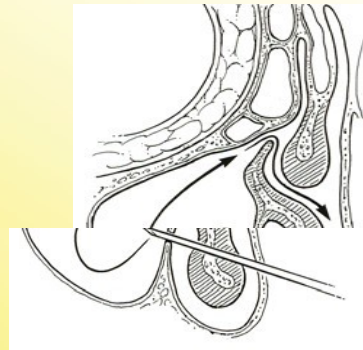


Maxillary Sinus Puncture (Antral Washout)

Conduct with aseptic technique. The signal through the antrum of the maxilla is the only one that comes out



Maxillary Sinus Puncture (Antral Washout)

- Indications: (Uncommonly done now)
 - Diagnostic:
 - Proof puncture.
 - Culture and sensitivity study.
 - Cytological study.
 - Therapeutic:
 - Chronic infective maxillary sinusitis.
 - Dental maxillary sinusitis.

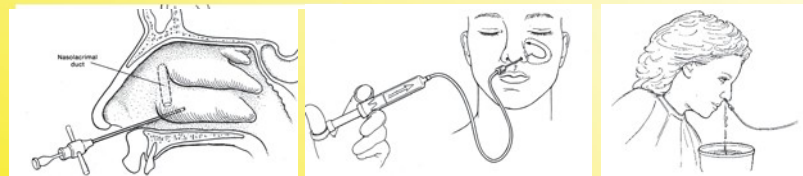
Maxillary Sinus Puncture (Antral Washout)

- Technique: The wash out is done with a special trocar and cannula under local surface anesthesia using sterile saline solution.



Maxillary Sinus Puncture (Antral Washout)

- The point of penetration , in the inferior meatus, is about 2 cm behind the anterior end of the inferior turbinate. The trocar is directed upwards and laterally toward the outer canthus. The sinus is then aspirated and irrigated.



Maxillary Sinus Puncture (Antral Washout)

- Difficulties:
 - Difficult introduction:
 - Wrong site.
 - Thick sinus wall.
 - Difficult syringing:
 - Needle in close contact with posterior sinus wall.
 - Obstructed ostium.
 - Needle inserted into a polyp or cyst.

Maxillary Sinus Puncture (Antral Washout)

- Complications:

- False passage into cheek or orbit leading to emphysema or extravasation of fluid into the cheek, the lower eyelid, or orbit. Treatment is by hot fomentations and antibiotics.
- Vasovagal attack.
- Bleeding due to injury of the inferior turbinate.

