Analysis of Lamina Papyracea Area and Ethmoid Sinus Volume in Indonesian Patients Undergoing Paranasal Sinus CT Scan

Analisis Luas Lamina Papyracea dan Volume Sinus Ethmoid pada Pasien Orang Indonesia yang Dilakukan Pemeriksaan CT Scan Sinus Paranasalis

ABSTRACT
Of the rhinosinusitis (CRS) patients, half of whom require surgical intervention. Functional endoscopic sinus surgery (FESS) is a standard treatment of CRS and sinonasal polyps. Orbito-ocular complications can occur during FESS. The lamina papyracea (LP) is the weakest point of the medial wall of the orbit. The variability in the size and shape of the paranasal sinuses is important in the FESS procedure. The ethmoid sinus is the most complex paranasal sinuses. Preoperative evaluation using computed tomography (CT) is mandatory for all patients undergoing FESS. This study aimed to determine the lamina papyracea area and ethmoid sinuses volume in patients who underwent a CT scan of paranasal sinuses. This study was a descriptive study on 103 patients who underwent a CT scan of paranasal sinuses in the Radiology Department of Hasanuddin University General Hospital, Makassar, from January to August 2019. The lamina papyracea area and ethmoid sinuses volume were measured based on age and gender. The results showed that the average of lamina papyracea size and ethmoid sinus volume was greater in males than in females. There was a correlation between age and posterior height of left lamina papyracea (p=0.02), but no correlation between ethmoid sinuses volume and age.

Keywords: Ethmoid sinus volume, lamina papyracea area, paranasal sinus CT scan

ABSTRAK

Kata Kunci: CT scan sinus paranasalis, luas lamina papyracea, volume sinus ethmoid
INTRODUCTION

Lamina papyracea (LP) is the weakest point of the orbital medial wall, which forms the connecting line between the paranasal sinuses and the orbit (1). Lamina papyracea articulates with the orbital plates of the superior frontal bone, maxillary and orbital processes of the inferior palatine bone, anterior lacrimal bone and posterior sphenoid (2). Precise localization of LP according to inferior nasal turbinate (INT) attachment to the lateral nasal wall is essential to avoid orbital penetration (3). As a consequence of LP penetration, periorbital ecchymosis or emphysema, venous orbital hematoma, medial rectus injury, and blindness can occur. During Endoscopic Sinus Surgery (ESS) that is important for the treatment of chronic rhinosinusitis and removal of sinonasal pathology, accidental LP injuries can occur (3,4). Shigeta et al., reported the prevalence of LP injuries in their prospective study was 5.8% (1,5). Recognizing CT images from normal LP anatomy allows assessment on the targets of ESS and reconstructive surgery, including careful planning, the use of additional surgical approaches, efficient clearance of ethmoid air cells on LP, avoiding injury, and obtaining the exact dimensions of the implant (6).

Paranasal sinuses are a series of cavities that surround the nasal cavity (7). The main characteristic of paranasal sinuses are pneumatic, which have complex and varied anatomy (8,9). Significant differences are considered to be present in sinuses between individuals, even for the same individual, between the right and left sides of the sinuses (10). The variability in the size and shape of the paranasal sinuses is important in the FESS procedure (11). The ethmoid sinuses are important in the function of the sinus drainage pathway because the paranasal sinuses drainage pathway can be through or adjacent to the lateral wall. The dimensions of ethmoids are important parameters in ESS (12,13). In addition, it is necessary to have a good index, which correlates well with the volume. At present, the recognition of axial, sagittal, and coronal planes using computed tomography (CT) has allowed a more precise assessment of the structure of the ethmoid sinuses (8).

Paranasal sinuses computed tomography (CT) imaging has become a standard of care for preoperative planning (14). Helical CT allows for rapid acquisition and multiplanar reform. With the advent and the regular use of image guidance for intraoperative anatomical verification, images are recommended to be saved in a format accepted by the system when special preoperative imaging is performed. The image guidance system allows the surgeon to visualize CT images in all three imaging fields during FESS (15).

Based on the description above, the importance of knowing the breadth of the lamina papyracea and the ethmoid sinuses volume before doing the FESS made this research significant to conduct.

METHODS

Research Design

This study was a descriptive study that aimed to determine the lamina papyracea area and ethmoid sinuses volume in patients undergoing paranasal sinuses CT scan in preparation for FESS performed at the Radiology Department of Hasanuddin University General Hospital in Makassar in January to August 2019. The research variables consisted of independent variables (age and gender) and dependent variables (the lamina papyracea area and ethmoid sinuses volume). The study population was patients who were referred to the Radiology Department of UNHAS Hospital Makassar for a paranasal sinuses CT scan. Samples were all patients who meet the study criteria.

Data Collection Methods

This study was approved by the Health Research Ethics Committee of Faculty of Medicine, Hasanuddin University, Makassar, Number 533/UN4.6.4.5.31/PP36/2019. Data on the identities of patients who met the inclusion criteria were collected. The CT scan used was a high speed, dual-source CT scan, with a slice thickness of 0.6 mm axial slices and coronal reformatted. Then, the anteroposterior length of the LP, the anterior height of the LP, and the posterior height of the LP were measured and followed by calculating the breadth LP using the trapezium formula. The volume of the right and left, also the total volume of ethmoid sinuses were also measured. The results of the study were recorded in the research format sheet and then analyzed. The results were presented in the forms of tables and graphs.

Data Analysis Techniques

All data obtained were recorded in the research data form, grouped according to the purpose and type of data, and processed using the Statistical Program Social Science Software (the 25th version SPSS), namely the T-independent test and the Mann-Whitney test.

RESULTS

A number of 103 samples that met the inclusion criteria were obtained. Figure 1 shows an example of the measurement of lamina papyracea, and Figure 2 shows an example of the measurement of ethmoid sinus volume.

Figure 1. Example of lamina papyracea measurement and ethmoid sinuses

Note:
A. The anterior height of the coronal section (a), the posterior height of the coronal section (b), and the anteroposterior length of the axial section (c) of the right and left lamina papyracea of paranasal sinuses CT scan.
B. The right and left ethmoid sinuses volume on a CT scan of the paranasal sinuses in the coronal section.

Table 1 shows that the area of lamina papyracea do not show significant differences both in the left or right side between female and male. The similarity between male and female was also found in each measurement indicator.
Graph 1 shows the distribution of the volume of right ethmoid sinus, left ethmoid sinus, and total sinus volume based on gender, which reveals that the volume of ethmoid sinuses in males is greater than in females. For example, in male, the median volume of the right ethmoid sinus was 6.06 cm$^3$ higher when compared to the female (5.47 cm$^3$).

Table 1 shows the distribution of the breadth right and left lamina papyracea based on age. No strong and significant correlation was found between age and the breadth right lamina papyracea (p=0.10) as well as the breadth left lamina papyracea (p=0.33). Different age groups does not show differences in the breadth of lamina papyracea both in the left and right sides.

Graph 2 shows the distribution of ethmoid sinuses total volume by age. Based on age, the average ethmoid sinuses

Table 2. Distribution of minimal, maximum, mean and SD values of the breadth of lamina papyracea (LP) by age

<table>
<thead>
<tr>
<th>Age</th>
<th>The breadth of right LP</th>
<th>The breadth of left LP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Min (cm$^2$)</td>
</tr>
<tr>
<td>17-25</td>
<td>19</td>
<td>4.29</td>
</tr>
<tr>
<td>26-35</td>
<td>22</td>
<td>4.27</td>
</tr>
<tr>
<td>36-45</td>
<td>26</td>
<td>4.75</td>
</tr>
<tr>
<td>46-55</td>
<td>23</td>
<td>4.46</td>
</tr>
<tr>
<td>56-65</td>
<td>11</td>
<td>4.57</td>
</tr>
<tr>
<td>&gt;65</td>
<td>2</td>
<td>5.74</td>
</tr>
</tbody>
</table>

Note: n: amount.
Source: Primary data.
volume is almost the same. Although not significant, the median of total volume of ethmoid sinuses in age 17-25 was lower (9.94 cm³) when compared to the other elder age group 26-35 year (11.41 cm³), 36-45 year (11.07 cm³), 56-65 year (11.71 cm³), > 65 year (12.61 cm³).

DISCUSSION

The results of this study are in line with the research conducted by Açar et al. (2018), which measured the average values of the anteroposterior length, anterior height, posterior height, and the area lamina papyracea (1). Although statistically insignificant, there is a tendency of a greater size of lamina papyracea in males than in females. whereas for the average area of lamina papyracea in this study is the same as the study conducted by Açar et al., (1). Based on the analysis, the areas of the right and left lamina papyracea do not correlate with age. The average of lamina papyracea area in males tends to be greater than in females and the average of lamina papyracea area is almost the same based on age.

Lamina papyracea (LP) is the weakest point of the orbital medial wall and perforation of the LP result in a risk of periorbital ecchymosis or emphysema, venous orbital hematoma, medial rectus injury, and blindness can occur (1,5). During endoscopic sinus surgery, the lower limit of the middle meatal antrostomy was the inferior nasal turbinate attachment to the lateral nasal wall. If during pre-operative period the LP location related to this limit can be identified, the LP penetration, which was the most frequent iatrogenic complication (5%) will be prevented (3). The comprehensive knowledge of the normal anatomy of the LP allows safer and more effective sinus surgery and is essential for sufficient orbital reconstruction with proper implant, and also recreation of natural slope at the IMS. So, the success of surgical technique increases, and the best outcome can be provided.

REFERENCES


