Rare disease

Recurrent Pott's puffy tumour

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Pott's puffy tumour is a rare complication of frontal sinusitis or trauma, named after Sir Percival Pott, an English surgeon who described it in 1760.

Presentation is often with a tender and fluctuant soft-tissue swelling over the frontal bone. Radiologically, it is characterised by a subperiosteal abscess associated with frontal bone osteomyelitis and frontal sinus opacity.¹ It can be complicated with cortical venous thrombosis and intracranial abscesses.²

A dedicated sinus CT scan is excellent for assessing the extent of local disease, while an MRI scan of the brain is useful in assessing intracranial complications.

Treatment involves drainage of the abscess and clearance of the frontal sinus outflow pathway. This can be achieved with endonasal endoscopic sinus surgery or with trephination of the frontal sinus via a skin incision over the forehead. Concurrent management with intravenous antibiotics for 6 weeks is advised. If the surgery is performed externally, a drain can be placed through the trephine which allows irrigation of the sinus contents.³

These pictures depict a recurrent frontal swelling in a 60-year-old gentleman with symptoms of chronic rhinosinusitis (figures 1 and 2). A previous episode had resolved on treatment with oral antibiotics. He underwent endoscopic balloon sinuplasty sinus surgery to clear the fron-

Figure 1 Midline frontal swelling characteristic of Pott's puffy tumour.

Figure 2 Lateral view of Pott's puffy tumour with frontal swelling.

tal sinus disease and then with postoperative intravenous antibiotics – he had an excellent postoperative recovery.

Learning points

- ▶ Pott's puffy tumour remains a rare complication of frontal sinusitis in the postantibiotic era, but it is crucial for all clinicians to recognise it as life-threatening intracranial complications can occur.
- ▶ Early treatment contributes significantly to a good outcome.
- ▶ Recurrent disease is extremely rare and not previously reported.

Competing interests None.

Patient consent Obtained.

REFERENCES

1. **Krishna P**, Lee D. Sinusitis, Frontal, Acute, Surgical Treatment. eMedicine <http://emedicine.medscape.com/article/862292-overview> (accessed 14 December 2010).
2. **Kombogiorgas D**, Solanki GA. The Pott puffy tumor revisited: neurosurgical implications of this unforgotten entity. Case report and review of the literature. *J Neurosurg* 2006;**105**(2 Suppl):143–9.
3. **Ghorayeb B.Y.** Potts Puffy Tumor. Otolaryngology Houston. <http://www.ghorayeb.com/PottsPuffyTumor.html> (accessed 14 December 2010).

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