**Eosinophilic Allergic Polyp: A Clinically Oriented Approach**

Kwang Hyun Kim (presenter); Doo Hee Han; Chul Hee Lee, MD; Yang-Gi Min, MD, PhD; Chae-Seo Rhee, MD, PhD

**OBJECTIVE:** 1) Histologically analyze the inflammatory cell population in the nasal polyp. 2) Propose a simple and objective criterion for eosinophilic nasal polyp that would be clinically and practically valuable.

**METHOD:** Nasal polyp tissues from 118 patients were harvested during routine endoscopic sinus surgery. Total number of inflammatory cells including eosinophils was counted manually. Presence of allergy and asthma were assessed, which were then correlated with the histologic findings. To determine a criterion for eosinophilic allergic polyp (EAP), eosinophil proportion in each nasal polyp was correlated with the clinical parameters.

**RESULTS:** Eosinophil accounted for an average of 18.7% of all inflammatory cells. Tissue eosinophil count of 11% was found to be significant and clinically most useful. Using this criterion, the proportion of EAP among nasal polyps was 62.7%.

**CONCLUSION:** Tissue eosinophil proportion of more than 11% bears good correlation with asthma and allergy. We suggest it as a criterion for eosinophilic allergic polyp (EAP).

**Epistaxis from Idiopathic Internal Carotid Artery Aneurysm**

Silvia Pereira, MD (presenter); Pedro Cavilhas, MD; Filipa Oliveira, MD; Deodato Silva, MD; Gabriel Branco, MD

**OBJECTIVE:** Epistaxis is one of the leading emergencies in otolaryngology that can be managed conservatively in most cases. Massive intractable epistaxis caused by intracavernous carotid artery aneurysm is very uncommon. When it occurs, a history of head injury or a mycotic aneurysm resulting from fungal sinusitis is observed in almost all cases, and idiopathic aneurysm is very rarely observed. The purpose of this presentation is to describe a case of a patient with this condition, highlighting the most important aspects of the diagnosis and the treatment options, with emphasis on endovascular treatment.

**METHOD:** We present a case report of a 41-year-old female with massive recurrent epistaxis preceded by severe pulsatile headache and right ear pulsatile tinnitus. Bleeding continued despite anterior and posterior nasal packing or recurred after removal of the AP packs. She was submitted to digital subtraction angiography, which identified an intracavernous internal carotid artery aneurysm at the C4-C5 segment, extending into the sphenoid sinus.

**RESULTS:** The first endovascular treatment, using a self-expanding stent, excluded the aneurysm and stopped the bleeding while maintaining patency of the internal carotid artery. After 10 days, a new episode of epistaxis was observed and the persistence of the aneurysm was documented in angiography. A second endovascular treatment was performed, and another stent was placed on the aneurysmal neck, inside the first stent. The complete occlusion of the carotid siphon was verified and epistaxis was definitively resolved. Since there was an adequate collateral circulation, no neurologic damage was seen.

**CONCLUSION:** Idiopathic internal carotid aneurysms with sphenoid sinus extension are very rare, but must be considered in the differential diagnosis of massive epistaxis. Endovascular treatment with occlusion of the aneurysm sac and preservation of the carotid artery is the ideal treatment, but definitive occlusion of the internal carotid artery may be necessary once proper collateral circulation is verified.

**Expanded Endonasal Endoscopic Approach to the Petrous Apex**

Gary Gallia, MD, PhD (presenter); Douglas Reh, MD

**OBJECTIVE:** To present two patients with petrous apex lesions treated via an expanded endonasal endoscopic approach and resection, and provide a description of the surgical technique, indications, and advantages for this approach.

**METHOD:** Retrospective review of a case series in a tertiary academic medical center was conducted on two adult subjects with petrous apex lesions. Both underwent an expanded endo-