

PUFF THE MAGIC DRAGON

AN UNUSUAL CASE OF A PUFFY FACE



MA ACP Annual Scientific Meeting

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WAIT, MAGIC DRAGONS?



PRESENTATION

53 year old female from Dominican Republic

Reported a lump, left side of forehead, a week before presentation

Rapidly increased in size, pain and tenderness

REVIEW OF SYSTEMS

Constitutional: No fever, night sweats, sleep abnormalities, fatigue, malaise or lethargy.

Head and neck: Forehead lump, no trauma or bites, headache or neck swelling.

Vision: No vision loss, eye pain, double vision, redness, discharge.

ENT: No hearing loss, nasal pain or discharge, dysphagia, ulcers.

Gastrointestinal: No nausea, vomiting, diarrhea, abdominal pain, blood in stools or dark-colored stools.

Chest/CVS: No chest pain, wheezing, shortness of breath, anxiety, palpitations, orthopnea, PND or foot swelling.

Musculoskeletal: No muscle ache, joint pain, stiffness, swelling or limitation of mobility.

Neurological: No loss of consciousness, fainting, confusion, memory loss, fatigue, malaise or seizures.

PAST MEDICAL HISTORY

Chronic sinusitis for many years

Migraine headaches

Left trapezius abscess (drained in ED)

Negative PPD few years ago

SOCIAL HISTORY

Immigrated from Dominican Republic a few years ago.

Lives at home with her family.

Occasional alcohol use.

No smoking or drug use.

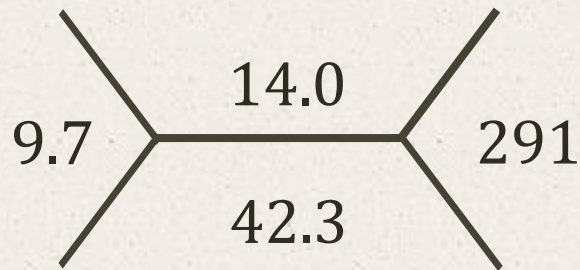
Independent in her daily activities.

HOME MEDICATIONS

Multivitamins

Acetaminophen/Butalbital/Caffeine PRN

PRESENTING LABS

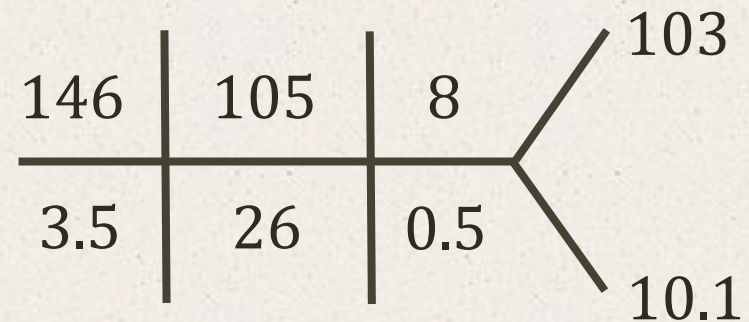


INR 1.0

ESR 16

CRP 19.86

UA clear



Neutrophils 75%

Lymphocytes 21%

No bands

PHYSICAL EXAMINATION

Vitals: 98.4°F, HR 73, RR 18, BP 164/96mm/hg, 95% RA, No acute distress

Inspection: 3cm x 3cm smooth round mass with smooth borders. No skin break, ulcer or discoloration.

Palpation: Puffy, smooth, non pulsatile, minimally mobile mass with mild to moderate tenderness, no warmth.

Eyes: No eyelid swelling, limitation of EOMs or visual field loss. Normal pupillary reflexes.

PHYSICAL EXAMINATION

Head: Lump as described, normocephalic, atraumatic, No cervical LNE.

Cranial nerves: grossly within normal limits.

Chest: clear to auscultation bilaterally. No added sounds.

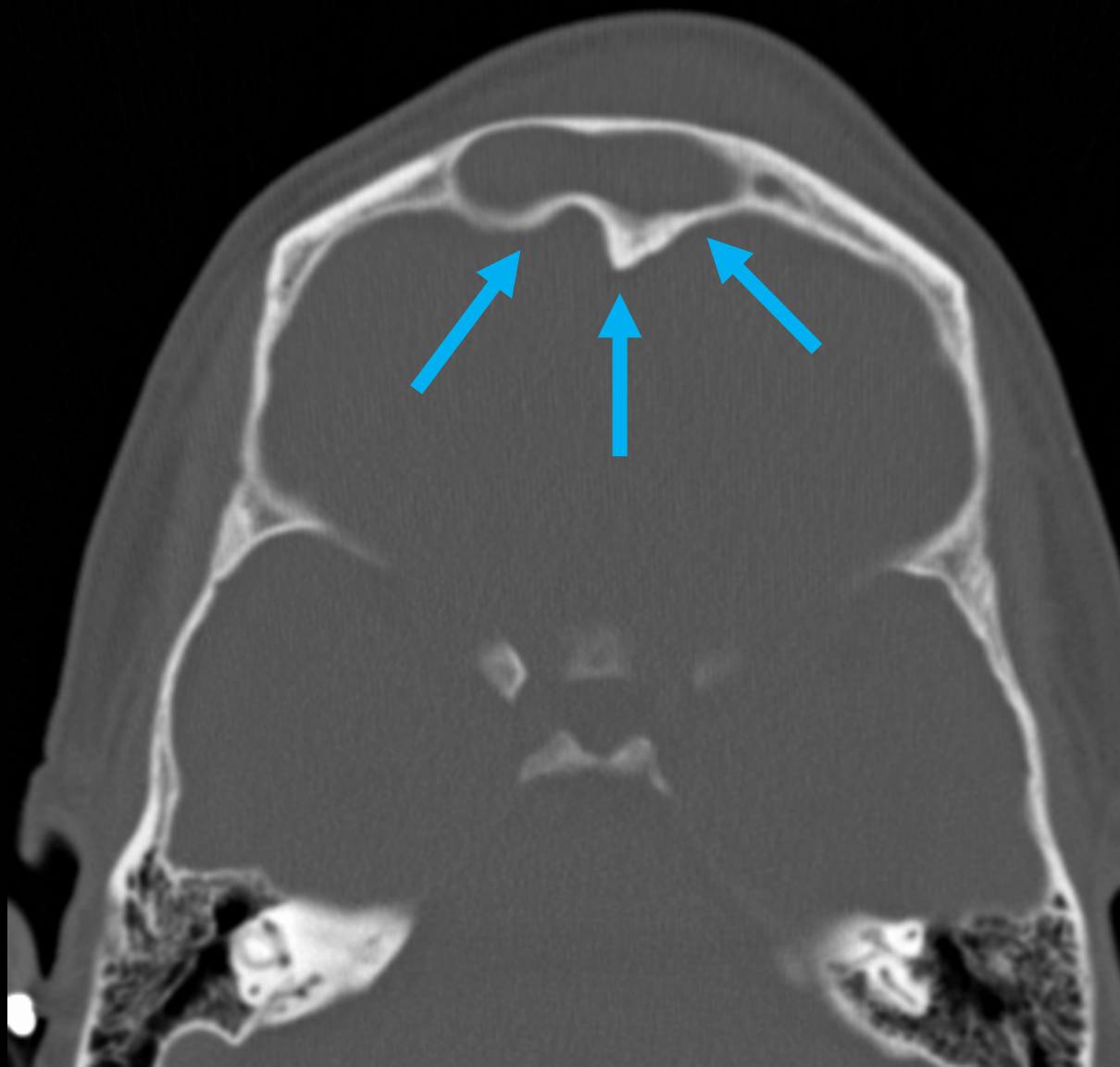
CVS: S1, S2 is normal. No murmurs, rubs or gallops.

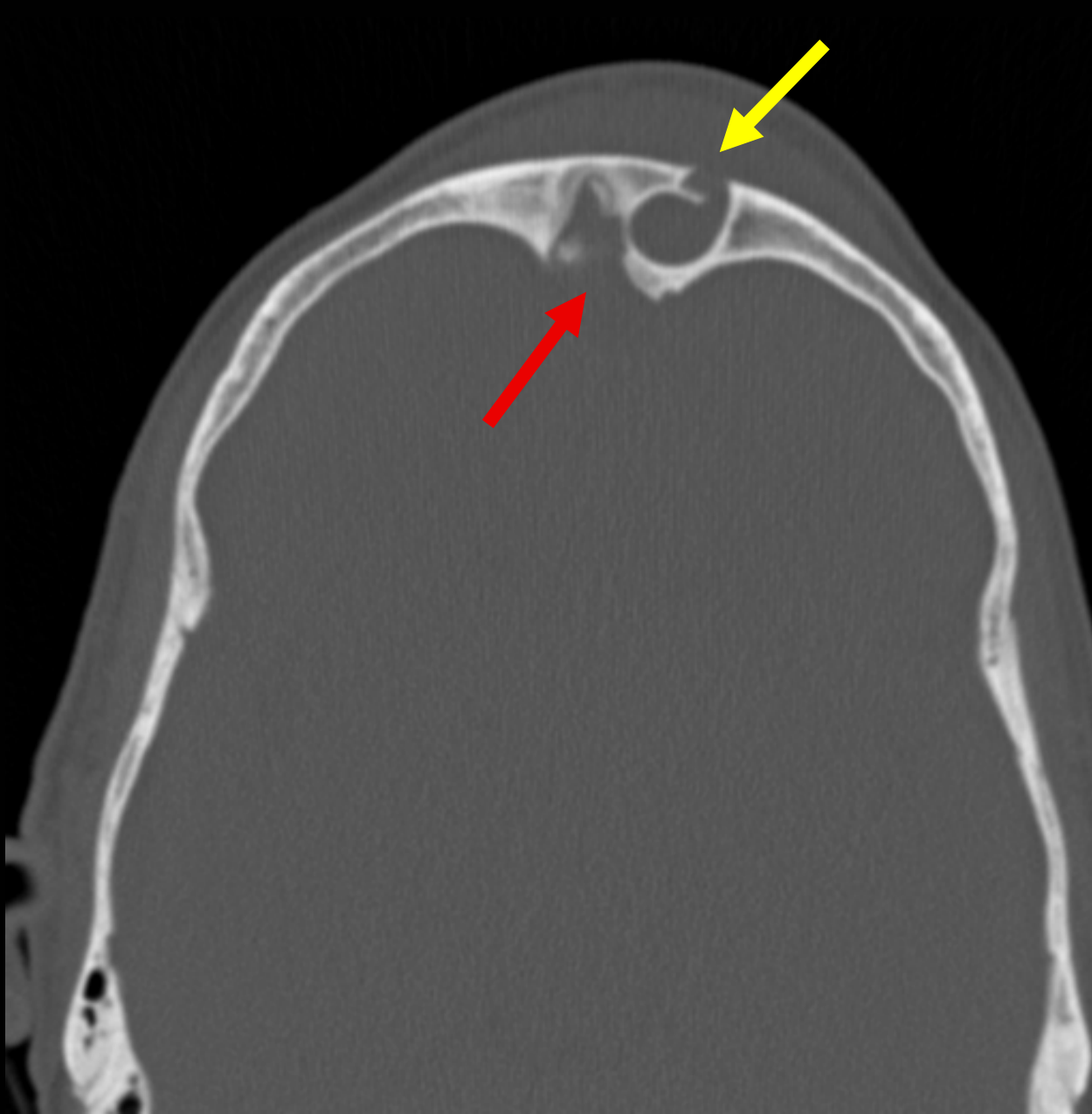
Abdomen: soft, nontender, nondistended. No organomegaly, normal bowel sounds.

MS: There is no obvious joint deformity, limitation or swelling.

Neuro: No motor/sensory deficits, reflexes brisk.

Extremities: No pedal edema, cyanosis or varicosities.



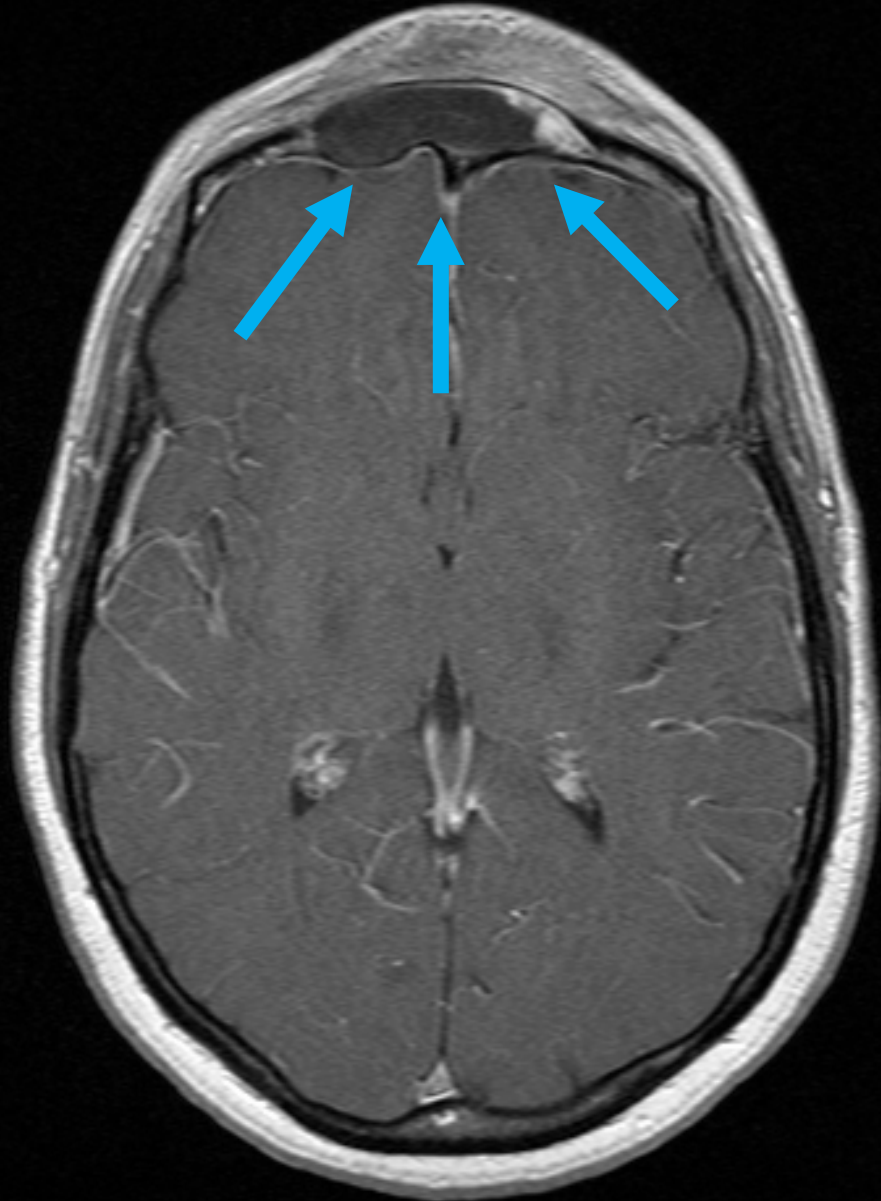


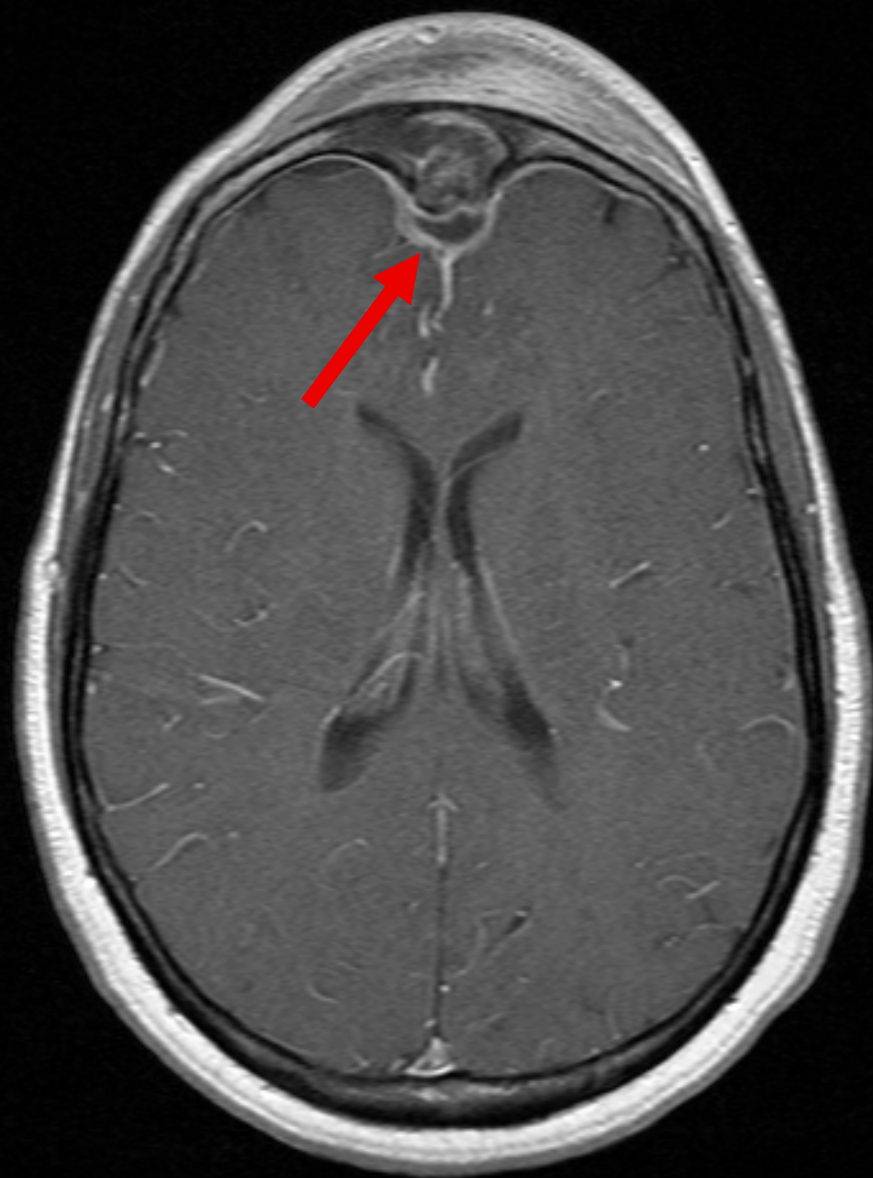


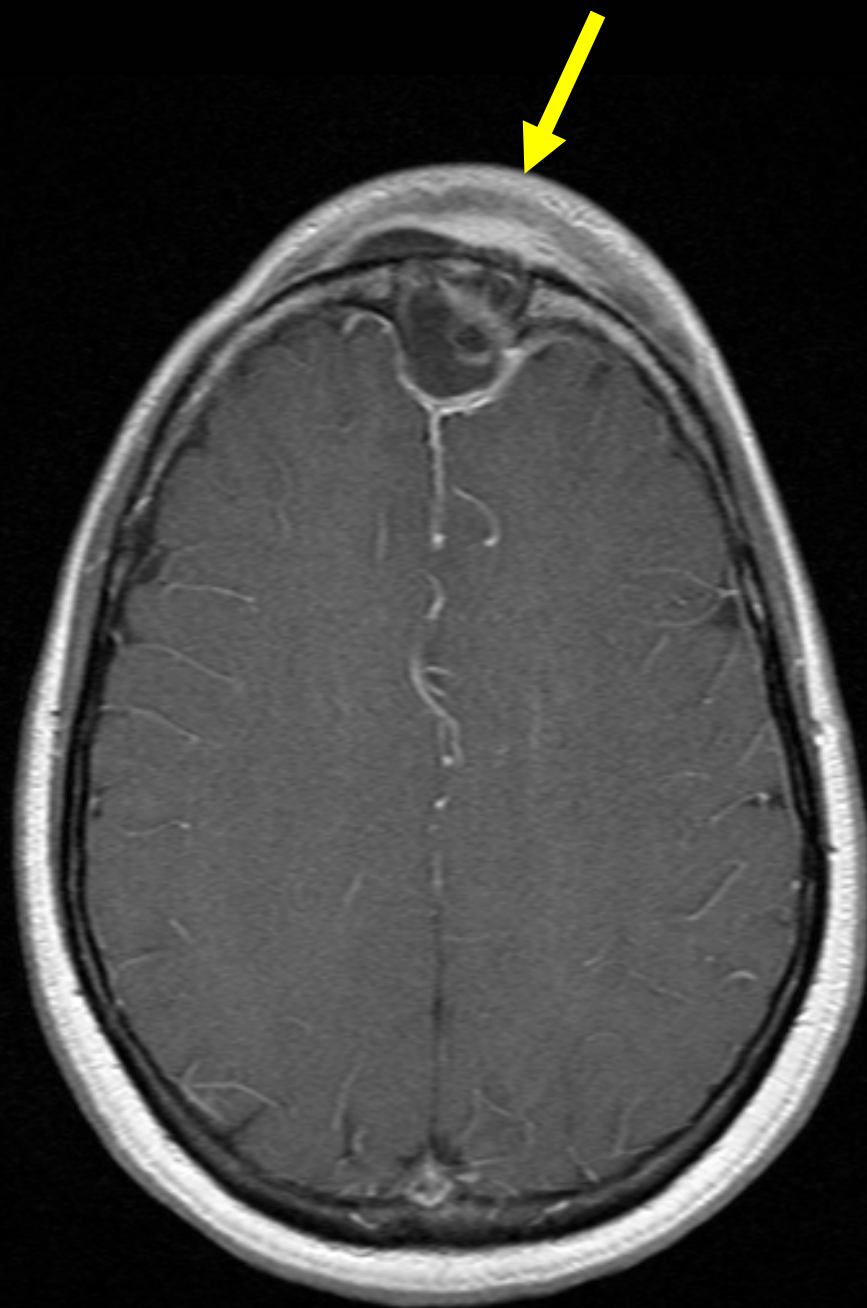
<http://uwmsk.org/sinusanatomy/2/Frontal-Normal.html>

NEXT MORNING

Sudden onset puffiness and discomfort of the forehead, eyelids and cheeks.









SURGERIES PERFORMED

1. Bifrontal craniotomy with removal of intracranial mass.
2. Obliteration and cranialization of frontal sinuses.

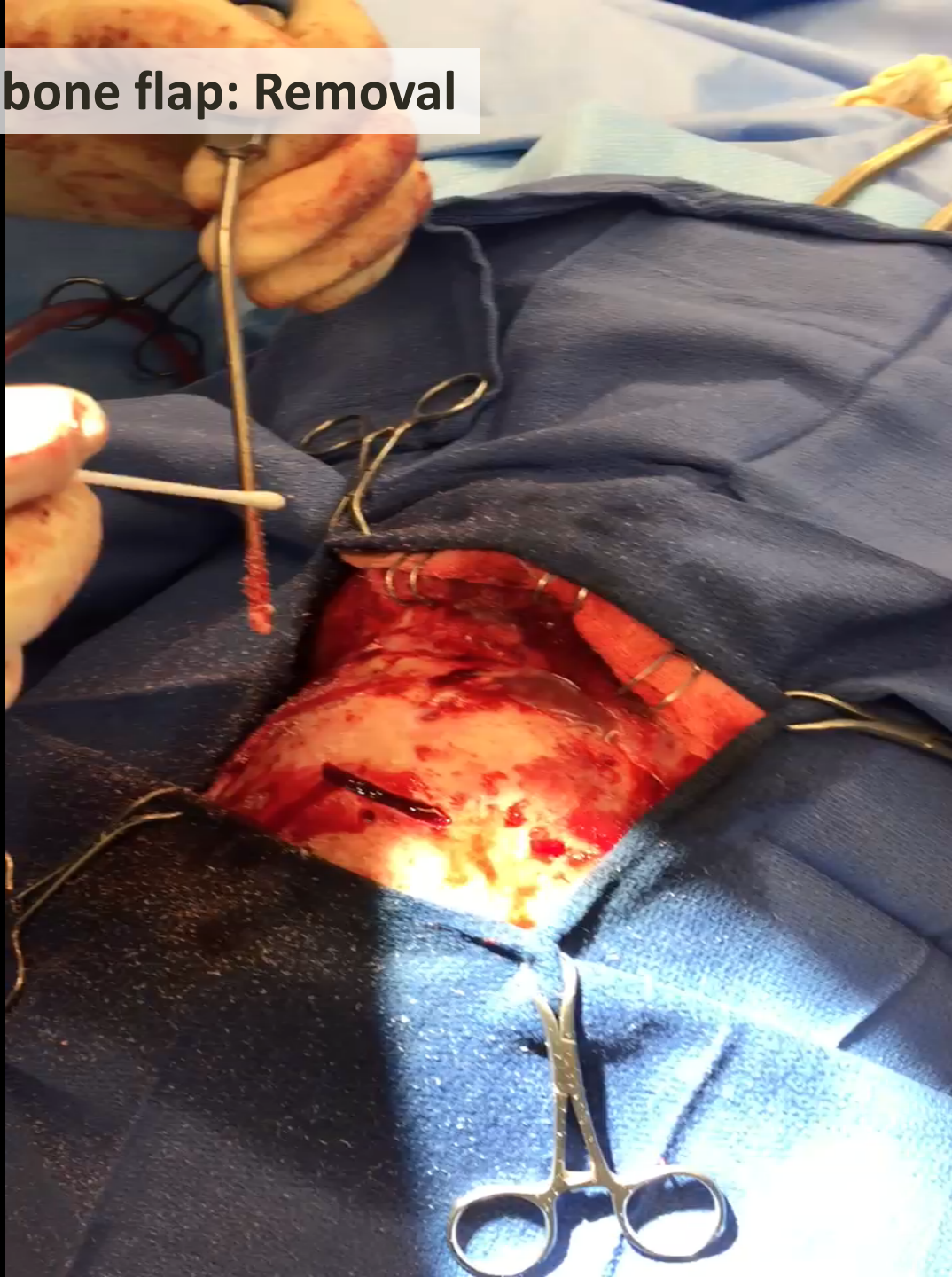


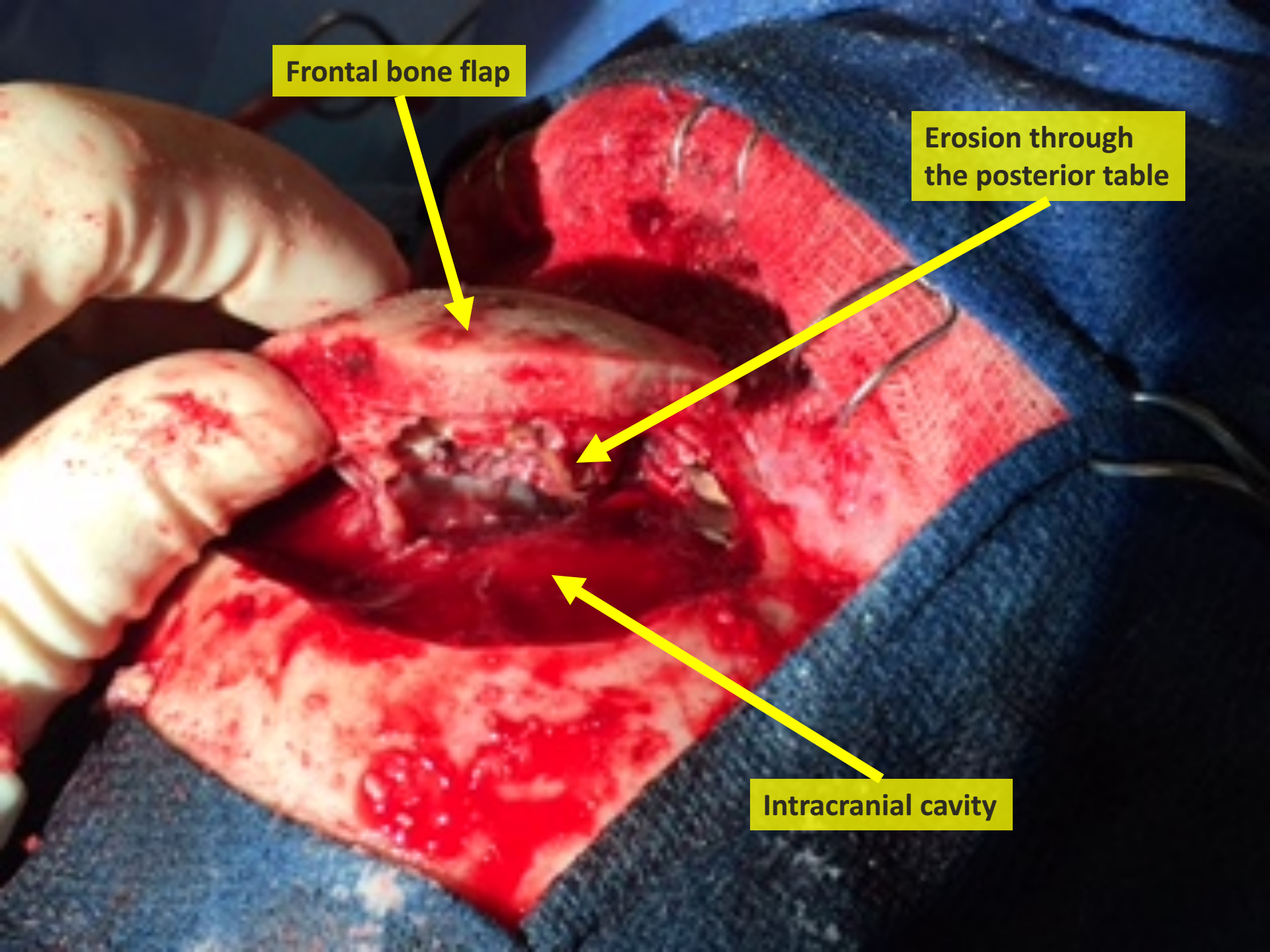
**Scalp flap
(reflected anteriorly)**

This is an intraoperative photograph showing a surgical approach to the frontal bone. A large, red, vascularized scalp flap has been reflected anteriorly, exposing the underlying frontal bone. The bone surface is light-colored and shows some surgical markings. A small, dark, circular opening is visible in the center of the bone. The surrounding surgical field is saturated with red, indicating exposed tissue and blood.

Frontal bone

Frontal bone flap: Removal

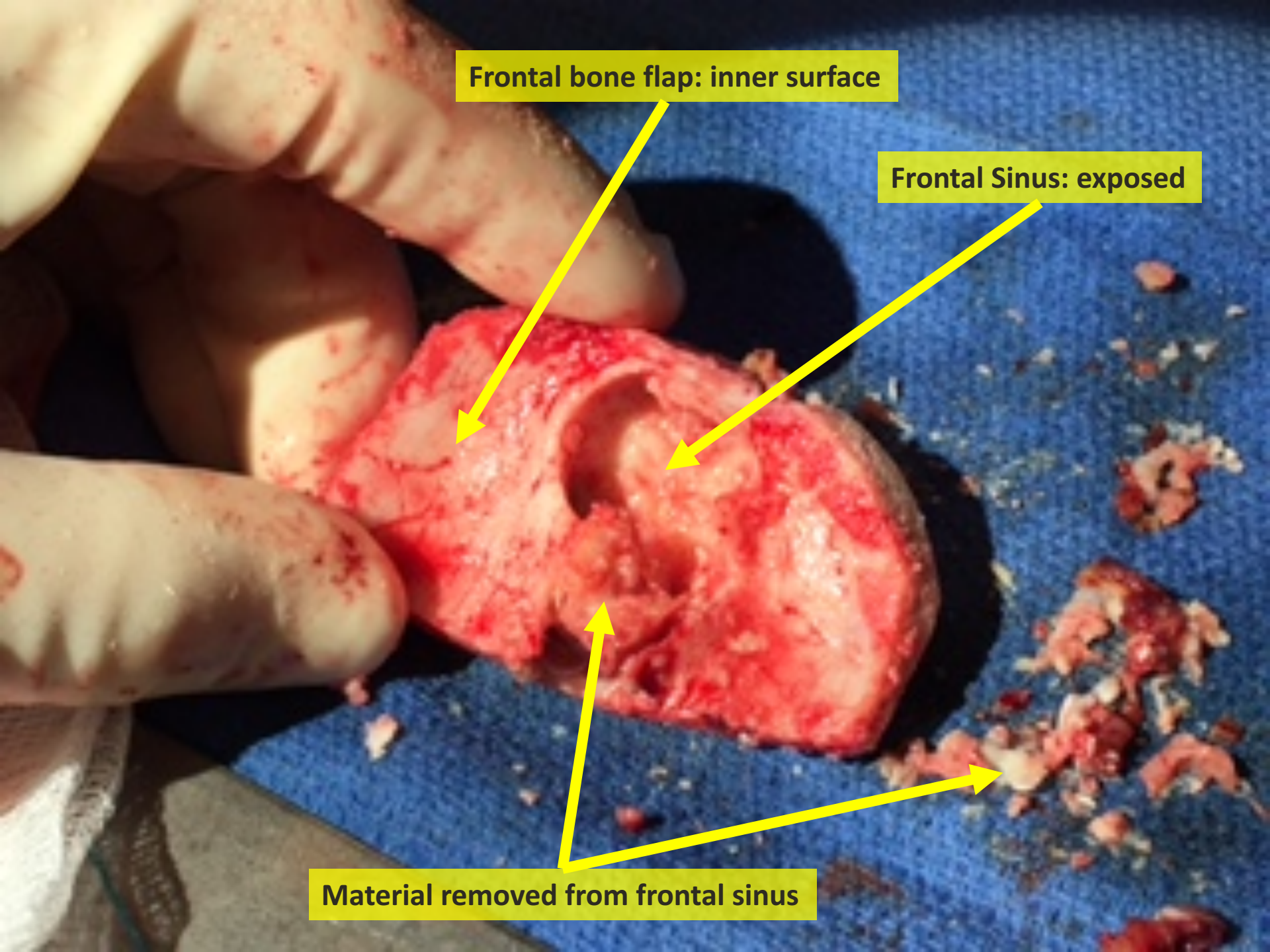




Frontal bone flap

Erosion through the posterior table

Intracranial cavity



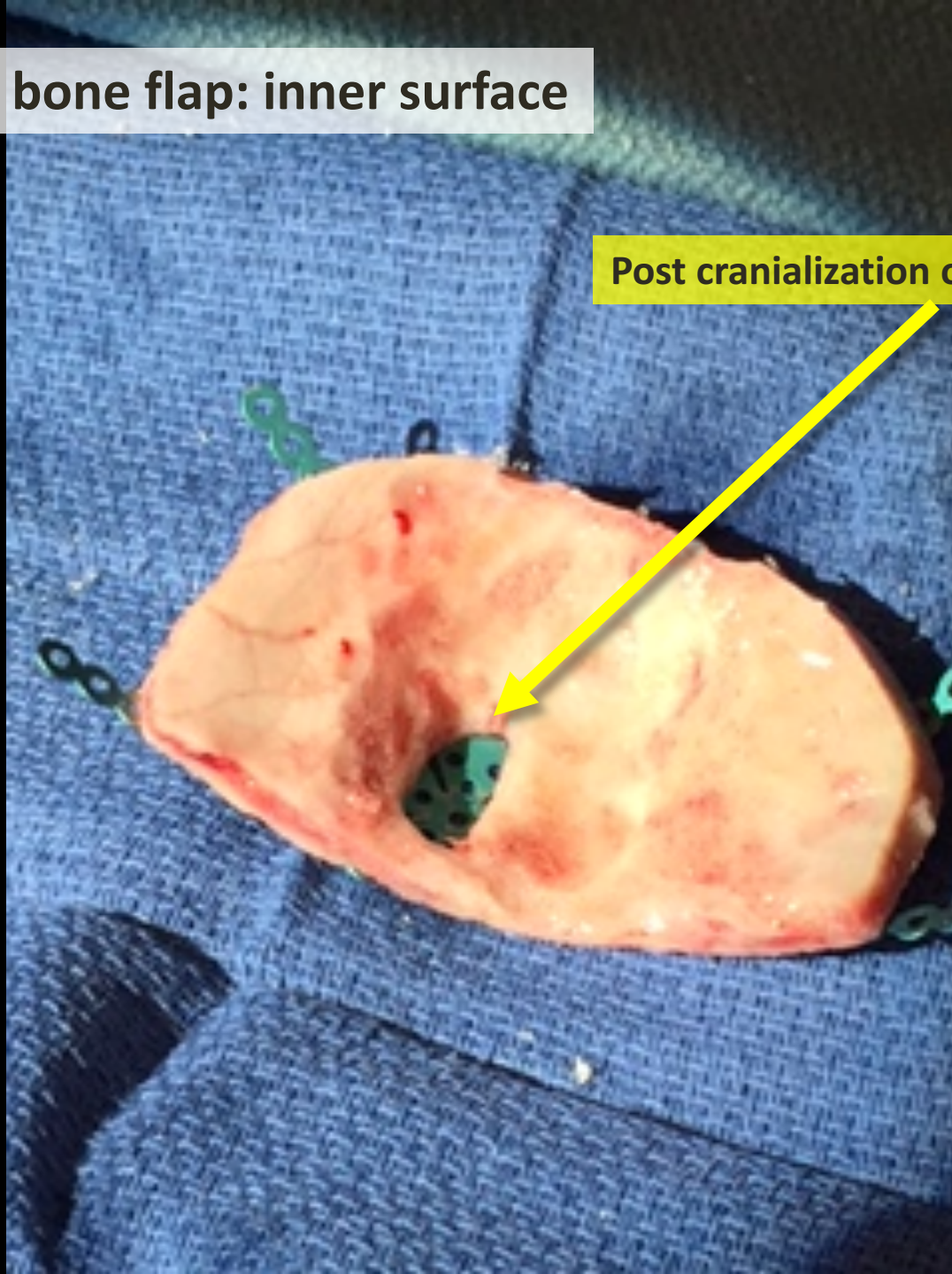
Frontal bone flap: inner surface

Frontal Sinus: exposed

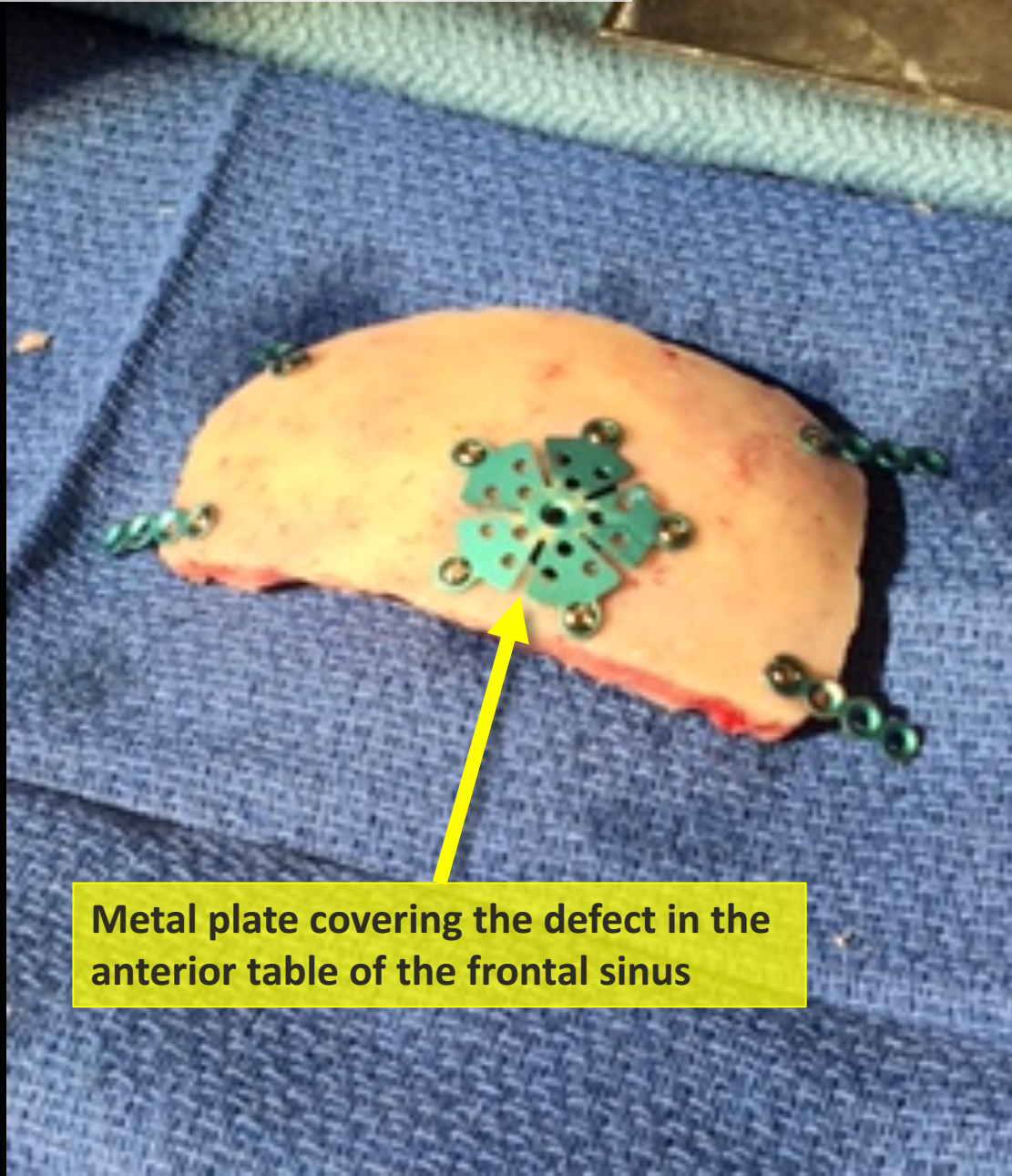
Material removed from frontal sinus

Frontal bone flap: inner surface

Post cranialization of frontal sinuses

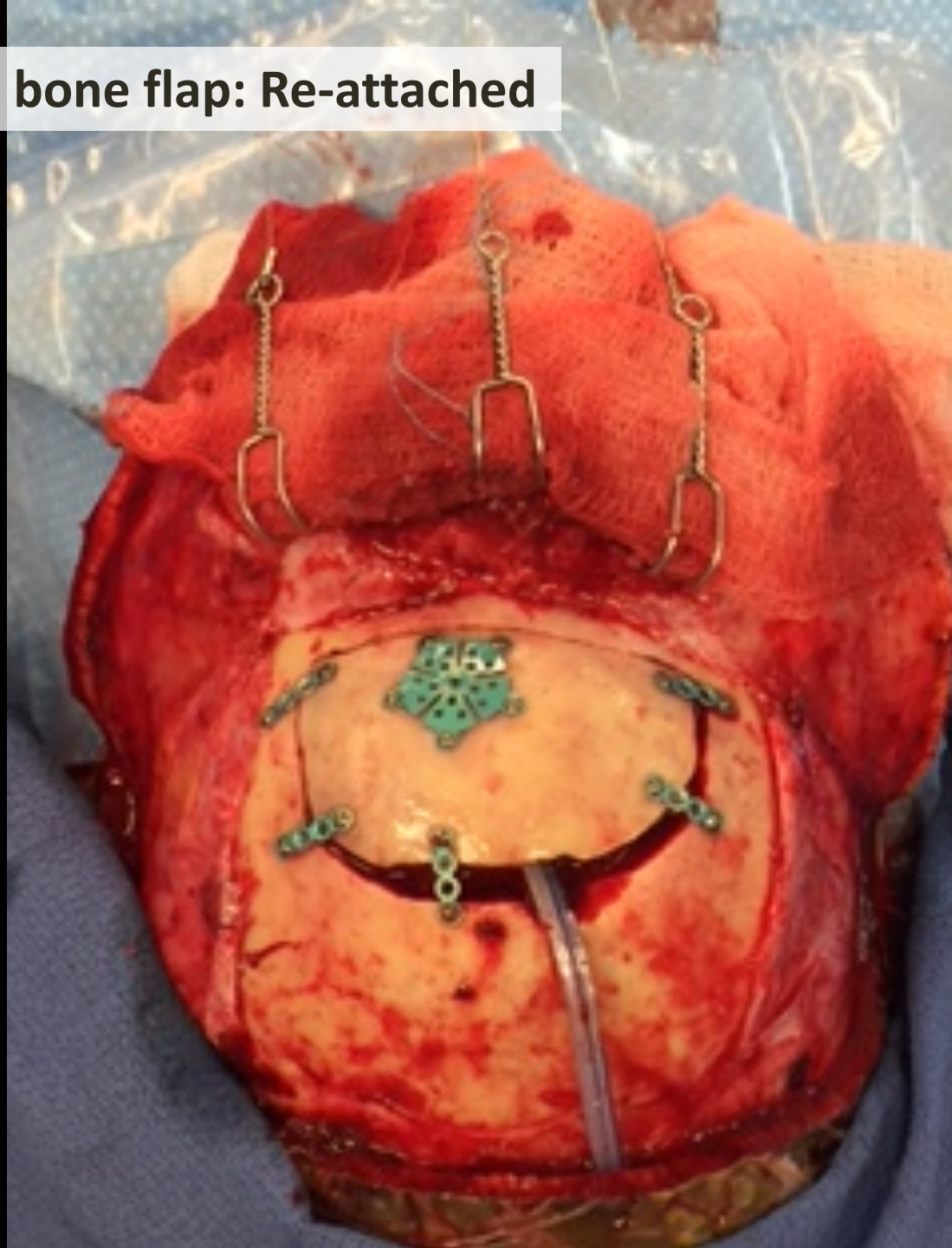


Frontal bone flap: Outer surface



Metal plate covering the defect in the anterior table of the frontal sinus

Frontal bone flap: Re-attached



POST SURGICAL COURSE

Patient responded well post surgery.

No complications.

POST SURGICAL COURSE

Mass biopsy:

Chronic
inflammatory
changes.

No malignant cells.

POST SURGICAL COURSE

Culture

Microaerophilic streptococci

Haemophilus parainfluenzae

Antibiotic therapy

6 week IV ceftriaxone

POTT'S PUFFY TUMOR

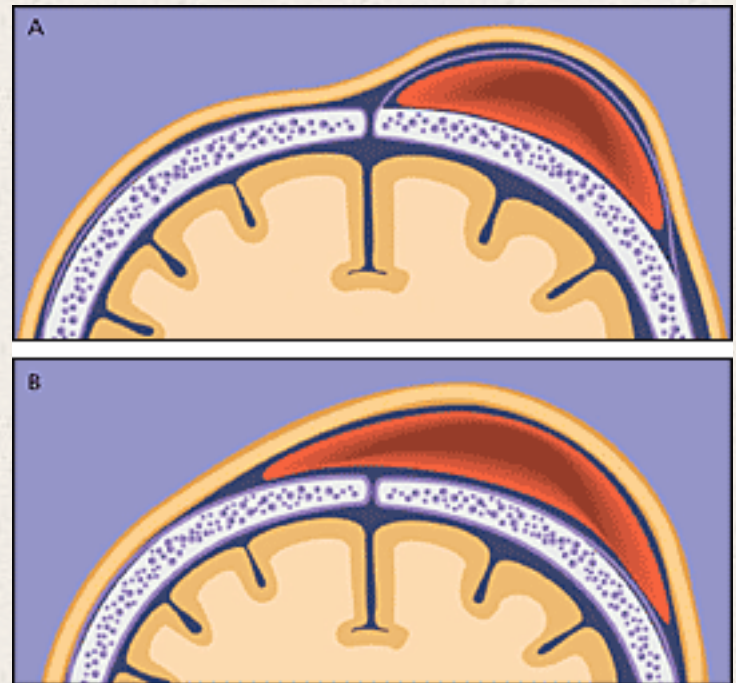
Misnomer (not a tumor)

Infective complication of frontal sinusitis

POTT'S PUFFY TUMOR

Obstructed frontal sinusitis erodes through the anterior wall of the sinus to form subperiosteal or subgaleal collection

Creates a puffy lump in the forehead



<http://www.aafp.org/afp/2008/1015/p953.html>

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THANK YOU

Thank

George M. Abraham, MD, MPH, FACP



QUESTIONS?