenic origin. There is also a discussion about the pathophysiology of pain in the mid-face.

(3) MEDITERRANEAN STRUCTURAL RHINOPLASTY – LESSONS LEARNED FROM THE ANALYSIS OF 925 CASES

Adrian M Agius

St Anne Clinic, Triq Kanonku Karmenu Pirotta, B'Kara, Malta

This presentation analyses the techniques used by the author in Mediterranean rhinoplasty in the last 925 cases.
A description of the techniques is presented, together with a statistical analysis comparing men and women.
Structural septal techniques are more common in men due to trauma, whereas tip techniques are more common in women.
Surgeons performing Mediterranean septorhinoplasty should be proficient in septal surgery.

(4) ISOLATED SPHENOID SINUS DISEASE, A RARE CASE OF FUNGAL BALL IN A PATIENT WITH AUTOIMMUNE THYROIDITIS

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PURPOSE. Isolated sphenoid sinusitis is a rare and frequently disregarded illness, due to its deep anatomical location and ambiguous symptoms. This presentation aims to highlight the clinical manifestations, diagnostic difficulties, and surgical treatment of isolated sphenoid sinus disease, exemplified by an uncommon case of a sphenoidal fungal ball in a patient with autoimmune thyroiditis.
MATERIAL AND METHODS. We report a case of a 44-year-old female patient with a history of autoimmune thyroiditis and a prior right sphenoidotomy performed in 2016. She presented with a one-year history of progressive left-sided nasal blockage and anterior-to-posterior mucous rhinorrhea. The CT scan indicated isolated opacification of the left sphenoid sinus. An endoscopic endonasal sphenoidotomy was conducted.
RESULTS. Intraoperative findings revealed a fungus ball in the left sphenoid sinus. The main challenge was to remove the entire fungal material. Histopathological examination validated the diagnosis of non-invasive fungal sinusitis (mycetoma). The patient achieved complete symptom relief after surgery, with no recurrence observed during a 6-month follow-up.
CONCLUSION. Fungus ball affecting the sphenoid sinus presents a diagnostic challenge due to its subtle clinical manifestation and rare occurrence. This case highlights the necessity of comprehensive endoscopic and radiographic evaluation in individuals with unilateral sinonasal symptoms. Fungal ball, while non-invasive, necessitates prompt surgical intervention for conclusive treatment. Previous sinus surgery and systemic autoimmune disorders may modify the clinical presentation and should be taken into account during assessment.
KEYWORDS: isolated sinusitis, ENT endoscopic surgery, Fungal ball.

(5) NASOPHARYNGEAL CARCINOMA

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PURPOSE. To present a case of locally advanced nasopharyngeal carcinoma (NPC) and to emphasize the diagnostic process, the prognostic significance of Epstein-Barr virus (EBV) DNA, and treatment outcomes following concurrent chemoradiotherapy.
MATERIAL AND METHODS. A comprehensive evaluation was conducted, including clinical examination, nasoendoscopy, imaging (MRI and PET-CT), EBV DNA quantification, and histopathological confirmation by biopsy. Treatment included intensity-modulated radiotherapy (IMRT) combined with cisplatin-based chemotherapy. The patient was followed up with serial EBV DNA testing and imaging to assess treatment response.
CASE PRESENTATION. A middle-aged patient presented with nasal obstruction, epistaxis, and unilateral hearing loss. Examination revealed left-sided cervical lymphadenopathy. Nasoendoscopy identified a mass in the nasopharynx. EBV DNA levels were significantly elevated pre-treatment.
RESULTS. The patient completed concurrent chemoradiotherapy without major complications. EBV DNA level quantification was continued. The patient reported resolution of nasal obstruction and improvement in hearing. Follow-up was recommended every three months during the first year, and every six months over the following three years.
CONCLUSION. This case demonstrates the importance of early recognition and multimodal assessment in nasopharyngeal carcinoma. EBV DNA is a valuable biomarker for diagnosis and treatment monitoring. Concurrent chemoradiotherapy remains the cornerstone of management for locally advanced NPC and can lead to excellent short-term outcomes when initiated promptly.
KEYWORDS: nasopharyngeal carcinoma, Epstein-Barr virus.

(6) RHINOSINUSAL PATHOLOGY: A SURPRISING ETIOLOGY FOR TINNITUS

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Tinnitus is traditionally considered a manifestation of inner ear or auditory pathway dysfunction. However, a subset of patients presents with persistent tinnitus in the absence of cochlear or neurological pathology, prompting the exploration of alternative etiologies. Among these, rhinosinusal disorders represent an often overlooked yet clinically relevant contributor.
This lecture explores the intriguing connection between chronic rhinosinusal inflammation and the onset or persistence of non-pulsatile tinnitus. Based on clinical observations, we discuss how anatomical factors, mucosal congestion, Eustachian tube dysfunction, and impaired nasal ventilation can influence middle ear pressure dynamics and auditory perception.
The recognition of sinonasal pathology as a potential underlying cause of tinnitus has important diagnostic and therapeutic implications. In selected patients, targeted medical or surgical management of the nasal and sinus

condition may lead to significant relief or even complete resolution of auditory symptoms.
By challenging the conventional diagnostic paradigm, this presentation encourages a more holistic and multidisciplinary approach to tinnitus evaluation—highlighting the importance of ENT assessment even in cases with normal audiometry.
This perspective opens a new avenue for improving patient outcomes and underscores the need for increased awareness of this atypical, yet not uncommon, etiological pathway.
KEYWORDS: tinnitus, rhinosinusal pathology, Eustachian tube dysfunction, ENT evaluation, multidisciplinary approach.

(7) COCHLEAR IMPLANTATION IN SERBIA: ADVANCING WITH INDIVIDUALIZED PROTOCOLS IN AUDIOLOGICAL CARE

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BACKGROUND. Cochlear implantation has significantly enhanced auditory rehabilitation outcomes, with continued development of protocols and practices across Serbia. At our clinic, a comprehensive and individualized approach is implemented for each patient, combining auditory, vestibular, and radiological assessments to ensure optimal candidacy and outcomes. Since the introduction of advanced diagnostic protocols in 2019, we have expanded our criteria to include adult patients, reflecting global trends and increasing access to auditory restoration across age groups.
MATERIAL AND METHODS. The study presents the structured diagnostic protocol used in our center, emphasizing a multidisciplinary and patient-specific evaluation process. This includes detailed audiological profiling, vestibular testing, and high-resolution imaging, ensuring precise and personalized preoperative planning.
RESULTS. More than 100 adult patients have been successfully implanted, demonstrating significant improvements in auditory performance and overall quality of life. The incorporation of vestibular assessment has allowed for refined candidate selection and tailored surgical planning, contributing to enhanced postoperative outcomes in both pediatric and adult populations.
CONCLUSION. By prioritizing individualized protocols and expanding candidacy criteria, our clinic exemplifies a modern approach to cochlear implantation. Through comprehensive diagnostics and patient-centered planning, we continue to achieve high standards in auditory rehabilitation and quality of care.

(8) ENDOSCOPIC APPROACH TO BENIGN SINONASAL TUMORS-OUR EXPERIENCE

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Endoscopic sinus surgery has become the treatment of choice for benign sinonasal tumors, offering optimal visualization, anatomical preservation, and reduced intraoperative complications. This presentation focuses on endoscopic resection techniques for tumors such as inverted papilloma, juvenile nasopharyngeal angiofibroma, and frontoethmoidal osteoma, emphasizing the selection of surgical corridors, bone drilling, and vascular control. The importance of preoperative planning using high-resolution imaging, intraoperative navigation, and long-term follow-up strategies to minimize recurrence risk is highlighted. Clinical experience is correlated with current evidence from the literature, outlining both the advantages and limitations of the endoscopic approach in managing benign sinonasal tumors with invasive potential.

(9) MANAGEMENT OF CHRONIC HYPERTROPHIC RHINITIS: A DECISION ANALYSIS BETWEEN PHARMACOLOGICAL THERAPY AND SURGICAL CORRECTION

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INTRODUCTION. Chronic hypertrophic rhinitis is a persistent inflammatory condition of the nasal mucosa, characterized by symptoms such as nasal obstruction, rhinorrhea, sneezing, and nasal pruritus lasting longer than 12 weeks. This condition significantly impairs quality of life and may have multiple causes: allergic or non-allergic, vasomotor, drug-induced, or infectious. Management includes both pharmacological treatment and surgical intervention in refractory cases. Choosing the appropriate therapeutic approach requires a comprehensive evaluation of the etiology, severity, and response to conservative therapy.
MATERIAL AND METHODS. This paper focuses on clinical cases from the ENT Clinic of the Clinical Emergency Municipal Hospital, Timisoara, during the period 2023–2025. Clinical and paraclinical data were analyzed, including medical records, imaging investigations (CT of the sinuses), correlations with endoscopic findings, and surgical procedures performed. Cases requiring differentiation between pharmacological and surgical treatment were highlighted, based on symptom evolution and intraoperative anatomical findings.
RESULTS. The study of this case series led to the identification of a set of relevant factors influencing therapeutic decisions at each investigative level (detailed clinical history, imaging, post-therapeutic evaluation). Patients with significant inferior turbinate hypertrophy or marked septal deviations showed better outcomes following surgical intervention. Conversely, those diagnosed with vasomotor or allergic rhinitis exhibited substantial improvement with appropriate pharmacological therapy. In refractory cases,

a combined therapeutic approach was warranted.

CONCLUSION. Early recognition of the clinical form of chronic rhinitis based on anamnesis and clinical findings, supported by imaging and endoscopic evaluations, allows for optimal treatment selection. Properly dosed and monitored pharmacological therapy proves effective in functional forms, while surgical intervention remains essential in cases with anatomical obstruction. An integrated, personalized approach significantly contributes to symptom reduction and improved patient quality of life.

KEYWORDS: rhinitis, nasal obstruction, epistaxis.

(10) RHINITIS MEDICAMENTOSA: PHYSIOPATHOLOGY, DIAGNOSTIC AND ACTUAL TREATMENT

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INTRODUCTION. Rhinitis medicamentosa represents a form of non-allergic, iatrogenic rhinitis caused by the excessive and prolonged use of topical nasal decongestants such as oxymetazoline, xylometazoline, or naphazoline. These substances act by stimulating α-adrenergic receptors in the nasal mucosa, producing rapid local vasoconstriction and reducing nasal congestion. Repeated administration for periods exceeding the recommended duration (generally no more than 5–7 days) leads to *downregulation* of adrenergic receptors, followed by paradoxical, persistent nasal congestion that is refractory to further decongestant use.

MATERIAL AND METHODS. A narrative review of the literature published between 2019 and 2024 was performed, including articles indexed in PubMed, Web of Science, and relevant clinical guidelines addressing rhinitis medicamentosa and the systemic effects associated with topical sympathomimetic use.

RESULTS. The hallmark symptom of rhinitis medicamentosa is persistent nasal obstruction, refractory to chronically administered vasoconstrictors, accompanied by diffuse mucosal hyperemia and edema, documented via endoscopic examination. In addition to local impairment, topical nasal sympathomimetics may induce systemic effects through mucosal absorption, especially in cases of prolonged use or in patients with underlying cardiovascular diseases. Cases of arterial hypertension, tachycardia, cardiac arrhythmias, and myocardial ischemia associated with long-term topical decongestant use have been reported. These reactions warrant increased caution in patient selection and emphasize the importance of patient education regarding responsible use of nasal medications.

CONCLUSION. Rhinitis medicamentosa is a frequently under-recognized ENT pathology with a significant negative impact on nasal function and potential systemic complications. Early diagnosis, withdrawal of the causative medication, initiation of topical corticosteroid therapy, and implementation of patient education programs are essential components of effective management.

(11) THE EVALUATION OF SEPTOPLASTY RESULTS IN ORL DEPARTMENT TIMISOARA

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INTRODUCTION. Septal deviation is one of the most common causes of chronic nasal obstruction, significantly affecting patients' quality of life. Septoplasty is the surgical treatment of choice for correcting this structural anomaly. The aim of this study is to analyze the frequency of hospital admissions and postoperative outcomes in patients diagnosed with nasal septal deviation at the ENT Clinic in Timisoara during 2024.

MATERIAL AND METHODS. A retrospective study was conducted throughout 2024 at the ENT Clinic in Timisoara. All patients admitted with a diagnosis of nasal septal deviation (ICD-10 code: J34.2) were included, totalling 412 cases. For each patient, data on age, sex, main symptoms, type of septal deviation, surgical indication, technique used, any postoperative complications, and clinical evolution were analyzed. The results were statistically interpreted, and the effectiveness of the intervention was assessed through comparison of pre- and postoperative symptoms where data permitted.

RESULTS. In 2024, 412 patients with nasal septal deviation were admitted, the majority being male, with an average age of approximately 25-35 years. The predominant symptom was chronic nasal obstruction, either unilateral or bilateral. All patients underwent septoplasty, and in 30% of cases, the procedure was combined with other interventions (turbinoplasty, sinus surgery). Postoperative evolution was favourable in most cases, with a minor complication rate (epistaxis, synechiae, septal perforations) of approximately 5%. The postoperative satisfaction rate was high, with improvement in respiratory symptoms in 85% of patients.

DISCUSSION. The data support septoplasty as a safe and effective surgical intervention for the management of nasal septal deviation. The high rate of surgeries reflects the high prevalence of this condition in the general population. The encouraging results regarding recovery and patient satisfaction highlight the importance of accurate diagnosis and well-founded surgical indications. Future prospective studies are needed, including objective assessments and quality-of-life scores, to standardize and optimize the therapeutic protocol.

CONCLUSION. Septoplasty remains an essential and effective surgical procedure for the treatment of nasal septal deviation, providing significant benefits for respiratory function and patient quality of life. The analysis of the 412 cases admitted to the ENT Clinic in Timisoara in 2024 confirms both the high frequency of this pathology and the good rate of postoperative success. Complications were rare and generally mild, underscoring the safety of the procedure when performed in experienced centres.

KEYWORDS: septoplasty, nasal obstruction, epistaxis.

(12) RHINOSCLEROMA: AN UNSUAL FORM OF PRESENTATION AND EVOLUTION

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PURPOSE. Rhinoscleroma is a granulomatous condition with a slow evolution, caused by Klebsiella rhinoscleromatis, an encapsulated Gram-negative bacillus. It is usually found in rural areas, predominantly affecting populations of lower socioeconomic status and mainly involving parts of the respiratory system. This case report presents an atypical, aggressive form with cutaneous onset and rapid extension into the frontal sinus, in a patient with no classical risk factors.

MATERIAL AND METHODS. A 49-year-old male presented with a tumefaction located on upper right lateral part of the nose bridge, extending to the medial angle of the eye. The swelling had appeared six months before presentation, and it had a gradual evolution, becoming painful about one month before presentation. Imaging revealed lysis of the anterior wall of the right frontal sinus and tumoral extension. Surgical excision was performed, and histopathological evaluation confirmed rhinoscleroma in the granulomatous stage.

RESULTS. Histology showed foamy macrophages (Mikulicz cells), Russell bodies, and rod-shaped bacilli on Warthin-Starry staining. Postoperative treatment with ciprofloxacin was administered for 1 month. No recurrence was observed at the 6-month routine follow-up.

CONCLUSION. This case highlights the potential for extranasal aggressive evolution of rhinoscleroma, even in the absence of classic symptoms or epidemiological context. Early diagnosis through histopathological confirmation and prompt intervention are essential for optimal outcomes.

KEYWORDS: rhinoscleroma, frontal sinus, Klebsiella rhinoscleromatis.

(13) ADVANTAGES AND DISADVANTAGES OF CLOSED RHINOPLASTY TECHNIQUE

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INTRODUCTION. Closed rhinoplasty is a surgical technique through which aesthetic and/or functional modifications of the nose are performed using hidden incisions inside the nostrils, without visible external scars. Rhinoplasty is one of the most common aesthetic procedures. The choice of the appropriate technique (open or closed) depends on multiple factors such as the patient's anatomy, aesthetic goals, and the surgeon's experience. The aim of this presentation is to provide a comparative analysis of the advantages and disadvantages of closed rhinoplasty, with an emphasis on clinical outcomes and patient satisfaction.

MATERIAL AND METHODS. A retrospective study was conducted over the past two years on patients who underwent closed rhinoplasty at both the ENT Clinic in Timisoara and a private clinic. A total of 36 patients were operated on using the closed rhinoplasty technique. Inclusion criteria for the study included the absence of any prior nasal aesthetic surgery. Patients were evaluated endoscopically, with pre- and postoperative photographs, as well as using postoperative satisfaction questionnaires. Complications and recovery time were also assessed.

RESULTS. The average surgical time was between 80 and 90 minutes, with a recovery period of approximately 7 to 10 days for facial swelling. In terms of patient satisfaction, 82% were very satisfied with the results, 18% required minor touch-ups, and no patients were completely dissatisfied. Regarding complications, 40% experienced moderate edema, 10% had minor hematomas, 8% showed minor asymmetries, and 42% had no complications at all. These findings indicate that closed rhinoplasty generally yields high patient satisfaction, manageable recovery, and a relatively low complication rate.

DISCUSSION. The advantages of closed rhinoplasty include the absence of external scars, quicker recovery, reduced bruising and swelling, and shorter operative time. Disadvantages include limited visualization of internal nasal structures and the need for greater surgical expertise, especially in revision cases.

CONCLUSION. Closed rhinoplasty remains an effective and refined technique that requires careful patient selection, offering significant advantages in terms of postoperative appearance and recovery time. The choice of technique should be individualized, taking into account the patient's anatomy, case complexity, as well as the surgeon's experience.

KEYWORDS: rhinoplasty, aesthetic, technique.

(14) DRUG-INDUCED SLEEP ENDOSCOPY IN CHILDREN WITH OBSTRUCTIVE SLEEP APNEA

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Obstructive sleep apnea (OSA) is caused by repeated episodes of partial or complete upper airway obstruction during sleep. In children, this obstruction typically occurs at the level of the adenoids and tonsils, and adenotonsillectomy is still considered the first-line treatment modality for moderate to severe OSA. However, recent evidence indicates that many children present with multilevel upper airway obstruction during sleep. This is especially true for infants and children with underlying conditions such as craniofacial malformations, syndromes affecting upper airway morphology or upper airway muscle tone, obesity, etc. Therefore, tools have been developed to better delineate the site(s) of upper airway obstruction in order to provide an individualized treatment approach.

Drug-induced sleep endoscopy (DISE) is currently the most

commonly employed tool for upper airway evaluation. The aim of this presentation is to discuss the utility of DISE as a selection tool for upper airway surgery in children with OSA and to discuss the available data on treatment outcomes after DISE-directed interventions. Also, the current limitations of pediatric DISE will be addressed.

(15) NASAL OBSTRUCTION AND PEDIATRIC OBSTRUCTIVE SLEEP APNEA

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In the first part of this lecture, the physiology of nasal breathing will be discussed. I will employ the "Starling resistor model" to explain how an increase in nasal resistance affects upper airway collapsibility and contributes to the occurrence of obstructive sleep apnea. In the second part of the presentation, possible causes of nasal obstruction in children of different ages, along with new diagnostic tools, will be discussed. In the last part, I will elaborate on surgical and non-surgical treatment modalities for nasal obstruction and their effects on snoring and obstructive sleep apnea.

(16) COMPREHENSIVE EVALUATION AND TREATMENT OF OBSTRUCTIVE SLEEP APNEA: FROM NOSE TO EPIGLOTTIS

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INTRODUCTION. Obstructive sleep apnea (OSA) is a common disorder marked by the repetitive collapse of upper airway structures during sleep. This collapse, primarily driven by negative inspiratory pressure, can lead to intermittent hypoxemia, increased blood pressure, and oxidative stress. While polysomnography (PSG) remains the gold standard for diagnosis, measuring severity through the apnea–hypopnea index (AHI), it often fails to identify the anatomical sites of obstruction. Drug-induced sleep endoscopy (DISE) offers real-time visualization of the airway during simulated sleep and often reveals obstruction patterns not evident on PSG. A thorough, multilevel evaluation of the upper airway, from the nasal cavity to the epiglottis, is essential to guide targeted, individualized treatment.

STRUCTURED EVALUATION APPROACH. This presentation outlines an anatomy-guided method for assessing the nasal cavity, oropharynx, hypopharynx (including the tongue base), and epiglottis. Particular attention is given to epiglottic collapse (EC), an often overlooked yet clinically significant contributor to OSA. The interaction between various anatomical levels is examined, underscoring DISE's role in distinguishing isolated from multilevel collapse.

TREATMENT CONSIDERATIONS. We discuss how treatment plans, ranging from CPAP and mandibular advancement devices to single or multilevel surgical procedures, are tailored to individual collapse patterns. The rationale for each intervention is grounded in anatomical findings observed during DISE.

CLINICAL INSIGHTS. Our experience applying a DISE-based algorithm to a diverse cohort of patients demonstrates the importance of recognizing OSA phenotypes and endotypes. Collapse patterns involving EC, palatal, tongue base, and tonsillar structures were identified and managed accordingly.

CONCLUSION. A complete "nose-to-epiglottis" evaluation is crucial for uncovering the full complexity of OSA. Integrating DISE into clinical assessment enables precise identification of obstruction sites and supports more effective, personalized therapy.

(17) SURGERY FOR OLFACTION – HOW TO ACHIEVE GOOD LONG-TERM RESULTS

Hans Rudolf Briner

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One of the most common reasons for olfactory impairment is inflammatory disease of the nose and paranasal sinuses. In patients with chronic rhinosinusitis not responding sufficiently to medical therapy, endoscopic surgery may help reduce inflammation and therefore to improve the sense of smell. The aim of surgery is to restore ventilation and drainage of blocked sinuses and to improve the access for topical therapy. To achieve good long-term results for olfaction, special attention must be given to the olfactory cleft. Gentle dissection of the olfactory cleft mucosa, avoiding lesions on the corresponding sites of the septal and turbinate mucosa, helps to prevent scarring of the olfactory cleft. Furthermore, careful and controlled lateralisation of the middle turbinate ensures optimal ventilation and access for topical steroids to the olfactory cleft.

(18) CLOSURE OF CSF LEAKS – TIPS AND TRICKS FOR SUCCESS

Hans Rudolf Briner

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CSF leaks need to be closed to prevent life-threatening complications like meningitis or pneumocephalus. Most leaks are accessible for transnasal endoscopic closure. Before closure, the diagnosis must be confirmed, and the localisation of the defect must be clearly identified. Autologous material is the first choice for reconstruction of the defect. Fat, fascia and mucosal flaps (free flap or pedicled flap) are most suitable for reconstruction. The margin of the defect must be free of nasal mucosa, and a broad contact zone between the margin and the reconstruction material enhances healing. In large defects, a watertight and stable reconstruction can be achieved by suturing the fascia to the dura. Multilayer closure and packing further help to achieve a stable reconstruction. In CSF leaks with a high risk of recurrence, supportive therapy, for example with a lumbar drainage, should be considered.

(19) THE ROLE OF ADENOIDAL BIOFILMS IN PEDIATRIC CHRONIC RHINOSINUSITIS

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PURPOSE. This study aimed to quantitatively compare bacterial biofilm coverage on adenoidal tissue in children with chronic rhinosinusitis (CRS) versus those with obstructive sleep apnea (OSA) using scanning electron microscopy (SEM). We also sought to correlate these findings with histopathological and immunohistochemical analyses.

MATERIAL AND METHODS. Scanning electron microscopy was used to observe, and an image analysis program to quantify the bacterial biofilm coverage on the surface of adenoidal lymphatic tissue. Additionally, we performed histopathological and immunohistochemical tests on the extracted adenoid vegetations. Allergy tests were also conducted on all participating children to investigate potential links between CRS, OSA, and allergic rhinitis.

RESULTS. Adenoid vegetations from children diagnosed with CRS exhibited a significantly higher percentage of bacterial biofilm coverage compared to those from children diagnosed with OSA.

DISCUSSION. Our findings suggest that bacterial biofilm in the nasopharynx of children with CRS consistently acts as an infection generator. The increased biofilm burden in CRS patients highlights its potential as a key factor in the persistence of symptoms. Given these observations, adenoidectomy appears to be an effective therapeutic intervention for symptom relief in children with CRS where bacterial biofilms are prevalent. While allergy tests were performed, their correlation with the biofilm findings requires further discussion not explicitly detailed in this abstract.

CONCLUSION. Children with chronic rhinosinusitis demonstrate a greater extent of adenoidal bacterial biofilm coverage compared to children with obstructive sleep apnea. This indicates that adenoidal bacterial biofilms are likely significant contributors to chronic rhinosinusitis, and adenoidectomy effectively addresses symptoms in these cases.

(20) PEDIATRIC MOLD ALLERGY: DIAGNOSTIC APPROACHES AND ASSOCIATED COMPLICATIONS

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PURPOSE. This study aimed to evaluate the correlation between skin prick tests (SPT) and specific serum IgE (sIgE) in diagnosing mold allergies in children. We also sought to identify the most prevalent mold genera among allergic children, given that fungi are significant allergens in respiratory conditions like allergic rhinitis and asthma, with common exposure sources being indoor air and contaminated food.

MATERIAL AND METHODS. We enrolled 105 children, aged 6-14 years, who were referred to our clinic in 2013 with suspected mold allergy based on a history of catarrhal rhinitis and asthma. For each child, specific serum IgE levels were measured using fluorescence enzyme immunoassay, and a skin prick test was performed.

RESULTS. Our findings revealed a surprisingly weak correlation between SPT and sIgE results for all mold genera studied. Aspergillus showed the poorest correlation ($p<0.92$), while Penicillium exhibited the highest, though still weak, correlation ($p<0.067$). Other genera presented intermediate correlation values. Penicillium was identified as the most prevalent mold allergen using both testing methods.

DISCUSSION. The observed low correlation between SPT and sIgE for individual mold genera suggests that these diagnostic tests should not be used interchangeably in pediatric mold allergy diagnosis. A negative result from one test warrants testing with the alternative method to avoid misdiagnosis. While this study identifies Penicillium as the most prevalent, further research is needed to fully understand the importance and relative contribution of fungal sensitization to airway diseases like asthma, especially when compared to other allergens. Future perspectives include exploring alternative antigen challenge sites, such as the conjunctiva, nasal mucosa, and oral mucosa, which might offer improved diagnostic sensitivity and specificity.

CONCLUSION. The correlation between skin prick tests and specific serum IgE for individual mold genera is low, indicating that these tests are not interchangeable for diagnosing mold allergies in children. Both methods should be considered, and if one yields a negative result, the alternative should be utilized. Further research is necessary to clarify the overall contribution of fungal sensitization to airway diseases.

(21) ALLERGEN IMMUNOTHERAPY – A MODEL OF PERSONALIZED THERAPY IN ALLERGIC RHINITIS

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Allergen immunotherapy (AIT) is recognized as the only disease-modifying treatment for allergic rhinitis (AR), with the potential to induce long-term remission and prevent progression of allergic disease. This review highlights AIT as a cornerstone of personalized therapy in AR, emphasizing the integration of immunological understanding, patient-specific factors, and evidence-based recommendations. Current international guidelines, including those from EAACI, ARIA, and WAO, support the use of AIT in patients with moderate-to-severe AR who have demonstrable IgE-mediated sensitization

and inadequate symptom control with pharmacotherapy. Advances in molecular allergology, particularly component-resolved diagnostics, have refined the identification of clinically relevant allergens and improved patient selection. Furthermore, emerging biomarkers such as specific IgE/IgG4 ratios, basophil activation, and cytokine profiles offer promising tools for predicting treatment response and guiding therapy duration. The choice between subcutaneous and sublingual immunotherapy can be tailored based on the patient's allergen profile, age, comorbidities, lifestyle, and preferences, which are critical factors for adherence and efficacy. Personalized approaches to AIT, grounded in diagnostic precision and guideline-based practice, are essential for optimizing outcomes, minimizing adverse effects, and ensuring long-term benefits. As the field of precision medicine continues to evolve, AIT stands as a model for individualized care in allergic diseases.

KEYWORDS: allergic rhinitis, allergen immunotherapy, personalized medicine, biomarkers, precision therapy.

(22) RECONSTRUCTIVE TECHNIQUES FOR NASAL DEFECTS – FROM SIMPLE TO COMPLEX

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PURPOSE. Due to its central facial location, its role as the gateway to the upper airway, and its importance in olfaction, nasal reconstruction remains a significant challenge for the ENT doctor. Achieving both functional respiratory outcomes and satisfactory aesthetic results is essential. Conditions requiring nasal reconstruction vary widely, from infections and trauma to congenital malformations and tumors, necessitating individualized surgical approaches based on defect size and structural involvement. This paper aims to present different strategies for addressing nasal defects.

MATERIAL AND METHODS. We report three cases treated in our clinic: a 73-year-old patient diagnosed with squamous cell carcinoma of the nasal dorsum, a 65-year-old patient with squamous cell carcinoma of the right nasal vestibule, and a 35-year-old patient with recurrent nasal osteosarcoma. For each case, the surgical technique employed, postoperative care, and follow-up plan are described.

RESULTS. Distinct reconstructive methods were selected based on patient-specific features. In the first case, a median forehead flap was chosen to repair the nasal dorsum; the second case required columellar reconstruction using a local flap; and in the third patient, the extensive resection due to recurrent osteosarcoma necessitated a complex nasal pyramid reconstruction using a costal cartilage graft combined with an Indian forehead flap.

CONCLUSION. Nasal pyramid reconstruction can range from relatively simple to highly complex procedures, depending on factors such as defect size, structural involvement, comorbidities, surgical history, or prior local irradiation. The ENT surgeon must strive to preserve nasal function, both respiratory and olfactory, while also restoring facial aesthetics to support the patient's social reintegration.

KEYWORDS: nasal reconstruction, flap, function.

(23) EPISTAXIS AFTER COVID-19: COINCIDENCE OR COMPLICATION? A CASE REPORT

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SARS-CoV-2, the virus responsible for COVID-19, is linked to a number of upper respiratory tract symptoms. Epistaxis is one such clinical manifestation. Evidence suggests that it may occur during acute COVID-19 due to mucosal inflammation, oxygen therapy, and anticoagulant use. Its occurrence beyond the acute phase of SARS-CoV-2 infection has not been widely reported. Our aim is to explore epistaxis as part of the long COVID spectrum or as an occurrence after recovery. Potential underlying mechanisms include endothelial dysfunction, mucosal atrophy, and microvascular damage.

We report the case of a 51-year-old previously healthy male who developed recurrent epistaxis three weeks after recovering from mild COVID-19. The patient had no history of nasal trauma, anticoagulant use, hypertension, hereditary hematologic or vascular disorders. Nasal endoscopy revealed anterior septal mucosal thinning with focal crusting and pale nasal turbinates with contact bleeding. No epipharyngeal mass or lesion was present. Hematological and coagulation profiles were within normal ranges. Management with hemostatic agents, topical ointments, saline irrigation, and surgical cauterization led to gradual resolution of the symptoms within a week.

Studies documenting epistaxis in COVID-19 patients, including post-viral presentations, are relevant to this case. In such cases, even in the absence of conventional risk factors, chronic mucosal dryness and microangiopathy may make patients more susceptible to delayed bleeding episodes. Epistaxis should be considered a potential post-COVID complication. Further research is needed to understand the frequency and mechanisms of COVID-related sinonasal complications.

KEYWORDS: epistaxis, COVID-19, post-COVID.

(24) SQUAMOUS CELL CARCINOMA OF THE NASOPHARYNX: CASE AND LITERATURE REVIEW

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PURPOSE. This paper aims to analyze key clinical and pathological aspects of nasopharyngeal carcinoma (NPC), integrat-

ing a case-based institutional observation with current evidence from peer-reviewed literature to inform diagnostic and therapeutic decision-making.

MATERIAL AND METHODS. We present the case of a male patient who presented to the ENT Emergency Department in Cluj with persistent symptoms initially misdiagnosed as sinusitis. Despite treatment, symptoms progressed, prompting further evaluation. Clinical examination, imaging, histopathological confirmation, and initiation of radiotherapy were performed. A review of the peer-reviewed literature (PubMed, Scopus, Web of Science, 2019–2024) was conducted to contextualize the case, with a focus on diagnostic challenges and evolving therapeutic strategies.

RESULTS. According to the WHO classification, there are three pathological subtypes of nasopharyngeal carcinoma: keratinising squamous, non-keratinising, and basaloid squamous. The keratinising subtype accounts for less than 20% of global cases and is less commonly associated with Epstein-Barr virus (EBV). NPC is highly sensitive to ionising radiation; radiotherapy is the mainstay treatment modality for non-metastatic disease. In this case, histopathology revealed a well-differentiated (G1) keratinising squamous carcinoma. The patient began treatment with definitive radiotherapy, in line with current guidelines for non-metastatic disease.

CONCLUSION. Keratinising squamous cell carcinoma of the nasopharynx may represent a distinct clinical entity with a less favourable prognosis compared to non-keratinising variants. Early diagnosis remains a challenge due to non-specific symptoms and delayed referrals. Enhanced awareness among primary care providers and the use of early imaging may improve detection rates. Our case supports current literature highlighting the predominance of late-stage presentation and the importance of histological differentiation in guiding management.

KEYWORDS: nasopharyngeal carcinoma, head and neck cancer, literature review.

(25) LASER-ASSISTED ENDOSCOPIC DACRYOCYSTORHINOSTOMY – A MODERN APPROACH TO CHRONIC EPIPHORA TREATMENT

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PURPOSE. The study aims to compare the effectiveness and safety of two surgical techniques—external DCR and classical endoscopic DCR—for the treatment of chronic nasolacrimal duct obstruction, with the goal of developing an optimized therapeutic protocol adapted to the clinical context of the Republic of Moldova.

MATERIAL AND METHODS. This is a prospective, observational clinical study conducted during the period 2022–2027, involving a cohort of 108 patients equally distributed into three surgical groups. Postoperative evaluation included objective parameters (lacrimal permeability, complications, duration of intervention/hospitalization), subjective parameters (satisfaction, pain, aesthetic perception), and economic parameters (direct/indirect costs).

RESULTS. It is anticipated that the integration of laser technology into endoscopic lacrimal surgery will demonstrate a superior profile in terms of clinical efficiency, patient comfort, and resource optimization, supporting the inclusion of this method in national therapeutic protocols. The results will underpin a personalized and standardized approach to the management of chronic dacryocystitis.

CONCLUSION. Laser-assisted endoscopic DCR provides an effective and safe alternative to traditional methods, with clear advantages in:

- Aesthetics
- Reduced operative time
- Patient satisfaction

The integration of this method into clinical practice requires investment in equipment and training but is justified by the benefit-risk ratio. Inclusion of this method in local guidelines is recommended for selected cases.

KEYWORDS: dacryocystorhinostomy, epiphora, endoscopic, laser, lacrimal.

(26) MINIMALLY INVASIVE ENDOSCOPIC ORBITAL DECOMPRESSION: FUNCTIONAL AND AESTHETIC CONSIDERATIONS IN THYROID EYE DISEASE

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INTRODUCTION. Endoscopic orbital decompression has become a preferred method for managing exophthalmos associated with thyroid eye disease and other orbital pathologies. The minimally invasive endonasal approach provides access to the medial orbital wall and floor, avoiding external incisions and enhancing patient recovery.

OBJECTIVE. To present the surgical techniques, indications, and outcomes of endoscopic orbital decompression, emphasizing individualized treatment planning, safety, and cosmetic benefits.

MATERIAL AND METHODS. This presentation reviews the stepwise approach to decompression—medial wall, orbital floor, and/or orbital fat resection—highlighting the decision-making process, preoperative imaging, and potential complications (diplopia, infraorbital hypoesthesia, hemorrhage).

CONCLUSION. Endoscopic orbital decompression is an effective and cosmetically superior option for selected patients. Optimal results are achieved through careful patient selection, interdisciplinary collaboration, and precise surgical technique tailored to clinical and radiological findings.

(27) SINONASAL COMPLICATIONS OF HIV INFECTION

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PURPOSE. This study aims to highlight the diagnostic challenges in differentiating human immunodeficiency virus -(HIV) encephalitis from chronic rhinosinusitis, particularly in cases presenting with atypical symptoms. We underscore the importance of comprehensive investigation when common symptoms overlap between these distinct conditions.

MATERIAL AND METHODS. We present the case of a 37-year-old male from an urban area who presented to the ORL Clinic Arad with marked occipital headache, vertigo, imbalance, nausea, vomiting, and low-grade fever. While these symptoms can be indicative of rhinosinusitis, the absence of typical associated ENT symptoms, such as rhinorrhea or pressure sensations, prompted further investigation. The diagnostic process involved a thorough clinical evaluation to distinguish between primary rhinosinusitis and a neurological complication of an underlying condition such as HIV encephalitis, given the often nonspecific presentation of advanced HIV.

RESULTS. The presented case demonstrated the diagnostic conundrum arising from the overlapping symptoms of HIV encephalitis and rhinosinusitis. The patient's primary complaints, while suggestive of rhinosinusitis, lacked the specific ENT indicators that would typically confirm such a diagnosis. This necessitated a broader differential diagnostic approach.

DISCUSSION. HIV encephalitis, a direct consequence of HIV's impact on the central nervous system, often manifests with neurocognitive impairments and general symptoms that can mimic other conditions, including rhinosinusitis. Rhinosinusitis itself, increasingly recognized as an inflammatory condition rather than solely an anatomical one, is notably common or complicated in HIV-positive patients. The absence of classic rhinosinusitis symptoms in our patient, despite the presence of headache, vertigo, and nausea, made the initial diagnosis challenging. This case underscores that advanced HIV infection complications are rarely diagnosed incidentally and necessitate a high index of suspicion when atypical symptoms are present. Any deviation from the usual symptom presentation should trigger extensive investigations to reach a definitive diagnosis.

CONCLUSION. The diagnostic overlap between HIV encephalitis and chronic rhinosinusitis, especially in the absence of classic ENT symptoms, poses a significant challenge. This case highlights the critical need for a comprehensive diagnostic approach and additional investigations when patients, particularly those at risk for HIV, present with atypical or nonspecific symptoms, even when common conditions like rhinosinusitis might initially appear to fit the clinical picture.

(28) OSTEONECROTIC AND SUPPURATIVE COMPLICATIONS IN AN IMMUNOCOMPROMISED PATIENT – CASE REPORT

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PURPOSE. To present a rare case of maxillary osteonecrosis with sinonasal complications in an immunocompromised oncologic patient, emphasizing the multidisciplinary surgical approach and clinical outcome.

MATERIAL AND METHODS. We report the case of a stage IV breast cancer patient undergoing chemotherapy and immunotherapy, who developed recurrent dental infections complicated by right alveolar maxillary osteonecrosis after two dental procedures. She presented to the ENT department with palpebral edema, chronic nasal obstruction, and cacosmia, but without overt signs of suppuration. Imaging revealed maxillary and ethmoidal sinus involvement. A multidisciplinary approach was adopted, involving collaboration between ENT and oral maxillofacial surgeons. Surgical intervention included a Caldwell-Luc approach with transmaxillary drainage of the ethmoid sinus, debridement of necrotic bone, and reconstruction using a buccal mucosal flap.

RESULTS. The postoperative evolution was favourable, with resolution of facial edema and nasal obstruction. The patient showed good local healing and no complications during follow-up.

CONCLUSION. In immunocompromised oncologic patients, maxillary osteonecrosis may present with atypical sinonasal symptoms and require multidisciplinary management. The combination of maxillary and ethmoidal surgical drainage with local flap reconstruction can lead to favourable outcomes.

KEYWORDS: osteonecrosis, maxillary sinus, immunocompromised, multidisciplinary, Caldwell-Luc.

(29) INVERTED PAPILLOMA: A CHALLENGE FOR ENDOSCOPIC SINONASAL SURGERY

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INTRODUCTION. Inverted papilloma (IP) is a rare benign neoplasm of the respiratory mucosa, most commonly located in the nasal cavity and maxillary sinus. Histologically, it is characterized by an endophytic growth pattern, with invagination of the epithelium into the underlying chorion. Although benign, IP is distinguished by an aggressive clinical behaviour, with a high rate of local recurrence (20–40%) and a considerable risk of malignant transformation into squamous cell carcinoma (5–15%).

AIM OF THE STUDY. To present a clinical case of inverted papilloma with invasion into the orbit and paranasal sinuses.

MATERIAL AND METHODS. A 63-year-old patient was admitted to the ENT Clinic of the IMSP SCR "Timofei Mosneaga" with symptoms including severe nasal obstruction, recurrent sinusitis refractory to treatment, exophthalmos, and lateral displacement of the right eyeball. The patient had a medical history of undergoing a Caldwell-Luc surgical procedure in 2005 for removal of an inverted papilloma. Five years postop-

eratively, he experienced a recurrence of symptoms, and in the past two years there was noted progression of exophthalmos and worsening ocular displacement, associated with a medial tumor mass of the right eyeball. This case is of particular interest because intraorbital invasion in patients with inverted papilloma is observed in less than 10% of cases.

RESULTS. During endoscopic surgery, a voluminous tumor mass was revealed, completely obstructing both nasal cavities. The following procedures were performed: endoscopic removal of the mass from the nasal cavity, bilateral sphenoidotomy and maxillary antrostomy, bilateral anterior-posterior ethmoidectomy with removal of the tumor extensions, identification of a defect in the right lamina papyracea, followed by endoscopic removal of the intraorbital mass.

CONCLUSION. Histopathological examination confirmed the presence of inverted papilloma in all sampled areas. The postoperative course was favourable: the position of the eyeball was normalized, the defect in the lamina papyracea was corrected, and no postoperative complications were observed. This case illustrates the complexity of managing extensive inverted papilloma through endoscopic sinonasal surgery and reconfirms its effectiveness as the method of choice, offering significant benefits in terms of radicality, reduced morbidity, and local oncological control.

KEYWORDS: inverted papilloma, endoscopic sinonasal surgery, benign sinonasal tumors.

(30) PEDIATRIC SINO-NASAL BENIGN AND MALIGNANT TUMORS

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Benign and malignant nasal and sinus tumors in children have several characteristics:

- They are rare.
- There are many different types of tumors, which differ from those seen in adults.
- Their management must take into account specific pediatric anatomical and physiological features.
- Diagnostic work-up, therapeutic decision-making, and treatment implementation require experienced multidisciplinary teams.

This presentation will provide an update on these various specific characteristics.

(31) COMPLETE BILATERAL MEMBRANOUS CHOANAL ATRESIA DIAGNOSED AT 14 MONTHS OF AGE

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PURPOSE. Choanal atresia is a well-known condition, usually diagnosed in the neonatal period due to respiratory distress caused by nasal obstruction. Late diagnosis, especially after the first year of life, is rare. We present a case of complete bilateral membranous choanal atresia diagnosed at 14 months of age and discuss the clinical and surgical implications of delayed detection.

MATERIAL AND METHODS. A 14-month-old child presented with chronic nasal obstruction, noisy breathing, mouth breathing, and feeding difficulties. Nasal endoscopy and computed tomography confirmed complete bilateral membranous choanal atresia. Surgical correction was performed via a transnasal endoscopic approach, followed by postoperative nasal stenting and local corticosteroid application.

RESULTS. Postoperative evolution was favourable, with no immediate complications. The newly created choanae remained patent at the 3-month postoperative follow-up. A second surgery was not required. This case highlights that compensatory mechanisms may delay diagnosis, making surgery raise various issues of surgical approach and treatment.

CONCLUSION. The delayed diagnosis of bilateral choanal atresia after the infant period is rare and should be considered in cases of persistent nasal obstruction. The transnasal endoscopic approach remains the gold standard, offering satisfactory results, but the surgical approach techniques are in a continuous process of improvement and adaptation. Increased awareness is necessary to prevent diagnostic delays and possible complications.

KEYWORDS: choanal atresia, endoscopic repair, delayed diagnosis, nasal obstruction, paediatric rhinology.

(32) THE INDICATIONS FOR ORBITAL EXENTERATION IN ADVANCED SINONASAL MALIGNANCIES

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PURPOSE. Orbital exenteration remains a radical yet sometimes necessary surgical option in the management of advanced sinonasal malignancies with orbital invasion. Establishing clear indications (invasion of the orbit, optic nerve, extraocular muscles and skin overlying the muscles) and recognizing anatomical and surgical limits are essential for achieving oncological control while preserving quality of life when possible.

MATERIAL AND METHODS. This paper presents the case of a 74-year-old patient admitted to the "Prof. Dr. Dorin Hociota" Institute of Phonoaudiology and Functional ENT Surgery, diagnosed with advanced squamous cell carcinoma originating from the left maxillary sinus, with erosion of the orbital floor and direct involvement of the ipsilateral eyeball. The diagnostic methods, surgical treatment and postoperative care are discussed.

RESULTS. The patient underwent a left subtotal maxillectomy and total left orbital exenteration with en bloc removal of the tumor. The postoperative evolution was favourable, with no surgical complications. After hospital discharge, he com-

pleted adjuvant radiotherapy. He currently shows no signs of locoregional recurrence.

CONCLUSION. Orbital exenteration has clear indications and limitations in the treatment of advanced sinonasal tumors. Tumor histology is fundamental for the disease treatment. In this case, radical surgery combined with appropriate adjuvant therapy resulted in a favourable outcome for the patient.

KEYWORDS: orbital exenteration, orbital invasion, squamous cell carcinoma, subtotal maxillectomy, adjuvant radiotherapy.

(33) RESPIRATORY EPITHELIAL ADENOMATOID HAMARTOMA (REAH)

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PURPOSE. The purpose is to draw attention to REAH and to expand our understanding of this condition, as it is frequently overlooked and often misdiagnosed as nasal polyps or sinonasal malignancies. Respiratory epithelial adenomatoid hamartoma (REAH) is a rare benign respiratory tumor originating from the olfactory cleft in the nasal cavity. It is commonly asymptomatic; however, when symptoms do occur, anosmia is typically the most frequent clinical feature.

MATERIAL AND METHODS. We present the case of a 45-year-old patient with a known history of rheumatoid arthritis who presented to our clinic with complaints of nasal obstruction and anosmia, symptoms that had been progressively developing over the past few years. Anterior rhinoscopy and nasal endoscopy were performed to evaluate and characterize the intranasal lesions. A thorough medical history was obtained, followed by complete ENT and general physical examinations, as well as routine hematological investigations. Subsequently, a computed tomography scan of the paranasal sinuses (CT-PNS) was conducted, including axial sections with coronal and sagittal reconstructions, to further assess the extent and location of the lesions.

RESULTS. The patient underwent endoscopic sinus surgery, during which the lesions were carefully resected up to the level of the olfactory cleft mucosa, with particular attention to preserving the integrity of the cribriform plate, lateral lamella, and middle turbinate. The excised tissue was submitted for histopathological analysis, which confirmed the diagnosis of respiratory epithelial adenomatoid hamartoma (REAH).

CONCLUSION. Respiratory epithelial adenomatoid hamartoma (REAH) is a rare and often underdiagnosed benign lesion that, despite its indolent behaviour, presents a significant diagnostic challenge due to its clinical and radiological resemblance to more aggressive pathologies. Accurate identification of REAH is crucial to prevent unnecessarily aggressive treatments, including mutilating surgeries and adjuvant therapies; therefore, histopathological examination is essential for definitive diagnosis. Endoscopic resection remains the treatment of choice, with surgical removal specifically targeting the olfactory clefts, which can lead to improvement in both nasal obstruction and olfactory function.

KEYWORDS: anosmia, hamartoma, FESS, olfactory cleft.

(34) THERAPEUTIC MANAGEMENT IN LOCOREGIONAL ADVANCED RHINOSINUSAL NEOPLASM – DIFFICULTIES AND LIMITATIONS

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PURPOSE. This paper aims to present and analyse the clinical features and surgical therapeutic strategies applied in cases of locoregionally advanced rhinosinusal carcinoma, with emphasis on the challenges and limitations encountered in achieving complete tumor ablation and functional reconstruction. Nasosinusal malignancies are considered a rare category of tumours, representing 1% of all cancers in humans and only 3% of ENT cancers. They are most common in men over 50 years of age. Squamous cell (epidermoid) carcinomas can arise from malignant transformation of Schneiderian inverted papillomas, with 10-15% of the latter developing malignancy. Symptomatology includes uni- or bilateral nasal obstruction, anterior rhinorrhea, anterior epistaxis, hypo- or anosmia. Subsequent complications may be ophthalmological, neurological, or infectious, due to locoregional extension. Diagnosis is based on endoscopic examination and imaging (CT, MRI), with confirmation established by histopathological examination. Therapeutic management consists of ablative surgery followed by oncological treatment.

MATERIAL AND METHODS. This paper discusses a series of cases of patients hospitalized in our clinic with locoregionally advanced rhinosinusal carcinoma presenting dorsum nasi swelling, one of them with multiple bacterial superinfected ulcerations at this level, bilateral chronic nasal obstruction, fronto-orbital headache, and muco-purulent anterior rhinorrhea. Another patient had significant swelling of the left eye associated with diplopia and epiphora. The clinical aspects encountered and the particularities of the surgical therapeutic management used in these cases are presented and outlined.

RESULTS. The nasosinusal carcinoma was completely excised, with no signs of recurrence or tumor remnants at subsequent re-evaluations. In the patient with swelling of the left eye, orbital exenteration was performed, the decision being based on imaging identification of tumor invasion of the left intraorbital structures.

CONCLUSION. Surgical management of advanced nasosinusal malignancies is challenging for the ENT surgeon, requiring the use of combined techniques, both endoscopic and external approaches, to achieve total tumor ablation. It is also essential to master flap surgery techniques to ensure coverage of the remaining defect and improve the patient's quality of life.

KEYWORDS: nasosinusal neoplasm, locoregional advanced malignant tumors, combined surgical approach, orbital exenteration.

(35) PYOGENIC GRANULOMA OF THE NASAL SEPTUM: A CASE REPORT

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INTRODUCTION. Pyogenic granuloma, also known as lobular capillary hemangioma, is a benign vascular and inflammatory tumor characterized by rapid growth. It commonly occurs on the skin and mucous membranes, with the nasal septum being a relatively rare site. The lesion typically presents as a sessile or pedunculated mass, reddish in colour, with a high tendency to bleed. The exact etiology remains unknown but may be associated with trauma, hormonal changes, or infections. The most frequently reported symptoms are epistaxis and nasal obstruction. The treatment of choice is surgical excision followed by electrocautery. The recurrence rate after surgical excision is low.

MATERIAL AND METHODS. We present the case of a 16-year-old male patient with no significant traumatic or pathological history, who presented with recurrent unilateral epistaxis and right-sided nasal obstruction. Endoscopic examination revealed a polypoid lesion, whitish-reddish in colour, located on the posterior nasal septum. CT imaging showed a well-defined soft tissue mass with homogeneous contrast enhancement and no underlying cartilage invasion. Differential diagnoses included angiomatous polyp, inverted papilloma, and juvenile angiofibroma; however, imaging and clinical features favoured the diagnosis of pyogenic granuloma.

RESULTS. The treatment consisted of complete surgical excision of the lesion under endoscopic guidance, with favourable postoperative evolution and no recurrence or complications at 2 months post-intervention. Histopathological examination confirmed the diagnosis of pyogenic granuloma. The particularities of this case include the atypical location of the pyogenic granuloma on the posterior nasal septum and its diagnosis in a pediatric patient.

CONCLUSION. This case underscores the importance of considering pyogenic granuloma in the differential diagnosis of pediatric nasal masses, especially in the context of recurrent epistaxis. CT imaging can be useful in assessing lesion extension and planning surgical intervention. Surgical excision aims for a curative outcome and is associated with a low recurrence rate.

KEYWORDS: pyogenic granuloma, nasal septum, recurrent epistaxis, surgical excision.

(36) NEW USE OF AI TECHNOLOGY IN RHINOLOGY

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Artificial intelligence (AI) in rhinology is an emerging field that is improving diagnostic accuracy, treatment planning, and patient outcomes. AI models used in the analysis of medical imaging can help detect conditions like chronic rhinosinusitis, nasal obstruction, and sinus tumors early on, enabling earlier intervention. AI algorithms can analyze a patient's medical history, symptoms, and imaging results to predict the likelihood of certain conditions and help clinicians make more informed decisions about treatment options, including medication, surgical interventions, or lifestyle adjustments. In endoscopic sinus surgery, AI can help surgeons by providing real-time guidance and enhancing precision by identifying important anatomical structures, minimizing risks, and improving surgical outcomes. AI tools can analyze large datasets to identify which treatment protocols are most effective for specific patient profiles. By considering factors like genetic data, environmental exposures, and treatment histories, AI can suggest personalized treatment options for conditions such as allergic rhinitis, sinusitis, or nasal polyposis, improving overall patient care. As technology continues to evolve, it is likely to play an even more critical role in improving patient outcomes and advancing research in this field.

(37) PREOPERATIVE EMBOLIZATION OF A NASAL CAVITY HEMANGIOMA – A TRUE NECESITY FOR CORRECT COMPLEX TREATMENT

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PURPOSE. This presentation demonstrates the role of preoperative vascular tumor embolization in permitting complete tumor excision by endoscopic transnasal approach in a rare case of middle nasal turbinate hemangioma.

MATERIAL AND METHODS. In our Otorhinolaryngology

Department, in January 2024, the patient was admitted for recurrent right epistaxis, right nasal obstruction and hyposmia. Fibroscopy assessed tumor extension and clinical aspects. Computed tomography (CT) scan raised suspicion of a right nasal fossa vascular tumor. A first biopsy under local anesthesia obtained three tissue specimens, but the histopathology (HP) exam was doubtful. A second biopsy was recommended one month later, followed by another HP and immune staining exam (IHC). High suspicion of hemangioma was raised, but again the diagnosis was uncertain.

We chose preoperative embolization of the tumor. Selective embolization of tumoral arterial branches originating from the right facial artery was successfully performed by right femoral arterial approach. The advantage was minimal intraoperative bleeding, permitting complete resection of the nasal vascular tumor along with the head and body of the right middle turbinate. A second IHC exam was performed, and it confirmed the benign nature of the vascular tumor, which was diagnosed as a hemangioma.

RESULTS AND CONCLUSION. We describe a rare case of nasal hemangioma, which mimicked a malignant tumor on CT evaluation. It should be considered in the differential diagnosis of other vascular tumors originating in the nasal cavity. A multidisciplinary approach was mandatory and provided an optimal treatment plan for the patient. Hemangiomas found strictly in the nasal cavity can be completely treated by endoscopic endonasal surgery. This method is highly effective, with a very good patient tolerance and lacks postoperative aesthetic defects.

KEYWORDS: hemangioma, embolization.

(38) APPLICATION OF ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING IN RHINOLOGY

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The integration of artificial intelligence (AI) and machine learning (ML) into rhinology has ushered in a transformative era in the diagnosis, treatment, and management of sinonasal diseases. This presentation explores the current and emerging applications of AI/ML technologies within the field of rhinology, highlighting their impact on clinical decision-making, imaging interpretation, and surgical planning. AI algorithms have demonstrated high accuracy in detecting and classifying sinonasal pathologies from radiological imaging, enhancing diagnostic precision and efficiency, and reducing time to diagnosis. Furthermore, predictive models are being developed to forecast surgical outcomes, optimize perioperative planning, and personalize treatment strategies, thereby supporting precision medicine. Challenges faced in adopting these technologies such as data standardization, model interpretability, and ethical considerations are also addressed.

KEYWORDS: rhinology, artificial intelligence, machine learning, algorithms.

(39) A TALE OF THREE TITLES; RHINOPHARYNGITIS, NASOPHARYNGITIS AND EPIPHARYNGITIS

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From an ENT perspective, inflammation of the nasal passages is rhinitis, and pharyngitis refers to inflammation involving the entire pharynx. When both the nasal cavities and pharynx are affected, as in the "common cold", it is rhinopharyngitis. Nasopharyngitis is inflammation of the nasopharyngeal mucosa, or is it? Some authors term mucosal erythema of the postnasal space as epipharyngitis. An equivocation exists in the medical literature whereby nasopharyngitis, epipharyngitis and rhinopharyngitis are variously used or interchanged to describe the same or related condition.

Ask a rhinologist and a medical physician to explain the difference between rhinopharyngitis, nasopharyngitis or epipharyngitis, and one will receive various and different answers, with overlap, ambiguity and confusion. Ask a non-otorhinolaryngologist to provide a list of the common complications of biologics, and it will invariably include nasopharyngitis, yet none of these patients will have had nasopharyngoscopy performed. Ask the WHO to define nasopharyngitis and the International Classification of Diseases-10-Clinical Modification (ICD-10-CM) will be Acute ("common cold") or Chronic (chronic rhinitis, nasopharyngitis and pharyngitis). Ask PubMed and you will retrieve more than 26,653 for rhinopharyngitis, 1,831 for nasopharyngitis and 56 for epipharyngitis. The first ever recorded article in 1905 on Medline reporting nasopharyngitis was also found in a search for rhinopharyngitis.

The aim of this presentation is to highlight the incongruity between specialties, present a literature review of the terms nasopharyngitis and epipharyngitis, investigate their historical use in medical literature, and suggest potential solutions. Two-thirds of articles reporting nasopharyngitis prior to 1960 were related to localised inflammation of the nasopharynx; by 1992, this had equalized with inflammation of the nose and pharynx and currently comprises approximately one-third of publications.

It is acknowledged that in healthcare, a lack of precision is dangerous when the margin of error is small. While the risk to any patient is minimal in many instances of misnomers, it is incumbent to address any anomaly that may arise. There is undoubtedly tremendous confusion, overlap and lack of accuracy in the term nasopharyngitis throughout various aspects of medical literature. This may well imply that it is too late to reverse this evolution and that it may be appropriate for ORL-HNS to adopt the term epipharyngitis in its stead. The answers could also lie in direct discussions with WHO and a consensus statement from those who work in that area of concurrence, where the nose meets the pharynx, involving national and regional specialty and subspecialty societies with the assistance of our discipline's journal editors.

(40) MAKING THE TRANSITION FROM RHINOLOGIST TO SKULL BASE SURGEON

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Endoscopic technique is being increasingly employed in the field of anterior skull base surgery. So much so that it is now considered the standard of care in most regions of the world. In many countries in the Balkans, there has been a delay in implementation due to the increased cost of needed equipment. However, most centres have now acquired the basic tools and training. At this point, the younger generations of surgeons will find themselves in a position to expand their skills and collaborate with neurosurgeons to perform these challenging procedures. The aim of this lecture is to present some of the changes that I have personally experienced in my operating methods to successfully make this transition. It is my hope that sharing these tips will help advance safe and effective anterior endoscopic skull base surgery in our region of the world, which still face many other challenges in delivering complex healthcare.

(41) MANAGEMENT OF NASOPHARYNGEAL STENOSIS AFTER ADENOIDECTOMY AND TONSILLECTOMY

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BACKGROUND AND OBJECTIVES. Velopharyngeal stenosis is a potentially serious postoperative complication following adenoidectomy or adenotonsillectomy, often presenting with symptoms of respiratory insufficiency. This case series aims to highlight the risk factors, diagnostic approaches and management strategies in affected pediatric patients.

MATERIAL AND METHODS. A retrospective review was conducted on pediatric cases managed at the Emergency Clinical Hospital for Children "Marie Sklodowska Curie" over the past year. All patients developed nasal respiratory insufficiency following adenoidectomy or adenotonsillectomy. Detailed medical histories, thorough endoscopic evaluations, and imaging studies were utilized to guide effective management and surgical decision-making.

RESULTS. Postoperative hypernasality was successfully managed with speech therapy in most cases.

CONCLUSION. Velopharyngeal insufficiency following adenoidectomy or adenotonsillectomy is a rare but significant complication that requires careful evaluation, multidisciplinary management, and tailored treatment. Close postoperative follow-up is essential, particularly after uvulopalatopharyngoplasty, to monitor for complications such as granulation tissue formation or restenosis.

(42) MANAGEMENT OF SUPPURATIVE FRONTAL SINUSITIS: CLINICAL EXPERIENCE AND THERAPEUTIC APPROACH

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INTRODUCTION. Purulent frontal sinusitis represents a severe form of frontal sinus infection with a high risk of orbital and intracranial complications, requiring prompt and aggressive therapeutic intervention. Its etiology is often bacterial, involving both aerobic and anaerobic flora. The clinical presentation can range from intense frontal headache, fever, and local swelling to signs of neurological complications. Management includes empirical broad-spectrum antibiotic therapy, later adjusted based on antibiogram results. However, in complicated or therapy-resistant cases, surgical intervention becomes necessary. Surgical approaches vary from functional endoscopic sinus surgery (FESS) to external (open) approaches, depending on the extent of the disease, patient anatomy, and the presence of accompanying polyps or loco-regional complications.

MATERIAL AND METHODS. We present the case of a 63-year-old female patient admitted to the ENT Department of the Central Military Emergency Hospital with frontal headache and chronic bilateral nasal obstruction, with symptoms progressively worsening over the previous months. Imaging was performed via native sinus computed tomography (CT), and biological samples were collected for laboratory tests, electrocardiogram, and chest X-ray. Due to persistent symptoms and imaging findings, a surgical therapeutic protocol was adopted, and systemic broad-spectrum antibiotic therapy was initiated, later adjusted according to antibiogram results. Given the clinical and imaging evolution, surgical intervention was performed on the frontal sinus via an open approach with complete drainage and debridement, followed by bilateral antrostomy and bilateral ethmoido-sphenoidotomy. Biopsy samples were collected from the tumor-like formations located bilaterally in the frontal sinus for histopathological examination. Clinical, imaging, and intraoperative data supported the diagnosis of chronic pansinusitis with bilateral purulent polypoid frontal sinusitis.

RESULTS AND CONCLUSION. Postoperative evolution was favourable, with no local or general complications. Histopathological analysis confirmed the inflammatory polypoid nature of the excised tissue. Purulent frontal sinusitis, especially in cases with associated polypoid pathology, requires a combined medical and surgical approach. Effective management demands a rapid, multidisciplinary approach, including imaging studies (CT as the gold standard), microbiological analysis, and appropriately administered antibiotic treatment. In advanced cases or those with complex frontal anatomy, the open approach remains an effective option to ensure adequate drainage and durable healing. Histopathological examination is essential for ruling out other pathological processes (neoplastic or granulomatous). Effective therapeutic management generally leads to complete recovery and recurrence prevention, provided that appropriate postoperative monitoring is ensured.

KEYWORDS: frontal sinusitis, purulent, open approach.

(43) OPTIMIZING THE OPERATING FIELD IN ENDOSCOPIC SINUS SURGERY: KEY FACTORS AND PRACTICAL STRATEGIES

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INTRODUCTION. Optimal visualization of anatomical structures in endoscopic sinus surgery is essential for surgical precision, reducing intraoperative risks, and achieving durable functional outcomes. However, the operating field can be significantly influenced by multiple variables.

PURPOSE. To present and provide an integrated analysis of the factors that influence the operating field in FESS (Functional Endoscopic Sinus Surgery), as well as the strategies available to optimize it in clinical practice.

MATERIAL AND METHODS. A review of recent literature and protocols used in reference centres was conducted, correlated with personal experience from endoscopic interventions performed in chronic inflammatory, tumoral, and complex rhinosinusal pathology.

RESULTS. The major factors affecting the operating field are detailed: anaesthetic techniques (including controlled hypotension), patient positioning, use of vasoconstrictors, surgical instrumentation, and optical technology. The benefits and limitations of each intervention are discussed, with emphasis on personalizing strategies according to the pathology treated and the patient profile.

CONCLUSION. Optimization of the operating field is not the result of a single measure, but of a cumulative set of planned actions adapted to the clinical context. Effective collaboration between surgeon and anaesthetist, as well as integration of the latest technologies, can significantly enhance the quality and safety of surgical practice in rhinology.

KEYWORDS: endoscopic surgery, operating field, hypotension.

(44) PRIMARY CILIARY DYSKINESIA – BACKGROUND AND FUTURE DEVELOPMENTS

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Primary ciliary dyskinesia (PCD) is a genetically heterogeneous disease with initial symptoms in the early postnatal period and early childhood. Major but unspecific symptoms are neonatal respiratory distress syndrome, situs inversus, persistent cough, chronic nasal congestion, recurrent paranasal sinus disorders with or without polyps, bronchiectasis, and male infertility. Diagnosis is complex and involves transmission electron microscopy, nasal NO assessment, high-speed video microscopy and genetic evaluation. Future developments include dedicated in vitro systems to further characterize the functional aspects of the mucosal disease. This presentation provides an overview of current diagnostic procedures, therapeutic options and research. The management of PCD requires a multidisciplinary approach, and should be reserved for highly specialized centres.

(45) INTERDISCIPLINARY CORRELATIONS IN THE MANAGEMENT OF ORBITAL APEX PATHOLOGY

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PURPOSE. Our goal is to reflect on new possibilities in diagnosing and treating orbital apex syndromes, which can sometimes be difficult due to their complex and variable anatomical architecture and functional importance.

INTRODUCTION. Orbital Apex Syndrome (OAS), also known as Jacod's syndrome, is a rare but peculiar rhino-neuro-ophthalmic complex caused by damage to the anatomical structures of the posterior, superior and medial parts of the orbit. It has a variety of etiologies and a detailed history is important in narrowing the differential diagnosis between OAS and Superior Orbital Fissure Syndrome (SOFS), also known as Rochon-Duvigneaud Syndrome, as well as Cavernous Sinus Syndrome (CSS). The most common initial manifestations of OAS are visual loss and ophthalmoplegia involving multiple cranial nerves. Successful treatment usually requires a multidisciplinary approach.

MATERIAL AND METHODS. This region is anatomically special due to the interactions between bony, vascular and neural structures. The cases were managed at the Clinics of Ophthalmology, Otorhinolaryngology (ENT), Neurology and Neurosurgery at the Targu Mures Medical Center. Symptoms usually lead patients to the ophthalmologist first, but the solution of the problem usually involves a surgical approach. The paper presents examples from our case history of over 20 years, highlighting new diagnostic and treatment protocols for diseases with the orbital apex syndrome in common.

RESULTS. Our patients received daily supervision of the ophthalmologic evolution through paraclinical examinations (Echography, OCT, etc.). The interclinic circuit was defined by the neuroimaging results (MRI – magnetic resonance imaging with contrast enhancement, CT – computed tomography). In selected cases, the treatment and diagnosis were completed by ENT surgeons and neurosurgeons through minimally invasive approaches, in accordance with the histopathological result that guided the strategy afterwards. In our processed material, the tumoral, infectious and vascular cases were the most complicated.

CONCLUSION. A complete ophthalmologic exam is essential in the identification and grading of optic nerve involvement, which in SOFS is mostly spared, unlike other cranial nerves (III, IV, V). We must emphasize the necessity of correct and early radiologic investigation, because the MRI can reveal the incipient modification of these fine neurovascular structures. This can also lead to a correct differential diagnosis, excluding idiopathic forms like Tolosa-Hunt syndrome.

KEYWORDS: orbital apex syndrome, ophthalmic infections, trauma, tumors, FESS.

(46) SURGICAL MANAGEMENT OF SKULL BASE DEFECTS

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PURPOSE. Cerebrospinal fluid rhinorrhea represents a pathological condition caused by a defect in the skull base, creating a communication between the subarachnoid space and the nasal fossa. It poses a significant risk of intracranial complications, such as meningitis. Surgical treatment methods to close CSF leaks include extracranial and intracranial procedures, with the endoscopic method being the most commonly used today. The objective of this paper is to present the etiopathogenesis of cerebrospinal fluid rhinorrhea, the clinical findings, and the diagnostic methods, as well as various endoscopic and open surgical techniques used for fistula closure. We will present 2 cases of patients with CSF leaks arising from different causes, and the therapeutic approaches undertaken for their closure.

MATERIAL AND METHODS. This paper outlines the case of a patient with a suspected postoperative CSF leak following surgery for chronic sphenoidal sinusitis, as well as a patient with frontal sinus carcinoma, with closure of a CSF leak following tumor excision. Methods of investigation and diagnosis, surgical treatment, postoperative care and follow-up plans are presented.

RESULTS. Following successful endoscopic and open CSF fistula closure procedures, symptoms resolved in both presented cases, with subsequent follow-ups revealing maintained integrity and position of the closures.

CONCLUSION. Endoscopic closure of CSF leaks has become the preferred first-line approach due to its minimally invasive nature, reduced morbidity and high success rates, but open surgical techniques remain useful in selected cases. With advancements in surgical technologies, as well as the use of multiple grafting materials and multilayer closure techniques, the prognosis continues to improve.

KEYWORDS: skull base, endoscopy, fistula.

(47) THE COMPLEXITY OF SPHENOIDAL SINUS PATHOLOGIES

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PURPOSE. The objective of this paper is to reflect on common symptoms resulting from rare pathologies of the sphenoidal sinus and surrounding structures that can often be misdiagnosed or mistreated, and to emphasize the importance of a multidisciplinary approach.

INTRODUCTION. The sphenoidal sinus can be considered the foyer of the skull base, representing a complex anatomical border that intersects multiple specialties. This can lead to a vast or common symptomatology associated with rare to very rare entities that can be misdiagnosed or mistreated, such as tumoral, traumatic, vascular or even morphological changes due to pneumatization.

MATERIAL AND METHODS. We hereby present our clinical experience and work reflecting the heterogeneity of sphenoidal affections, in collaboration with the Clinic of Otorhinolaryngology (ENT) and Ophthalmology in Targu Mures.

RESULTS. The paper includes neoplastic, traumatic with vascular implications, infectious and hyperpneumatization cases. We discuss modern technologies in the surgery of pituitary adenomas in combination with ENT approaches, as well as the treatment and prediction of complications such as CSF leaks in a series of 45 patients based on individual risk factors. Vascular complications following skull base trauma can also occur in rare cases. These can start with a simple epistaxis that can develop in life threatening complications if a prompt diagnostic and therapeutic evaluation is not considered. This can occur especially in patients who present with the Maurer's triad following head trauma. Moreover, vascular complications can result from atmospheric pressure changes in hyperpneumatized sinuses, which can lead to neurological deficits or psychiatric manifestations, ranging from a simple headache to temporary blindness. Morphological changes of the sinuses, mainly of the sphenoid sinus, can result from elevated intracranial pressure, with a higher OR (5.89) in patients presenting with benign intracranial masses, based on a series that included 403 patients. Other variations of the bony wall of the sinus can cause intracranial complications in infectious pathologies, resulting in ischemic lesions of the smaller branches of the internal carotid artery.

CONCLUSION. Dealing with a vast symptomatology that may only vaguely indicate the underlying problem can be difficult. The use of other aids from sources such as artificial intelligence is becoming more widespread, but there is still a long way to go before it is fully implemented on the clinical scale. This is why we must strengthen and rely on a multidisciplinary approach in order to achieve a correct diagnosis and treatment for these challenging cases.

KEYWORDS: sphenoidal sinus, pneumosinus, traumatic aneurysm, pituitary tumors.

(48) ENDOSCOPIC SURGICAL MANAGEMENT OF A NASAL MENINGOENCEPHALOCELE: A CASE REPORT

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PURPOSE. This case highlights the significance of accurate diagnosis and effective surgical management of nasal meningoencephalocele, a rare condition with potential congenital, traumatic, or spontaneous etiologies. The endonasal surgical approach is determined by the anatomical location of the lesion. In the majority of cases, a multilayered reconstruction is performed using autologous grafts and/or vascularized flaps. A synthetic adhesive is subsequently applied, followed by placement of Spongostan and anterior nasal packing, typically maintained for six days.

MATERIAL AND METHODS. A 52-year-old female with a history of cranial injury at age 18 presented with persistent right-sided anterior rhinorrhea, continuous since January 2025, and recurrent episodes over the previous year. Clinical examination, including videofibroscopy, revealed rhinorrhea on head flexion and a soft tissue mass in the right middle meatus and ethmoidal recess. Surgical management involved septal resection and repositioning to enhance access. Endoscopic exploration revealed a mass arising from the ethmoidal roof, which was completely ablated endoscopically. A skull base defect was identified and reconstructed using a multilayer technique with septal cartilage and bone grafts (underlay), followed by a vascularized septal flap (overlay), further consolidated with local application of Gelaspon. Hemostasis was achieved with anterior nasal packing using Merocel No. 8, maintained for six days.

RESULTS AND DISCUSSION. The endoscopic approach enabled complete excision and effective closure of the cerebrospinal fluid (CSF) fistula. The multilayer repair provided structural stability with no postoperative complications.

CONCLUSION. Endoscopic multilayer reconstruction using autologous grafts and vascularized septal flaps is a reliable and effective method for the surgical treatment of nasal meningoencephalocele.

KEYWORDS: nasal meningoencephalocele, endoscopic skull base repair, cerebrospinal fluid leak, autologous graft, vascularized septal flap.

(49) IMAGING AS A DIAGNOSTIC TOOL IN RHINOLOGY

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The structure of a person's paranasal sinuses is as unique as a set of fingerprints, so contemporary rhinology uses both computed tomography (CT) and magnetic resonance imaging (MRI) as diagnostic imaging tools.

CT is superior to MRI in demonstrating the bony anatomy, osseous margins, the extent and localization of inflammatory lesions and complications. CT has major limitations in the differentiation of soft tissue masses (for this indication, MRI is superior to CT).

CT of the nose and paranasal sinuses should not be used as the first, nor as the only, diagnostic procedure, and should always be interpreted in accordance with symptoms, clinical and nasal endoscopy findings.

The timing of CT scanning, positioning of the patient's head, use of suitable CT scan window, native scan or scan with intravenous contrast media, analysis of all 3 projections, knowledge of how direct scanning is performed, proper looking at and analyzing bony changes and mucosal thickenings are just some of the very important issues that need to be kept in mind when analyzing CT scans.

The radiation dose can be quite high, so indications for CT should always be reconsidered. Nasal endoscopy must be performed prior to CT scanning. MRI should be added, and a radiologist consulted whenever there is any doubt about the correct diagnosis.

(50) SURGICAL PLANNING, POSTOPERATIVE SURVEILLANCE, CORRELATION OF EVOLUTION WITH HPV GENOTYPING IN INVERTED PAPILLOMA

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Inverted papilloma is a benign but locally aggressive tumor of the sinonasal tract, characterized by a high recurrence rate and ~10% risk of malignant transformation, typically to squamous cell carcinoma. Accurate preoperative assessment is critical and includes nasal endoscopy for visualization, high-resolution CT to assess bony structures, and MRI for evaluating soft-tissue extension or skull base involvement.

The gold standard treatment is complete endoscopic resection with histologically confirmed negative margins. This often involves endoscopic medial maxillectomy and removal of adjacent mucosa to ensure total tumor clearance. In cases of extensive invasion—such as into the orbit, skull base, or intracranial space—an open or combined endoscopic–open approach may be necessary.

Long-term postoperative follow-up is essential, as recurrences can occur even after a decade. Nasal endoscopy is advised every 2–3 months during the first two years, followed by less frequent surveillance. Imaging is warranted if recurrence is suspected.

HPV is detected in up to 80% of cases. High-risk genotypes (especially HPV 16 and 18) are associated with dysplasia, recurrence, and malignant transformation, while low-risk types (like HPV 6 and 11) tend to occur in benign lesions. Monitoring HPV genotype and viral load postoperatively may help tailor follow-up intensity.

Emerging therapies—including antiviral agents and prophylactic HPV vaccination—are under investigation for their potential to reduce recurrence and malignant progression.

(51) MIDDLE EAR STATUS IN PATIENTS WITH CHRONIC RHINOSINUSITIS

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INTRODUCTION. Chronic otitis media and chronic rhinosinusitis are among the most prevalent ENT conditions. They

share similar pathophysiological features, including bacterial infections, biofilm formation, and sustained obstruction of ventilation pathways. Otolaryngologists frequently observe that chronic otitis media and CRS occur together, or that interventions such as medication or surgery for one condition can influence the clinical course of the other. This observation supports the idea of a shared inflammatory process affecting the epithelium of both the middle ear and the upper respiratory tract. Additionally, various anatomical nasal abnormalities, such as septal deviation, concha bullosa, or general hypertrophy of the turbinates, may disrupt the ventilation of both the middle ear/mastoid and the paranasal sinuses. There are few clinical studies in the literature that analyze this association. The purpose of this presentation is to present the latest research in the field and to exemplify cases encountered in clinical practice.

CONCLUSION. ENT specialists should carefully evaluate the middle ear and mastoid in patients with chronic rhinosinusitis (CRS). Likewise, a comprehensive rhinological assessment is essential in cases of chronic otitis media (COM). Looking ahead, prospective and/or randomized studies are needed to clarify the potential causal relationship between these two major otolaryngological conditions.

KEYWORDS: chronic rhinosinusitis, chronic otitis, dysventilation, inflammation.

(52) KINESIOTHERAPY IN THE MANAGEMENT OF VERTIGO: WHY, WHEN, HOW?

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Kinesiotherapy represents an essential component in the management of vertigo, with the primary objective of re-educating vestibular function and restoring the patient's postural balance. This therapeutic approach employs specific exercises designed to stimulate central compensatory mechanisms, aiming to reduce the intensity and frequency of vertigo episodes while improving stability in daily activities. The kinesiotherapy program includes adaptation and habituation techniques that progressively expose the patient to movements or positions that initially provoke dizziness, thereby contributing to the desensitization of the vestibular system. In addition, exercises aimed at gaze stabilization are used to enhance the coordination between eye and head movements, alongside balance and coordination exercises performed both in static and dynamic positions. Kinesiotherapy is indicated in conditions such as peripheral balance disorders, associated or not with ageing. The correct application of vestibular rehabilitation programmes can lead to significant clinical outcomes and prevent relapses.

KEYWORDS: kinesiotherapy, re-educating vertigo.

(53) CLINICAL RELATIONSHIP BETWEEN CHRONIC RHINOSINUSITIS WITH NASAL POLYPS, ASTHMA AND NSAID ALLERGY DURING 2 YEARS OF THE COVID-19 PANDEMIC

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PURPOSE. The aim of the study was to investigate the prevalence of asthma and NSAID allergy in patients with chronic rhinosinusitis. We sought to elucidate how the COVID-19 pandemic influenced the management of patients with chronic rhinosinusitis.

MATERIAL AND METHODS. Patients who underwent endoscopic sinus surgery for chronic rhinosinusitis at "Sfanta Maria" Clinical Hospital, Bucharest, during 2 years of the COVID-19 pandemic were identified using Easy Medical Software. This retrospective study involved 343 consecutive adult patients divided into two groups: a group of 222 patients with chronic rhinosinusitis without nasal polyps (CRSsNP) and a group of 121 patients with chronic rhinosinusitis with nasal polyps (CRSwNP). We evaluated the prevalence of asthma and NSAID allergy in patients included in these two groups, the disease recurrence rate, and the presence of blood eosinophilia in these patients.

RESULTS. A total of 343 patients were included; 35% of these had CRSwNP, and 20% of these patients had asthma confirmed by PFTs. Only 2.5% of patients with CRSwNP had NSAID allergy without asthma. Recurrences of CRSwNP were identified in 39 patients, of whom 12 (31%) had associated asthma, 25 (64%) did not have associated asthma.

CONCLUSION. Asthma and NSAID allergy are more common comorbidities in patients with CRSwNP compared with patients with CRSsNP. The COVID-19 pandemic restricted medical service accessibility for CRS patients.

(54) NECROTIZING ACUTE RHINOSINUSITIS: THE ROLE OF A RARE PATHOGEN

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INTRODUCTION. While acute rhinosinusitis is typically caused by well-established pathogens, the emergence of rare organisms such as Enterococcus faecalis in community-acquired infections challenges standard diagnostic and therapeutic approaches. This case illustrates the aggressive course of necrotizing sinusitis in an immunocompetent host and highlights the relevance of early endoscopic intervention combined with external frontal sinus drainage using the modified Ogston-Luc technique.

PURPOSE. To present a rare case of complicated acute rhinosinusitis caused by Enterococcus faecalis in an individual with a previous history of chronic cystic rhinosinusitis. This paper emphasizes the importance of a quick diagnosis and early therapeutic intervention.

MATERIAL AND METHODS. A 27-year-old male with a medical history of chronic sinusitis presented with right-sided facial pain, necrotic upper eyelid edema, and purulent nasal discharge. After lack of improvement with empirical treatment, the patient underwent endoscopic sinus surgery and a modified Ogston-Luc external approach for frontal sinus

drainage. Microbiological and histopathological evaluations were performed on the collected specimens.

RESULTS. Microbiological cultures confirmed Enterococcus faecalis as the primary pathogen. The patient was successfully treated with intravenous ceftriaxone and vancomycin. Postoperative evolution was favourable, with resolution of inflammation and complete mucosal healing confirmed at 60 days.

CONCLUSION. Enterococcus faecalis should be considered a potential emerging pathogen in complicated acute rhinosinusitis, especially in the presence of other sinonasal risk factors. Prompt diagnosis, surgical management and tailored antibiotic therapy are essential to prevent intracranial complications and ensure full recovery.

KEYWORDS: rare sinus pathogens, necrotizing rhinosinusitis, Enterococcus faecalis, Ogston-Luc technique, orbital cellulitis, chronic cystic rhinosinusitis.

(55) THE ETHMOIDAL LABYRINTH – ALWAYS A CHALLENGE

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PURPOSE. The objective of the paper is to correlate the complex structure of the ethmoidal complex and its variable anatomical features with the direct solutions offered by the endoscopic sinus surgery in loco-regional pathologies.

INTRODUCTION. Having a characteristic architecture in each individual, the cells of the naso-ethmoidal region vary in number, dimension, location and importance. These constitute crucial components in identifying and solving naso-sinusal dysfunctions of different entities. The identification of new structural constellations of this unpaired bone and subsequent studies have revealed the role of these spaces in altering the normal airflow and drainage of one or even all of the annex cavities of the nasal fossa. In this context, the cell system of the mastoid also came into discussion. Because of these alterations, beyond imagistic findings, descriptive anatomy and revelation of new components, the priority is to identify the determinant pathogenic role of these cells and to conceive an accurate surgical strategy.

MATERIAL AND METHODS. The ethmoid is considered a central problem due to the fact that it has articulations with 15 other bony structures, and its radical approach constitutes the key to success in the majority of patients. Along the normal cells, which are extremely variable in number (min. 3 and max. 18), the presence of extramural cells or other isolated hyperpneumatized cavities can also be found. Interdisciplinary cases from the Clinics of Otorhinolaryngology, Neurosurgery and Ophthalmology in Targu Mures were selected in order to provide classical examples along with some rare cases that underline the importance of this sinus in the clinical context.

RESULTS. The paper includes neoplastic, infectious, iatrogenic and hyperpneumatization cases of the ethmoid bone complex. We discuss the indications and limitations of endoscopic sinus surgery based on individual risk factors. Tumoral entities represent a special problem due to the variable resistance of the bony walls. Congenital defects may also be the cause of intracranial complications such as infections, resulting even in ischemic lesions in the smaller intracerebral branches. Vascular lesions caused by FESS are undesirable and unfortunate but occur in very rare cases. However, changes in atmospheric pressure within certain hyperpneumatized cavities can lead to circulatory disturbances, potentially causing psychiatric symptoms or neurological deficits, ranging from headaches to visual disturbances, including temporary blindness.

Long-term follow-up of patients, some for more than three decades, allowed a realistic evaluation and permitted the adoption of personalized treatments or even prevention strategies.

CONCLUSION. The key of success is the classification and identification of the symptomatology, which in many cases is a vague penumbra of the underlying problem. Being the most fragile bone in our body–made almost entirely of thin bony lamellae–the neighbouring structures also play a role in the propagation of the affection. We consider the case reports a continuous necessity, as they can provide more anatomical details and variants of these sinuses in order to defy their practical role and value. The use of FESS must be indicated within very selective limits.

Otolaryngologists who do not detect anatomical variations of the ethmoid sinuses before surgery risk damaging adjacent structures like the internal carotid artery, optic nerve, brain tissue, and orbits, potentially leading to carotid artery-cavernous sinus fistula, orbital hematoma, or even death.

KEYWORDS: ethmoid sinus, ethmoid air cells, rhino-sinusal pathology, FESS, imagistic.

(56) CRSWNP, AN UPDATE

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Nasal polyposis is a chronic inflammatory condition of the nose and sinuses, driven predominantly by a T2 immune response and characterized by the presence of polyps within the nasal cavities. It is a common condition that significantly affects health-related quality of life (HRQL). Nasal polyposis often coexists with allergies, allergic rhinitis, asthma, and aspirin intolerance. Management strategies are tailored to the individual. The primary treatment approach involves long-term use of intranasal corticosteroids, while oral corticosteroids are recommended with caution. In cases where medical therapy is ineffective, sinus surgery, typically a complete

spheno-ethmoidectomy, may be indicated. For patients experiencing symptomatic recurrence despite medical and surgical interventions, biologic therapies have shown promising results, offering efficacy across the entire respiratory tract. Among these, dupilumab is frequently cited as the preferred option in the literature. However, beyond international guidelines from EPOS and EUFOREA, the choice of biologic therapy may vary by country, influenced by availability and healthcare reimbursement criteria. Traditional medical treatments remain essential alongside biologics, and currently there is no established consensus on when medical therapy can be safely discontinued.

KEYWORDS: nasal polyposis, chronic inflammation, management, intranasal corticosteroids, sinus surgery, biologics, dupilumab, omalizumab, mepolizumab.

(57) TYPICAL IMAGING PATTERNS IN CHRONIC RHINOSINUSITIS

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Chronic rhinosinusitis is a common upper airway disease, defined by persistent inflammation of the paranasal sinus mucosa lasting at least 12 weeks, which is maintained despite proper conservative treatment. This pathology is most common in young adults, and the pathogenesis involves multiple factors such as ostiomeatal complex obstruction, ciliary dysfunction, persistent inflammation (e.g., allergic inflammation), recurrent bacterial infections and local anatomic abnormalities. Certain factors such as smoking, asthma, cystic fibrosis, craniofacial trauma, dental surgery and immunosuppression may predispose to chronic rhinosinusitis.

For a definite diagnosis of chronic rhinosinusitis, a clinical picture suggestive of this pathology is required, as well as imaging evidence, which helps confirm the diagnosis, guide the operative procedure and highlight potential complications. Currently, computed tomography (CT) is the gold standard in the imaging evaluation of chronic rhinosinusitis, providing a detailed image of the anatomic region, highlighting the inflammatory process and its extent, and revealing potential features such as the presence of polyps or calcifications.

This presentation is structured as a systematic analysis of typical imaging changes such as diffuse or lamellar mucosal thickening, complete or partial opacification of the sinuses, presence of inflammatory polyps or pseudotumoral formations, obstruction of the ostiomeatal complex, bone remodelling (hyperostosis, sinus osteitis, lysis of the medial wall of the orbit or of the frontal sinus plane). Also, the Harvard score and the Lund-Mackay classification will be presented as imaging assessment tools. The distinction between the radiological changes seen in chronic versus acute forms (such as absence of bone remodelling) will be emphasized and some local complications such as bone erosions, periorbital cellulitis, meningitis, etc. will be presented. Imaging also plays an important role in the postoperative evaluation of patients, in order to detect remission or recurrence, as well as postoperative complications. In conclusion, this presentation aims to emphasize the importance of clinical-imaging correlation in the correct evaluation of the pathology, facilitating therapeutic decisions and guiding the surgical steps.

(58) CLINICAL AND POLYGRAPHIC DIAGNOSIS IN OSAS

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Diagnosis of Obstructive Sleep Apnea Syndrome is based on a combination of clinical evaluation and polysomnography or polygraphy.

Clinical diagnosis of OSAS is based on excessive daytime sleepiness, snoring, unrefreshing sleep, morning headaches, cognitive dysfunction.

There are a lot of risk factors like obesity, gender, craniofacial abnormalities, which are very important for diagnosis.

Polygraphy is simpler and is often used in suspected OSAS without comorbidities. It has some limitations, being less accurate for patients with insomnia or other sleep disorders, but it also has advantages like accessibility and the possibility of being performed at home.

In conclusion, the diagnostic tools are: clinical evaluation and polygraphic investigation, which need to be correlated with ENT examination and other clinical investigations, including cardiological, neurological, maxillofacial, and endocrinological evaluation.

(59) MULTIDISCIPLINARY ASPECTS OF SLEEP APNEA SYNDROME

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Obstructive sleep apnea Syndrome (OSAS) is a complex disorder with important implications for quality of life, involving various systems and requiring a multidisciplinary approach for diagnosis, treatment and management.

OSAS involves obstruction of the upper airway during sleep, with hypoxia and sleep fragmentation. Evaluation of upper airway anatomy is essential for diagnosis, and falls within the expertise of the ENT specialist.

OSAS affects sleep architecture and is associated with cognitive impairment, daytime sleepiness, an increased risk of stroke, seizures and neurodegenerative diseases. Neurologists evaluate comorbidities like restless legs syndrome, narcolepsy and insomnia.

OSAS is also an important factor in hypertension, arrythmias, heart failure or coronary artery diseases.

A strong association with obesity, metabolic syndrome and type 2 diabetes underscores the important role of endocrinologists in diagnosis and treatment.

(60) CONGENITAL CHOANAL ATRESIA IN THE NEWBORN: CLINICAL DATA, DIAGNOSTIC CHALLENGES AND THERAPEUTIC OPTIONS

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PURPOSE. This paper aims to present the experience of our ENT clinic in the diagnosis and surgical management of choanal atresia in newborns, including postoperative recurrences.

MATERIAL AND METHODS. A retrospective study was conducted including 17 patients under one year of age, diagnosed with congenital choanal atresia and admitted to our ENT clinic between 1 January 2019 and 31 December 2024. Diagnosis was based on clinical presentation and nasal endoscopy.

RESULTS. Of the 17 patients included, 13 had bilateral choanal atresia and 4 had unilateral atresia. Most interventions were performed via a transnasal approach with placement of a nasal patency stent. Postoperative recurrence was observed in 7 patients (41%), all with bilateral atresia. All patients with recurrence required reoperation. Subsequent clinical evolution was favourable in all cases, with restoration of nasal respiratory function.

CONCLUSION. Choanal atresia in the newborn is a rare condition. Early diagnosis and prompt surgical intervention are essential for a favourable prognosis. Endoscopic management provides good results but carries an increased risk of restenosis, particularly in bilateral cases, requiring careful postoperative monitoring and potential reintervention.

KEYWORDS: choanal atresia, newborn, endoscopic surgery.

(61) A PARTICULAR CASE OF RECURRENT MAXILLO-ETHMOIDAL POLYPOSIS – CASE REPORT

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INTRODUCTION. Nasal polyposis, a condition characterized by chronic inflammation of the nasal mucosa, is a common cause of respiratory obstruction, with significant impact on patients' quality of life. Its etiology is multifactorial, including infectious, allergic, and chronic exposure to irritants. The earliest historical descriptions date back to the Hippocratic period (circa 400 BC), and surgical approaches were documented as early as the 1st century AD (Aulus Cornelius Celsus).

MATERIAL AND METHODS. We present the case of a 33-year-old male patient admitted to the ENT Clinic of "Carol Davila" University Emergency Hospital in Bucharest, with specific symptoms: chronic nasal obstruction, headache, and cacosmia. Clinical and imaging investigations indicated the need for surgical intervention – polypectomy combined with functional endoscopic sinus surgery (FESS). Histopathological samples were collected from the excised polypoid formations, followed by immunohistochemical analysis for differential diagnosis.

RESULTS. Postoperative evolution was favourable, with symptomatic improvement. Histopathological diagnosis required immunohistochemical investigations to differentiate between Langerhans cell histiocytosis and reactive inflammatory lesions.

CONCLUSION. This case report highlights the diagnostic and therapeutic complexity of nasal polyposis, emphasizing the complementary role of imaging, histological, and immunohistochemical investigations. A personalized surgical approach, combined with multidisciplinary evaluation, represents a cornerstone in optimizing outcomes.

KEYWORDS: nasal polyposis, FESS, immunohistochemistry.

(62) SCHNEIDERIAN PAPILLOMA: CHALLENGES IN DIAGNOSIS AND TREATMENT

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INTRODUCTION. Inverted (Schneiderian) papilloma is a benign tumour of the sinonasal mucosa, with a high tendency for recurrence and malignant transformation.

OBJECTIVE. This study aims to retrospectively evaluate the clinical and surgical management of inverted papilloma, focusing on identifying risk factors for recurrence.

MATERIAL AND METHODS. We analyzed 26 patients diagnosed and treated in the ENT Clinic of Targu Mures between 2020 and 2024. Clinical, imaging, surgical and histopathological data were collected. Diagnosis was based on endoscopic examination, imaging (CT/MRI) and histopathological confirmation. The results were compared with similar data from the literature.

RESULTS. The incidence was higher among male patients (73%) than female patients (27%). Imaging findings were suggestive of chronic sinusitis in 80% of cases, nasal polyposis in 15%, and a space-occupying lesion in only 5%. The most common tumour location was the maxillary sinus (58%). Complete surgical resection was achieved in 58% of cases; the remaining patients experienced recurrences requiring reintervention.

CONCLUSION. Inverted papilloma is difficult to distinguish from malignant tumours based on imaging alone. Complex anatomical locations increase the risk of recurrence, requiring rigorous postoperative follow-up. This pathology continues to be both a diagnostic and therapeutic challenge for otorhinolaryngologists.

KEYWORDS: inverted papilloma, sinonasal, recurrence, malignancy.

(63) PSAMMOMATOID JUVENILE OSSIFYING FIBROMA OF THE ETHMOID SINUS IN A PEDIATRIC PATIENT

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PURPOSE. To present a rare and diagnostically challenging case of psammomatoid juvenile ossifying fibroma (PJOF) affecting the ethmoid sinus in a pediatric patient, with emphasis on the clinical presentation and surgical management.
MATERIAL AND METHODS. A pediatric patient presented with complaints of migraine, nasal obstruction, and left-sided proptosis. A computed tomography (CT) scan was performed, and the diagnosis of PJOF was confirmed by histopathological examination following surgical intervention. The lesion was removed through an external latero-nasal approach, chosen to provide optimal access.
RESULTS. The surgical procedure was successful, with complete removal of the lesion and preservation of surrounding structures. The patient showed good postoperative recovery, with resolution of symptoms and favourable cosmetic and functional outcomes.
CONCLUSION. Psammomatoid juvenile ossifying fibroma is a rare fibro-osseous tumor that requires timely diagnosis and individualized surgical planning. External approaches can offer excellent exposure and safe excision, particularly in cases involving adjacent critical structures.
KEYWORDS: juvenile ossifying fibroma, ethmoid sinus, proptosis, tumor.

(64) IMAGISTIC IMPORTANT LANDMARKS FOR ENDOSCOPIC SINUS SURGERY

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Endoscopic surgery of the nasal cavities and paranasal sinuses is performed within a narrow field containing important, sometimes even vital, anatomical structures. Certain pathologies in the sinonasal region can rapidly extend to adjacent areas, including the skull base, orbit, pterygopalatine and infratemporal fossae, and the oral cavity, necessitating wide surgical approaches, sometimes involving a multidisciplinary team, and advanced surgical skills. Imaging studies (CBCT, CT, MRI) are essential for the therapeutic strategy, enabling the surgeon to plan the operative steps meticulously, both preoperatively and intraoperatively.
In this presentation, the author summarizes the imaging localization of key anatomical landmarks useful for surgical planning and intraoperative orientation within the operative field. Important vascular structures (internal carotid, ethmoidal, sphenopalatine arteries) and neural structures (optic, supra- and infraorbital, vidian, and olfactory nerves) are also identified, with measurements of the distances between various landmarks to guide the subsequent surgical intervention.

(65) ADVANCED BASOSQUAMOUS CARCINOMA OF THE NOSE: A MULTIDISCIPLINARY SURGICAL CHALLENGE – CASE REPORT

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PURPOSE. This paper presents the clinical case of a patient with a huge nasal pyramid tumor. Despite its striking visual impact, it was a challenging surgical case that required collaboration between ENT and plastic surgery teams for both complete excision of the tumor and two-stage reconstruction of the resulting defect.
MATERIAL AND METHODS. We present the clinical case of an 87-year-old patient who was referred to the Emergency Department with uncontrolled bleeding from a giant tumor located on the nasal pyramid. The diagnosis was established through ENT clinical examination, nasal endoscopy, and imaging investigations (native and contrast-enhanced craniofacial CT), followed by histopathological confirmation after complete surgical excision of the lesion. The surgical intervention included complete tumor excision, followed by reconstruction of the nasal pyramid defect using a forehead flap (stage I) and coverage of the scalp defect with a free skin graft harvested from the left supraclavicular region. The second stage consisted of pedicle division and flap inset, as well as closure of the donor site.
RESULTS. The postoperative course was complicated by late-onset bleeding that required surgical hemostasis. Due to the patient's advanced age and multiple comorbidities, additional complications occurred during hospitalization, requiring extended care and prolonging the duration of hospitalization. All complications were appropriately managed, and the patient was eventually discharged in good condition.
CONCLUSION. Early diagnosis of basal cell carcinoma is essential to limit local extension and avoid the need for complex reconstructive procedures. Late-diagnosed cases, commonly seen in elderly patients, may have a complicated postoperative course and a significant impact on recovery.
KEYWORDS: basal cell carcinoma, nasal pyramid, ENT surgery, nasal reconstruction.

(66) UNILATERAL PALPEBRAL EDEMA AS A CENTRAL SIGN OF ACUTE ENTEROBACTER-ASSOCIATED RHINOSINUSITIS IN A 5-YEAR-OLD: A RARE PEDIATRIC CASE

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INTRODUCTION. Acute pediatric rhinosinusitis is most commonly caused by Streptococcus pneumoniae,

Haemophilus influenzae, and Moraxella catarrhalis. The involvement of Enterobacter species is rare and typically linked to chronic or nosocomial infections. Typical cases of acute rhinosinusitis in children present with abundant nasal discharge, headache, and fever and are generally managed with systemic antibiotics, nonsteroidal anti-inflammatory drugs, mucolytics, and topical intranasal treatment. Atypical presentations prompt heightened clinical attention, and depending on the symptoms and patient status, surgical interventions might be considered.

PURPOSE. To present a rare case of complicated acute pediatric rhinosinusitis caused by Enterobacter species in a previously healthy child. This paper emphasizes the importance of prompt diagnosis, early therapeutic intervention and the definitive role of a good communication between medical specialties.

MATERIAL AND METHODS. We report the case of a previously healthy 5-year-old boy presenting with painful unilateral palpebral edema, minimal ipsilateral nasal discharge, and persistent headache despite standard rhinosinusitis therapy. Imaging tests revealed complete right maxillary sinus opacification. As the clinical response to ceftriaxone and dexamethasone was minimal, we opted for endoscopic sinus surgery. A nasal swab culture identified Enterobacter spp. in the nasal discharge.

RESULTS. Microbiological cultures confirmed Enterobacter spp. as the primary pathogen. While full recovery was achieved in this case, there is ongoing debate about how a pathogen so uncommon in a clinically healthy child could cause such an acute development.

CONCLUSION. Unusual pathogens like Enterobacter spp. may cause acute sinusitis in children without prior risk factors. Early surgical intervention and culture-adjusted antimicrobial therapy remain critical for favourable outcomes. In this particular case, we consider that preventative measures and patient education are key factors in treating and avoiding this type of pathology.

KEYWORDS: rare sinus pathogens, Enterobacter species, endoscopic ethmoidectomy, palpebral edema.

(67) BIOLOGICAL THERAPY IN CRSWNP: LIGHTS AND SHADOWS ABOUT AN OUTSTANDING CLINICAL PROBLEM

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CRSwNP remains a challenging disease, despite multiple, important and ongoing advances in physiopathology, diagnosis and therapy.

In fact, the diagnosis and therapeutics of CRSwNP cannot be simply restricted or «tout court» reduced to a single classification or schematic «flow chart»; on the contrary, they should always be specified after a precise and attentive evaluation path, taking into account different parameters like anamnesis (i.e., comorbidities), clinico-objective findings, clinico-instrumental findings (CT as first-line), immunobiological items, therapeutic factors (previous therapies, remission, recurrences, resistance, etc.), and patient-related factors (QoL, «desiderata», «compliance»).

Of course, the clinician shall reach an acceptable balance between any further and deeper diagnostic examinations and an affordable and practically sustainable practice (mainly in follow-up).

Also, in CRSwNP, the therapeutical approach, as increasingly common in Medicine, shall be «personalized» («tailor-made») and ever more respectful of the modern concept of «Integrated Care Pathways».

In spite of the many studies and advances in this field, many questions remain unsolved, even though current knowledge allows reliable hypotheses and solutions with a high rate of cure. Of course, the relatively short follow-up period for the most modern and innovative therapeutic tools still leaves some doubt about their long-term efficacy and safety.

The most important controversial points (but these are not the only ones) refer to:

- The best therapeutical planning and its significance/affordability ratio
- The best follow-up planning during and after therapy, with a very important collateral branch of experimental applied research via Telemedicine
- The choice of which biological drug shall be used (mainly with reference to comorbidities), how long and at which dose it shall be administered
- Possible complications or late adverse events in biological therapies
- How to treat "difficult" cases (resistant cases; comorbidities)
- How and when a National Health Service should afford increasingly expensive therapies
- Shall we rely on new biological drugs in the near future?

Clinical practice in rhinology patient clinics has profoundly changed in the last few years and this fact underlines the need for thorough and continuous scientific updating, not only in the rhinologists' culture and experience, but also for specific Guidelines and Scientific Literature in the field.

An open-minded and objective approach to the modern diagnosis and therapy of CRSwNP shall absolutely be enhanced and improved by further studies and updated scientific discussion.

(68) MANAGEMENT OF RECURRENT NASOPHARYNGEAL CARCINOMA

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Recurrent nasopharyngeal carcinoma (NPC), which occurs in 10–20% of patients with primary NPC after initial treatment with intensity-modulated radiation therapy (IMRT), is one of the leading causes of death in these patients. Patients

with recurrent disease without distant metastases still have a chance of survival, but retreatment often carries more severe toxicity and higher risks. In this group of patients, otolaryngologists and oncologists are committed to developing more appropriate treatment regimens that can prolong patient survival and improve therapeutic outcomes. Surgical salvage should be considered in resectable cases (especially for rT1–T2 tumors). Endoscopic nasopharyngectomy is increasingly preferred over historical external approaches, which still have their indications. Re-irradiation should be considered in patients with unresectable disease or in those who are unsuitable for, or reluctant to undergo, surgery.

(69) SURGICAL MANAGEMENT TO AVOID MUCOCELE FORMATION AFTER INVERTED PAPILLOMA FRONTAL SURGERY

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PURPOSE. Inverted papilloma is a benign but locally aggressive tumor, associated with malignant transformation in 5-15% of cases. It is characterized by a particular growth pattern and a high rate of recurrence. Recent studies have shown a correlation between iatrogenic mucoceles and the surgical treatment of frontal IP. This paper aims to highlight the correspondence between adequate surgical management of paranasal papilloma and the occurrence of postoperative mucoceles.

MATERIAL AND METHODS. This paper presents the case of a 58-year-old patient admitted to the "Prof. Dr. D. Hociota" Institute of Phonoaudiology and Functional ENT Surgery, who underwent multiple surgeries to address an inverted papilloma of the frontal sinus, followed by the apparition of a local mucocele. The surgical management and systematic monitoring of the surgical site are extensively discussed, emphasizing their importance in minimizing the risk of postoperative mucoceles.

RESULTS. The patient underwent multiple extensive endonasal surgeries, including left frontal sinus catheterization and ipsilateral sphenoidotomy. Subsequently, a frontal mucocele was identified during follow-up, and its surgical removal was performed. An open spheno-frontal cavity was created with no local signs of recurrence or residue.

CONCLUSION. Surgical management of inverted sinonasal papilloma plays an essential role in minimizing the associated risk of mucoceles. Osseous denudation and a small residual surgical cavity can enhance the formation of mucoceles. Therefore, an adequate surgical technique can improve prognosis and the patient's quality of life, avoiding secondary interventions. Anatomical landmarks should be respected during surgery and systematic follow-up should be integrated.

KEYWORDS: inverted frontal papilloma, frontal mucocele, surgical management.

(70) FUNGAL RHINOSINUSITIS WITH SECONDARY POLYPOSIS. CASE PRESENTATION

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PURPOSE. A case presentation of a 62-year-old male patient who presented to our department with persistent nasal obstruction and localized facial pain, predominantly in the paranasal sinus regions.

MATERIAL AND METHODS. Nasopharyngoscopic evaluation revealed copious purulent rhinorrhea, predominantly emanating from the right middle meatus. Additionally, a pseudo-polypoid lesion was observed protruding from the right maxillary sinus and partially occupying the middle meatus. Contrast-enhanced computed tomography (CT) of the paranasal sinuses demonstrated a hypoechoic mass with internal hyperechoic components, completely filling the right maxillary sinus. The lesion was noted to cause partial erosion of the medial sinus wall, with extension into the adjacent middle meatus.

RESULTS. These radiological findings raised the suspicion of an aggressive inflammatory or possibly fungal sinonasal process with secondary polyposis.

Under endoscopic guidance, a biopsy of the lesion was performed. Histopathological analysis revealed chronic inflammatory changes consistent with fungal sinusitis, in the context of extensive nasal polyposis. No evidence of neoplastic transformation was identified.

DISCUSSION. The patient is currently scheduled for functional endoscopic sinus surgery (FESS), specifically a right-sided maxillary antrostomy, aimed at achieving complete removal of the lesion and restoring normal sinus drainage and ventilation.

CONCLUSION. This case highlights the diagnostic complexity of sinonasal masses and underscores the importance of thorough endoscopic and radiologic assessment in differentiating between neoplastic and inflammatory sinonasal pathologies.

(71) ENDOSCOPIC DACRYOCYSTORHINOSTOMY – RETROSPECTIVE STUDY

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PURPOSE. This retrospective study aims to evaluate the clinical presentation, diagnostic approach, and surgical outcomes of patients with chronic dacryocystitis managed through endoscopic endonasal dacryocystorhinostomy (DCR), with emphasis on the multidisciplinary role of ENT specialists in diagnosis and treatment.

MATERIAL AND METHODS. We conducted a retrospective review of patients diagnosed with chronic dacryocystitis and treated at our ENT clinic between January 2020 and May 2025. Inclusion criteria included patients presenting with persistent epiphora and recurrent medial canthal swelling, confirmed by clinical examination, nasal endoscopy, and imaging (dacryocystography or CT). All patients underwent endoscopic endonasal DCR under general anesthesia. Surgical outcomes, symptom resolution, and complications were assessed through clinical follow-up and nasal endoscopy over a minimum period of six months.

RESULTS. A total of 35 patients met the inclusion criteria. 9.5% of patients had relapse, while 90.5% of patients demonstrated significant improvement in symptoms postoperatively, achieving complete resolution of epiphora and infection. No major intraoperative or postoperative complications were observed.

CONCLUSION. Endoscopic endonasal DCR is a safe and effective treatment for chronic dacryocystitis, providing excellent functional and cosmetic outcomes. ENT specialists and ophthalmologists play vital roles in the diagnosis and surgical management of nasolacrimal duct obstruction, underscoring the importance of a multidisciplinary approach to care.

KEYWORDS: chronic dacryocystitis, endoscopic dacryocystorhinostomy, epiphora, retrospective study, ENT surgery, multidisciplinary management

(72) RHINOSINUSAL MANIFESTATIONS OF GRANULOMATOSIS WITH POLYANGIITIS: CLINICAL INSIGHTS FROM TWO CASE STUDIES

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PURPOSE. This presentation aims to highlight the rhinosinusal manifestations of granulomatosis with polyangiitis (GPA), a systemic necrotizing vasculitis that frequently involves the upper respiratory tract. Sinonasal symptoms are common but can be misdiagnosed as chronic rhinosinusitis or other structural conditions, leading to delays in appropriate treatment. Through two illustrative cases, we explore the clinical presentation, diagnostic challenges, and management strategies for GPA-related sinonasal disease.

MATERIAL AND METHODS. We present two clinical cases of female patients diagnosed with GPA. The first is a 59-year-old woman presenting with nasal obstruction, purulent discharge, and facial pressure resistant to standard therapy. Imaging revealed pansinusitis with mucosal thickening, and biopsy confirmed necrotizing granulomatous inflammation consistent with GPA. The second case involves a 51-year-old woman with a known history of GPA, who presented with chronic nasal crusting, epistaxis, and septal perforation. Nasal endoscopy demonstrated mucosal ulceration, and histopathology showed granulomatous vasculitis.

RESULTS. In both cases, systemic immunosuppressive therapy led to varying degrees of symptom improvement. The 59-year-old patient responded well to medical treatment with corticosteroids and rituximab, showing resolution of acute symptoms. In contrast, the 51-year-old patient, despite disease control, exhibited irreversible nasal structural damage. These cases underscore the potential of GPA to cause significant and sometimes permanent sinonasal complications, emphasizing the need for early recognition and treatment.

CONCLUSION. Sinonasal involvement is a common and potentially early manifestation of granulomatosis with polyangiitis. Symptoms may mimic chronic rhinosinusitis or benign structural disease, contributing to diagnostic delays. A high index of suspicion, combined with endoscopic examination, imaging, and histopathological confirmation, is crucial for accurate diagnosis. Early immunosuppressive therapy can reduce morbidity and preserve nasal function, although structural damage may be irreversible once established.

KEYWORDS: granulomatosis with polyangiitis, rhinosinusitis, sinonasal involvement, autoimmune vasculitis, nasal granulomas.

(73) ORBITAL TRAUMA COMPLICATED BY CHRONIC RHINOSINUSITIS WITH NASAL POLIPS: AN OVERLOOKED THREAT

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PURPOSE. Orbital trauma frequently leads to damage involving the optic nerve and extraocular muscles. Successful fracture management requires a detailed understanding of the anatomy and pathophysiology to ensure the restoration of the patient's pre-trauma functional and aesthetic condition.

MATERIAL AND METHODS. This paper presents the case of a 24-year-old male patient admitted to the I.F.A.C.F. ENT Clinic "Prof. Dr. Dorin Hociota" in Bucharest, who presented with a sudden decrease in visual acuity (VA) and significant ocular pain following trauma to the eye, allegedly caused accidentally by the horns of a brushcutter. The patient awoke the following morning with marked proptosis. Imaging investigations (cranial CT scan) revealed a heterogeneous mass in the left frontal sinus and left superior orbit, with a well-defined mass effect on the left antero-inferior orbital

contents, as well as a left upper eyelid hematoma. The orbital trauma was secondarily infected and its severity was potentiated by the patient's previously undiagnosed and untreated chronic rhinosinusitis with associated nasal polyposis.

RESULTS. The patient underwent surgical treatment, including orbital decompression through evacuation of a large quantity of purulent secretions, periorbital lifting, and drainage of the localized subcutaneous hematoma in the left upper eyelid region. Trepanation of the left anterior frontal sinus was performed with aspiration of purulent material. Bilateral polypoid formations were also excised. Postoperatively, the patient's symptoms resolved. Follow-up at 4 days showed preservation of visual acuity.

CONCLUSION. The surgical approach represents a challenge for the ENT surgeon due to the proximity of the orbital neurovascular bundle and ocular muscles. Delaying surgical intervention—even in the absence of other risk factors—can be detrimental to the patient.

KEYWORDS: orbital trauma, orbital decompression, fracture reduction, nasal polyps.

(74) CHRONIC PAEDIATRIC RHINOSINUSITIS IS ALWAYS A SURGERY PATOLOGY?

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INTRODUCTION. Paediatric chronic rhinosinusitis (PCRS) is a common disease in children under 18 years of age and differs significantly from adult chronic rhinosinusitis (CRS) in terms of clinical features. The incidence of CRS in children and adolescents is estimated to be up to 4%.

AIM. The aim of this paper is to review the diagnosis and management of chronic pediatric sinusitis in light of recent data and advances in both surgical and medical management.

MATERIAL AND METHODS. Analysis of recent literature and guidelines from The European Position Paper on Rhinosinusitis and Nasal Polyps (EPOS 2020).

RESULTS. Many factors contribute to the development of sinusitis, the main ones being adenoiditis in younger children and allergic rhinitis in older children. Inflammation, mucociliary dysfunction and changes in the microbial environment are other causes of the disease. The diagnosis of pediatric CRS is based on the presence of two or more of the following symptoms: nasal obstruction, facial pressure/pain, purulent rhinorrhea and cough lasting for at least 12 weeks. According to the EPOS guidelines, nasal endoscopy is recommended as a preliminary objective method to aid in the recognition of CRS. Another method to visualize PCRS is computed tomography (CT), but it is recommended when medical treatment does not control the symptoms, in preparation for sinus surgery, or even in patients with suspected complications.

The first line of treatment of PCRS is medical and is based on: oral or intravenous antibiotics, corticosteroids, nasal saline irrigations and, more recently, biological drugs. When medical treatment fails, several surgical modalities are available, represented by adenoidectomy with or without sinus irrigation, balloon catheter dilation, functional endoscopic sinus surgery.

CONCLUSION. The development of CRS in children is multifactorial, with the adenoids having a greater role compared to adult CRS. Medical therapy remains first line in the treatment of uncomplicated pediatric PCRS, while surgery is reserved only for cases not well controlled by medication.

(75) NASAL GRANULOMAS A DIAGNOSTIC DILEMMA IN THE DEVELOPING WORLD

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Granulomatous conditions of the nose present significant diagnostic and therapeutic challenges in resource-limited settings. This case series examines distinctive presentations of nasal granulomatous diseases encountered in developing regions, including rhinoscleroma, rhinosporidiosis, tuberculosis, and atrophic rhinitis. Through careful clinicopathological correlation and innovative diagnostic approaches adapted to resource-constrained environments, we identified key distinguishing features that can guide clinicians working with limited resources.

Rhinoscleroma cases demonstrated the characteristic progression through catarrhal, granulomatous, and fibrotic stages, confirmed by the identification of Mikulicz cells and Klebsiella rhinoscleromatis on culture. Rhinosporidiosis presented with friable, polypoid masses containing pathognomonic sporangia of Rhinosporidium seeberi on histopathology. Nasal tuberculosis manifested with varied presentations, from ulcerative lesions to polypoid masses, requiring differential diagnosis from other granulomatous conditions through the demonstration of acid-fast bacilli and nucleic acid amplification tests where available. Atrophic rhinitis cases exhibited the classic triad of fetor, crusting, and atrophy, with persistent diagnostic challenges regarding the primary etiology.

Our experience demonstrates that, despite technological limitations, a systematic approach combining thorough clinical evaluation, basic histopathology, and selective use of accessible microbiological methods can effectively differentiate these conditions. This case series highlights practical diagnostic algorithms and context-appropriate management strategies to address these challenging diseases.

(76) ENDOSCOPIC REPAIR OF POST-TRAUMATIC CSF FISTULA USING THE "SANDWICH" TECHNIQUE: A CASE REPORT

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PURPOSE. This paper aims to present current perspectives

on cerebrospinal fluid (CSF) fistulas and their management using the endoscopic endonasal approach, with a focus on a clinical case illustrating the diagnostic and therapeutic process. CSF rhinorrhea, particularly of post-traumatic origin, remains a significant clinical entity due to its risk of ascending infection and potential for recurrent meningitis if not properly managed.

MATERIAL AND METHODS. We report the case of a 65-year-old female with a history of multiple traumatic head injuries, who presented with unilateral right-sided rhinorrhea persisting for approximately three months. Clinical ENT examination and nasal endoscopy revealed a clear fluid discharge originating from cystic pseudotumoral formations suggestive of a meningocele, located at the level of the right ethmoidal roof. β2-transferrin assay from the nasal exudate confirmed the presence of CSF. MRI identified a right-sided nasal meningocele in contact with the cribriform plate, measuring 6 mm craniocaudal, 5 mm antero-posterior, and 3.5 mm latero-lateral, with multiple cribriform plate foramina bilaterally.

RESULTS. The skull base defect was repaired using a multilayered ("sandwich") endoscopic endonasal approach, involving a right temporalis fascia graft, septal cartilage, DuraSeal sealant, and a vascularized Hadad–Bassagasteguy nasoseptal flap. This technique offers several key advantages: it ensures watertight closure, promotes tissue integration, and adapts to various defect sizes and locations. Postoperative management included prophylactic antibiotic therapy with Vancomycin and Ceftriaxone. The immediate postoperative course was favourable, with no signs of meningeal irritation or infectious complications. At the 3-month follow-up, the patient remained asymptomatic, with no clinical or radiological evidence of CSF leak recurrence.

CONCLUSION. Endoscopic endonasal repair using a multilayer sandwich technique represents a safe, minimally invasive, and highly effective method for managing anterior skull base CSF fistulas. Combining autologous grafts with a vascularized nasoseptal flap ensures robust and durable closure. This technique, now widely adopted in tertiary centres, minimizes recurrence risk and prevents life-threatening complications such as meningitis. Early diagnosis, appropriate imaging, and tailored surgical reconstruction are essential for achieving optimal outcomes.

KEYWORDS: CSF fistula, β2-transferrin, sandwich technique.

(77) MAXILLARY SINUSITIS SECONDARY TO FOREIGN BODIES

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INTRODUCTION. The presence of a foreign body of dental origin within the maxillary sinus is a relatively rare condition but carries significant clinical implications. It represents a potentially underdiagnosed cause of persistent unilateral maxillary sinusitis. This pathological entity primarily arises secondary to invasive dental procedures in the area of the upper molars and premolars, with tooth extractions and endodontic treatments being the most frequently implicated. Due to the anatomical proximity between the dental apices and the floor of the maxillary sinus, the integrity of the bony wall may be compromised, facilitating the migration of various foreign materials (dental fragments, filling materials, or even implants) into the sinus cavity. According to the literature, the incidence of root displacement into the maxillary sinus during dental extractions ranges from 0.5% to 3%, but this can be significantly higher in cases involving local anatomical anomalies or in the absence of an appropriate surgical protocol. In many cases, the symptoms may be nonspecific or delayed, requiring a high index of clinical suspicion and the use of high-resolution imaging techniques to establish an accurate diagnosis.

MATERIAL AND METHODS. We present the case of a 25-year-old female patient with no significant medical history, who presented to the ENT Clinic in Timisoara with persistent symptoms of unilateral purulent rhinorrhea, nasal obstruction, and facial pain, occurring shortly after a dental procedure. CT imaging revealed the presence of a hyperdense structure located at the junction between the left orbital floor and the medial wall of the left maxillary sinus, corresponding to a displaced dental root.

RESULTS. Radical maxillary sinus surgery was performed using the Caldwell-Luc approach to remove the foreign body and the entire sinus content, resulting in the restoration of sinus ventilation and resolution of symptoms postoperatively. The particularity of the present case lies in the atypical location of the dental foreign body, representing an area at increased risk for intraoperative complications. This justified the use of the Caldwell-Luc approach, which facilitated the complete removal of the foreign body and sinus content under optimal visual control while preserving adjacent anatomical structures.

CONCLUSION. Intrasinusal foreign bodies of dental origin are often underdiagnosed yet carry a potential for severe progression. Early identification using modern imaging techniques and selection of an appropriate therapeutic strategy tailored to each individual case are essential for preventing complications. Optimal management requires interdisciplinary collaboration between the ENT surgeon and the dental specialist, with the goal of restoring sinus function and improving the patient's quality of life.

KEYWORDS: sinusitis, nasal obstruction, epistaxis.

(78) EPISTAXIS TREATMENT IN PATIENTS WITH HEREDITARY HEMORRHAGIC TELANGIECTASIA

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INTRODUCTION. Hereditary hemorrhagic telangiectasia, or Rendu-Osler-Weber disease, is a rare (1:10,000) autosomal dominant disorder, characterised by multiple telangiectasias of the skin and mucous membranes, as well as arteriovenous malformations in various locations. Epistaxis is the most frequent manifestation of hereditary hemorrhagic telangiectasia, occurring in 90% of patients. Episodes are typically recurrent and range from mild, self-limiting bleeds to severe hemorrhages requiring transfusion. Therapeutic management of epistaxis in these patients varies according to severity and bleeding characteristics, ranging from conservative, non-surgical measures to surgical interventions.
PURPOSE. To evaluate the characteristics and treatment modalities of epistaxis in patients with hereditary hemorrhagic telangiectasia.
MATERIAL AND METHODS. We present the case of a patient diagnosed with hereditary hemorrhagic telangiectasia who presented multiple times to the Emergency Department with epistaxis. Such cases represent a therapeutic challenge, as there is no ideal method for managing epistaxis, with treatment ranging from classic nasal packing to hemostasis via electrocauterization.
CONCLUSION. This case highlights the need for heightened attention to therapeutic protocols for epistaxis in patients with hereditary hemorrhagic telangiectasia.
KEYWORDS: epistaxis, hereditary hemorrhagic telangiectasia, stepwise treatment.

(79) PAROTID GLAND SURGERY: ARE WE ASKING THE RIGHT QUESTION?

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BACKGROUND. The appropriate extent of surgical intervention for benign parotid tumors remains a matter of controversy. Over time, it went from enucleation to superficial parotidectomy and back to extracapsular dissection. Extracapsular dissection is often compared with conventional superficial parotidectomy. This is probably inappropriate, as both are helpful tools, and their indications do not overlap. Superficial parotidectomy is often said to be the gold standard; however, the risk of intraoperative damage to the facial nerve cannot be ignored. Lately, extracapsular dissection without exposure of the main trunk of the facial nerve has been considered an alternative for the treatment of small benign parotid tumors.
MATERIAL AND METHODS. We performed a retrospective analysis of 188 patients with benign primary parotid tumors operated on between April 2014 and December 2022. Extracapsular dissection (41 cases) or superficial parotidectomy (147 cases) was performed. Clinical and histopathological data were analyzed, and management was described. The study was not a true comparison but mostly an analysis of the differences in postoperative complication rates and outcomes between the two surgical techniques. The minimum follow-up period was 24 months.
RESULTS. A total of 188 patients (79 men and 109 women, aged 19 to 77 years) were operated on for a benign tumor of the parotid gland. 41 patients (22%) underwent extracapsular dissection, and 147 patients (78%) underwent superficial parotidectomy as the primary intervention. The mean lesion size was 2.0 cm – none greater than 2.7 cm – for extracapsular dissection and 4.2 cm for superficial parotidectomy. The most common postoperative complication was hypoesthesia of the earlobe, reported by 121 patients (64%). 3 patients (1.6%) developed a seroma. 17 patients (9%) experienced temporary facial nerve paresis (House–Brackmann grade II or III) and 4 patients (2.1%) developed permanent facial nerve paralysis (House–Brackmann grade II). All cases of facial nerve paralysis occurred in patients treated with superficial parotidectomy. There were 3 recurrences of pleomorphic adenoma (1.6%) and 2 cases of Frey's syndrome (1%). Pleomorphic adenoma was encountered in 146 cases (77%).
CONCLUSION. A comparison between extracapsular dissection and superficial parotidectomy as surgical procedures for the treatment of benign parotid tumors seems inappropriate, as their indications do not overlap. Extracapsular dissection showed similar effectiveness and fewer side effects than superficial parotidectomy and could be considered the treatment of choice for small, superficial, and/or marginal tumors located in the lateral lobe of the parotid gland.
KEYWORDS: superficial parotidectomy, extracapsular dissection, complications.

(80) HIGH-RESOLUTION COMPUTED TOMOGRAPHY IN MIDDLE EAR CHOLESTEATOMA: HOW MUCH DO WE NEED IT?

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BACKGROUND AND OBJECTIVES. The diagnosis of cholesteatoma is usually clinical, and the only effective treatment is surgical. High-resolution computed tomography (HRCT) is not considered absolutely necessary for the management of an uncomplicated cholesteatoma, but unsuspected situations from a clinical point of view can be discovered using the scans, alerting the surgeon. Our objective is to compare HRCT scan information with intraoperative findings in patients with cholesteatoma and to analyze the usefulness of a preoperative HRCT scan from a surgical point of view.
MATERIAL AND METHODS. This is a prospective descriptive study conducted in the Department of Otolaryngology, "Victor Babes" University of Medicine and Pharmacy, Timisoara, Romania, from May 2021 to April 2022. It was carried out on 46 patients with a clinical diagnosis of cholesteatoma who

were subsequently operated on in our department. All patients received full clinical and audiological examinations. In all cases, an HRCT scan was performed preoperatively as a mandatory investigation. Preoperative HRCT scans were analyzed, and their findings were compared with the intraoperative notes. The two sets of observations were analyzed using standard statistical methods.

RESULTS. Extensive cholesteatoma was the most common type of disease, involving 46% of the patients, followed by pars flaccida cholesteatoma (35%) and pars tensa cholesteatoma (19%). Eroded scutum was the most frequent lesion, occurring in 70% of the patients, followed by incus erosion (67%). Comparison of the HRCT and intraoperative findings revealed a very good correlation for tegmen tympani erosion, sigmoid plate erosion, scutum and malleus erosion, and a moderate-to-good correlation for lateral semicircular canal erosion, incus and stapes erosion, and fallopian canal erosion.

CONCLUSION. HRCT is a valuable tool in the preoperative assessment of cholesteatoma, helping in making surgical decisions. It can accurately predict the extent of disease and is useful in detecting unapparent dangerous situations. However, it is less accurate in detecting fallopian canal and stapes erosion.

KEYWORDS: high-resolution computed tomography; cholesteatoma surgery; very good correlation.

(81) WILL ENDOSCOPIC SEPTOPLASTY TAKE OVER CONVENTIONAL TECHNIQUES?

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Septoplasty is one of the most frequently performed procedures in specialist ENT practice. Various techniques have been described, but there have been significant changes in how the operation is currently performed. Endoscopic septoplasty was initially described in the 1990s and has shown an increasing trend in popularity in recent years. The endoscopic technique has even become the preferred method of septoplasty in some departments.

While this change may reflect professional development and progress in surgical practice, conventional forms of septoplasty are becoming much less popular. This trend will inevitably limit experience in conventional techniques, potentially leading to a loss of skill and expertise. This presentation aims to provide a comprehensive review of septoplasty, considering the benefits and limitations of both endoscopic and conventional techniques. Suggestions for future septoplasty surgery and training will also be proposed.

(82) LIMITATIONS OF THE ENDOSCOPIC APPROACH IN THE MANAGEMENT OF PARANASAL SINUS OSTEOMAS

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PURPOSE. This paper evaluates management strategies for paranasal sinus osteomas, comparing surgical intervention with a conservative, wait-and-see approach, and emphasizing the anatomical and technical limitations of endoscopic surgery.

MATERIAL AND METHODS. Paranasal sinus osteomas are the most common benign fibro-osseous lesions that occur at this level, with potential for serious complications. With a prevalence ratio of 2:1 towards males, the osteomas are situated in the frontoethmoidal region in 95% of the cases. This paper presents a series of cases managed either surgically or conservatively. In asymptomatic or minimally symptomatic cases, a "wait-and-see" approach with regular follow-up imaging was the best option. Surgical intervention – endoscopic/ external/ combined approach – is typically considered if the osteoma becomes symptomatic, obstructs sinus drainage, or causes significant mass effect.

RESULTS. The growth rate of the tumor is very slow, and a "wait-and-see" or "wait-and-scan" approach can be adopted for small, non-obstructive, and asymptomatic osteomas. Endoscopic resection proved effective for small- to medium-sized tumors with favourable anatomy, particularly in the ethmoid and medially located frontal sinuses. Tumors with lateral or superior extension, or close to critical structures, often required external or combined approaches.

CONCLUSION. Monitoring of paranasal sinus osteomas by periodic imaging examination is essential, given their potential for progressive growth and mass effect. Surgical intervention should be considered based on symptomatology, lesion size, anatomical location, and the risk of complications to ensure optimal patient outcomes.

KEYWORDS: paranasal sinus osteoma, surgical tehnique, conservative management, imaging surveillance.

(83) FUNCTIONAL RHINOSEPTOPLASTY

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Rhinoseptoplasty is a common otolaryngologic surgery. The indications for performing rhinoseptoplasty include aesthetic deformities, nasal obstruction, sleeplessness, and snoring. The most prevalent indication for functional rhinoseptoplasty is persistent nasal obstruction that does not respond to medical treatment. Additionally, the physiological impact and personal happiness may justify rhinoseptoplasty when symptoms are present.

In functional rhinoseptoplasty, nasal deviation is one of the most challenging conditions. It comprises several anatomical distortions, the most severe and complex form being deformation of the nasal septum. Deviation of the dorsal portion of the septum gives rise to both functional and aesthetic problems. The entire nasal pyramid could be involved in nasal deviation. Occasionally, deviations may be localized,

presenting varying degrees of deformity in the upper, middle, or lower portion. Nasal deviation is frequently related to nasal trauma but may be present since birth. A deviated nasal septum represents a key element in functional rhinoseptoplasty, as it forms the underpinning upon which the external nasal osseocartilaginous framework is built. As a result, septum surgery typically plays a vital role in the successful management of the externally deviated nose, and hence, combined septal and corrective rhinoplasty should be performed as a single procedure.

Multiple studies have analyzed the impact of rhinoseptoplasty on patients' lives. These studies show that patients benefit from improved quality of sleep and concentration, while symptoms such as rhinorrhea, nasal obstruction, and fatigue are resolved. Does rhinoseptoplasty improve a patient's quality of life? Yes, if it is performed in individuals with moderate-to-severe symptoms or if it improves the patient's psychological condition. However, patient happiness and self-confidence are significant factors in deciding whether to perform the procedure to enhance quality of life. Rhinoplasty is a surgical intervention that alters both the internal and external structure of the nose. In contrast to cosmetic rhinoplasty, functional rhinoplasty primarily aims to improve nasal breathing and the sense of smell without modifying the nose's appearance.

We believe that functional rhinoplasty is a procedure not commonly performed by plastic surgeons. It can offer significant benefits and improve patients' quality of life, either when performed alone or in combination with cosmetic rhinoplasty. This study aims to elucidate the nose anatomy, physiology, pathophysiology of nasal obstruction, and the array of surgical approaches applicable to functional rhinoplasty.

(84) FUNCTIONAL RHINOSEPTOPLASTY

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The predominant surgical treatment for obstructive deviation of the nasal septum during the first half of the twentieth century was submucous resection (SMR). The SMR was initially popularized by Killian and Freer in the early 1900s to allow the removal of bony and cartilaginous deformities of the nasal septum. During SMR, deformities of the dorsal and caudal portions of the septum are not addressed in order to prevent postoperative saddle-nose deformities and a retracted columella. Often, the septal deformities are removed, and straight pieces of cartilage or bone are not replaced.

In 1948, Cottle and Loring published an article describing a new operative procedure on the nasal septum that allowed the surgeon to address deformities in all portions of the septum, while avoiding postoperative deformities. Nasal septum surgery as adopted and developed at our school entails the maxilla–premaxilla approach by hemitransfixion incision (Cottle, 1958, Sulsenti, 1994). Rather than a surgical technique, it represents the fundamental premise of conservative nasal functional surgery. Therefore, the authors advise against septoplasty in favour of functional surgery of the nasal cavities, because surgical intervention involves not only correcting the nasal septum but also any other anatomical alterations associated with the septal deformity, which markedly affect nasal patency. Cottle's philosophy is based on the principle of avoiding invasive and ablative maneuvers in favour of preserving and reconstructing nasal structures, to prevent secondary retracting scars, bone and cartilage defects. This approach, by performing only one hemitransfixion incision, provides excellent "light" on the operating field and allows the correction of deformities of the septum and structures such as the nasal valve, which contributes significantly to nasal airflow, accounting for 70% of nasal breathing resistance and 44% of total inspiratory resistance.

Besides the description of the well-known surgical stages of Cottle's technique, we would like to underline some surgical steps that are especially useful in some age groups, such as in young patients and the elderly. The novelty of this technique lies precisely in its ability to be extended and adapted to certain age groups, which have been scarcely considered for nasal septum surgery. With regard to septoplasty in childhood, the external approach is the most popular one. The advantages of this method are generally linked to providing better exposure of the surgical field. This procedure also serves in cases of septal deviation anterior to the anterior nasal spine, since it allows complete mobilization and excision of the quadrilateral cartilage. We personally are against less conservative approaches, as they may interfere with scarring and make long-term results and the interaction with growth mechanisms hard to predict. The closed approach, using only the hemitransfixion incision, is a conservative procedure and, in our experience, it has proved to be safe and effective for amending even anterior cartilaginous deformities. In the elderly, who are often affected by cardiovascular diseases, optimal breathing is of crucial importance. In fact, when septal deformity is combined with overweight and hypertrophic orohypopharyngeal soft tissue, marked increases in respiratory resistance occur, sometimes leading to sleep disorders that impair the patient's overall condition and increase the risk of cardiovascular damage.

Cottle's surgery is also useful for correcting certain external nose deformities, such as columellar asymmetry, saddling, torsion and/or downward tilting nose tip, and alar asymmetry, which can be favourably treated through the hemitransfixion incision alone.

(85) OBSTRUCTIVE SLEEP APNEA IMPACT ON OBESITY AND DIABETES

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Obstructive Sleep Apnea Syndrome (OSAS) is a prevalent sleep-related breathing disorder characterized by repeated episodes of upper airway obstruction during sleep. It is in-

creasingly recognized as a significant public health concern due to its strong associations with metabolic and cardiovascular comorbidities, particularly obesity and type 2 diabetes mellitus (T2DM). Obesity is one of the primary risk factors for OSAS, contributing to upper airway collapsibility and increased fat deposition around the neck and pharynx. In turn, OSAS exacerbates metabolic dysfunction by promoting insulin resistance, systemic inflammation, and sympathetic nervous system overactivity, which are key contributors to the development and progression of T2DM. Furthermore, the intermittent hypoxia and sleep fragmentation characteristic of OSAS further impair glucose metabolism and worsen glycemic control in diabetic patients. This triad—OSAS, obesity, and diabetes—forms a vicious cycle that amplifies the risk of adverse health outcomes, including cardiovascular disease and reduced quality of life. Understanding the interplay among these conditions is critical for early identification, integrated treatment strategies, and the development of targeted interventions aimed at mitigating their combined impact on global health.

(86) BEHIND THE EUSTACHIAN BLOCK: A RARE PEDIATRIC PARAPHARYNGEAL TUMOR REVEALED DURING OTOLOGIC SURGERY

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INTRODUCTION. Soft tissue chondromas are a rare subtype of mesenchymal tumors that usually grow in the hands and feet. Head and neck soft tissue chondromas are uncommon, with very few cases reported in the literature; main sites include the neck, masticatory muscles, parotid gland or the oral cavity. Parapharyngeal space tumors (PPSTs) are extremely rare in children and often present with subtle or misleading symptoms. The diagnosis is established through histopathological examination. Treatment consists of either periodic monitoring, due to the potential for malignant transformation, or surgical removal. In this paper, we report the case of a previously healthy pediatric patient who presented with recurrent unilateral hearing loss and a tympanic membrane retraction pocket, unresponsive to medical treatment, caused by a left parapharyngeal space tumor with no other clinical symptoms.

CASE PRESENTATION. A 9-year-old female patient was admitted to the Cluj-Napoca Emergency County Hospital with hearing loss that had developed 5 years prior the admission and progressively worsened. Oropharyngeal and nasopharyngeal examinations were unremarkable, showing no visible mass, while otoscopy revealed a retraction pocket in the left tympanic membrane. During planned middle ear surgery, a firm, unexpected mass was palpated deep in the soft palate area, obstructing the Eustachian tube orifice. An atticotomy with retraction pocket removal and type I tympanoplasty was performed, followed by intraoperative biopsy of the mass. Subsequent imaging revealed a well-defined parapharyngeal mass with medial extension into the oropharyngeal wall, consistent with a post-styloid benign tumor. Histopathological examination confirmed the diagnosis of chondroma. Afterwards, the patient was admitted to Medicover Hospital Cluj for tumor resection. The tumor was completely excised using a transoral approach, allowing full access while minimizing morbidity and avoiding external incisions. The surgery was performed in a multidisciplinary surgical setting, involving ENT head-and-neck surgeons and oral and maxillofacial surgeons. There were no signs of recurrence in the following year.

CONCLUSION. This case emphasizes the diagnostic challenge of pediatric parapharyngeal space tumors, particularly when symptoms mimic common otologic conditions. It underscores the importance of clinical vigilance during routine otologic procedures and demonstrates the value of multidisciplinary management. Transoral access proved to be an effective, minimally invasive approach for safe tumor resection in the pediatric population.

KEYWORDS: parapharyngeal space tumor, chondroma, retraction pocket, transoral resection, head-and-neck surgery.

(87) NON-CODING RNA IN CHRONIC RHINOSINUSITIS WITH NASAL POLYPS – A REVIEW

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PURPOSE. Chronic rhinosinusitis with nasal polyps (CRSwNP) is defined by the presence of bilateral benign masses emerging from the paranasal sinus mucosa and growing through the middle or upper meatus into the nasal fossa, causing different degrees of nasal obstruction, facial pressure, anosmia and rhinorrhea. The etiology is unknown, with the main factor presumed to be a disturbance in mucociliary clearance, which maintains an increased level of local pathogens and activates a sustained type-2 inflammation. Currently, different molecular biomarkers have been reported with increased or decreased levels in CRSwNP compared to healthy people, but none have been proven for standard clinical use. This study aims to review the current literature studies and acknowledge the potential role of non-coding RNAs, focusing on micro-RNAs (miRNAs) and long

non-coding RNAs (lncRNAs) in establishing a suitable biomarker for predicting the treatment outcome and recurrence risk.

MATERIAL AND METHODS. A search of the PubMed database was performed, focusing on the relationship between miRNAs, lncRNAs and CRSwNP. Inclusion criteria were studies performed on human subjects with chronic rhinosinusitis with nasal polyps, where non-coding RNAs were obtained from blood samples and nasal polyp tissue in the case group, and from nasal mucosa in the control group. From the search results, we excluded all review papers, studies focusing on obtaining non-coding RNA from nasal lavage fluid, rejected papers and articles on other nose-related pathologies.

RESULTS. Regarding the miRNA studies, out of 73 studies, only 34 were selected for this review, while for lncRNA, 9 out of 15 studies were selected. More than 400 miRNAs and more than 500 lncRNAs with different levels of expression were identified, with miR-145-5p (decreased) and miR-125b (increased) being the most studied, suggesting a strong association between these biomarkers and CRSwNP.

CONCLUSION. Recent advances in the fields of epigenetics have improved our understanding of the roles and underlying pathways of non-coding RNAs, which can potentially help prevent the recurrence of CRSwNP and identify new treatment and monitoring possibilities.

KEYWORDS: chronic rhinosinusitis with nasal polyps, microRNA, long non-coding RNA, biomarker, epigenetics.

(88) ENDOSCOPIC MANAGEMENT OF SINONASAL INVERTED PAPILLOMA: A CASE REPORT

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PURPOSE. The objective is to present and analyze a clinical case of sinonasal inverted papilloma (IP), a benign but locally aggressive tumor originating from the Schneiderian epithelium of the nasal cavity and paranasal sinuses. Although histologically benign, IP is associated with a high recurrence rate and a potential for malignant transformation. This report aims to demonstrate the effectiveness of a tailored surgical approach through comprehensive clinical, radiological, and histopathological evaluation, followed by successful endonasal endoscopic resection.

MATERIAL AND METHODS. We present the case of a patient diagnosed with sinonasal inverted papilloma, treated at our otorhinolaryngology department. The diagnosis was established through a detailed clinical examination, high-resolution imaging—including computed tomography (CT) and magnetic resonance imaging (MRI)—and confirmed by histopathological analysis. The patient underwent complete surgical excision using a purely endonasal endoscopic approach.

RESULTS. Complete tumor removal was achieved without significant intraoperative complications. Postoperative follow-up over a 12-month period, including regular nasal endoscopy and imaging, revealed no evidence of recurrence. The surgical technique was adapted to the patient's specific anatomical features and the extent of tumor involvement, ensuring optimal resection and preservation of surrounding structures.

CONCLUSION. Endonasal endoscopic surgery remains the gold standard for treating sinonasal inverted papilloma, offering excellent outcomes with minimal morbidity. This case emphasizes the importance of individualized surgical planning.

KEYWORDS: sinonasal inverted papilloma, endonasal sinus surgery, tumor recurrence, histopathological diagnosis, malignant transformation.

(89) JUVENILE NASOPHARYNGEAL ANGIOFIBROMA – A MISDIAGNOSED CASE MANAGED WITH PREOPERATIVE EMBOLIZATION AND ENDOSCOPIC RESECTION

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PURPOSE. This paper presents the case of a 14-year-old male with juvenile nasopharyngeal angiofibroma (JNA) initially misdiagnosed at a local facility. We describe the diagnostic reassessment, the role of preoperative embolization, surgical management at our centre, and correlate findings with current literature.

MATERIAL AND METHODS. Juvenile nasopharyngeal angiofibroma (JNA) is a rare, benign yet locally aggressive vascular tumor that predominantly affects adolescent males. Although histologically benign, its rich vascularity and tendency to infiltrate adjacent structures make surgical management challenging.

In this case, the patient was initially misdiagnosed and treated symptomatically at a local facility. Subsequent imaging with contrast-enhanced computed tomography (CT) and magnetic resonance imaging (MRI) revealed a vascular mass consistent with JNA. Digital subtraction angiography (DSA) was used to assess the tumor's vascular supply.

Following current best practices reported in the literature, preoperative superselective embolization was performed to reduce intraoperative bleeding risk. Surgical resection was then carried out using an endoscopic approach.

RESULTS. Preoperative embolization significantly reduced intraoperative blood loss. Complete tumor removal was achieved without complications. The postoperative period was uneventful, and no recurrence was noted at 6-month follow-up. Literature supports embolization as a safe and effective adjunct in the management of JNA, particularly for

large or hypervascular tumors.

CONCLUSION. Juvenile nasopharyngeal angiofibroma, although rare, should be considered in adolescent males presenting with persistent epistaxis and nasal obstruction. This case highlights the importance of accurate diagnosis, the utility of advanced imaging techniques, and the benefits of combining preoperative embolization with endoscopic surgical resection. A multidisciplinary and well-coordinated approach is essential for achieving favourable outcomes and minimizing complications.

KEYWORDS: juvenile nasopharyngeal angiofibroma, embolization, endoscopic surgery, epistaxis.

(90) MELANOM WITH LOCALIZATION IN THE RIGHT NAZAL FOSSA – CLINICAL CASE

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INTRODUCTION. This paper presents a rare clinical case of mucosal malignant melanoma located in the right nasal fossa, including the surgical approach and histopathological analysis.

MATERIAL AND METHODS. We describe the case of a 56-year-old male patient with medically controlled arterial hypertension who presented with right-sided nasal obstruction and recurrent epistaxis. Imaging revealed an extensive endonasal tumor extending to the right middle meatus. Surgical intervention was performed via a right paralateronasal incision, with nasolabial-facial detachment and complete exposure of the tumor. Complete tumor excision, rigorous hemostasis, tamponade of the cavity with betadine-soaked pads, and final tegumental suture were performed. The specimens were sent for histopathological examination.

RESULTS. Microscopic examination confirmed the diagnosis of mucosal malignant melanoma (ICD-O: 8720/3), with a solid and pseudopapillary pattern, marked pleomorphism, prominent nucleoli, atypical mitoses, and focal melanin pigment. The postoperative course was favourable, with no local or systemic complications. The patient was included in a multidisciplinary oncological treatment plan, with recommendations for immunohistochemical and molecular biology testing.

CONCLUSION. Nasal mucosal melanoma is a rare but aggressive oncological entity with a high risk of recurrence and metastasis. Early and complete surgical intervention, together with thorough histopathological evaluation and interdisciplinary collaboration, is essential for patient prognosis. Comorbidities such as hypertension require careful perioperative management.

KEYWORDS: mucosal melanoma, nasal fossa, surgical excision, pathologic anatomy.

(91) CRANIOFACIAL TRAUMA IN MULTIDISCIPLINARY APROACH

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INTRODUCTION AND OBJECTIVE. In today's fast-paced life, with an increasing number of vehicles and two-wheeled means of transportation on the road, as well as increasing violence in society, we are witnessing an increasing number of craniofacial traumas in the context of polytrauma.

MATERIAL AND METHODS. We present the experience of the ENT Clinical Department of the Bucharest University Emergency Hospital, over a period of 10 years, in the multidisciplinary approach to craniofacial traumas. Our team includes emergency physicians, imaging specialists, maxillofacial surgeons, neurosurgeons, ophthalmologists, plastic surgeons, etc.

RESULTS. High-performance imaging using craniocerebral CT scan with 3D reconstruction is mandatory. Central facial traumas, such as naso-orbito-ethmoidal fractures, require special sections that must be requested by the ENT specialist based on clinical suspicion. The surgery time must be decided by the team, in the absence of fever, rhinoliquorrhea, and after the remission of facial oedemas and hematomas, typically within 2-10 days following the trauma.

CONCLUSION. Craniofacial trauma must always be considered in the context of polytrauma. It is essential to prioritize the lesions and adopt a multidisciplinary approach to craniofacial lesions in order to obtain an aesthetic and functional result similar to that before the trauma.

KEYWORDS: craniofacial trauma, polytrauma, imaging, multidisciplinary approach.

(92) EXTERNAL APROACH IN SINONASAL PATHOLOGY: WHEN AND HOW

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INTRODUCTION AND OBJECTIVE. In rhinosinusal pathology, we truly live in a "golden age" of endoscopic rhinosinusal surgery that tends to resolve an increasingly wide range of pathologies, from inflammatory pathology to malignant rhinosinusal and skull base tumours. However, there are situations when the anatomical configuration, the evolutionary framework of the lesions, or the large dimensions of the pathological process require a combined approach or even an external approach through different types of rhinotomies.

MATERIAL AND METHODS. We present a series of cases from the experience of the ENT Department of the Bucharest University Emergency Hospital, in which we performed an external approach or a combined approach for different

types of rhinosinusal pathologies.

RESULTS. We review the types of rhinosinusal pathologies treated via external approach. Of course, malignant tumours are the main indications that require external approaches such as lateral rhinotomy, sublabial rhinotomy, Weber-Ferguson-type approaches, and, when the pathology involves the superstructure, the coronal approach. However, there are also benign pathologies, such as frontal sinus osteomas or complicated frontal sinusitis with compartmentalized anatomical configuration of the frontal sinus, which require an external approach. We present and comment on all these situations in detail.

CONCLUSION. High-performance craniofacial imaging, such as CT and/or MRI, is mandatory for therapeutic planning, precisely establishing the extension of the lesion so that the decision regarding the approach is substantiated. A multidisciplinary team approach is often necessary, together with a neurosurgeon, ophthalmologist and maxillofacial surgeon. The vital prognosis depends on the nature and stage of the lesion, and the functional and aesthetic prognosis is most often very good.

KEYWORDS: rhinosinusal pathology, external approach, imaging, multidisciplinary team.

(93) TRIPLE TUMOR PRESENTATION: NAVIGATING PRIMARY VERSUS METASTATIC DISEASE

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PURPOSE. A case study presentation of a 63-year-old female patient who presented to our attention with complaints of persistent nasal obstruction and facial pain. Nasopharyngoscopic examination revealed a vegetative neoplastic lesion occupying the entire right nasal cavity. Additionally, a second papillomatous or exophytic lesion was identified on the left vocal cord. During the examination, a tumor in the right breast was also detected.

MATERIAL AND METHODS. Contrast-enhanced computed tomography (CT) imaging of the head and neck confirmed the presence of both masses: an extensive lesion within the right nasal cavity, with partial obstruction of the osteomeatal complex, and a well-demarcated lesion arising from the left true vocal cord, causing partial glottic obstruction without vocal cord fixation. To complete the diagnostic work-up, a screening mammography was performed, which unexpectedly revealed a third non-homogeneous mass in the upper outer quadrant of the right breast, raising suspicion for malignancy.

DISCUSSION. All three lesions—nasal, laryngeal, and breast—were biopsied in order to determine their histopathological nature. The biopsies are pivotal in defining staging, origin (primary vs. metastatic), and the appropriate multidisciplinary therapeutic approach.

CONCLUSION. This case underscores the importance of comprehensive evaluation in patients presenting with multifocal lesions, as well as the need to consider the possibility of synchronous primary tumors versus metastatic disease.