

# Correspondence

DEAR SIR,

I was intrigued to read a case report entitled 'Pneumosinus dilatans as a cause of variable unilateral proptosis' (Gray and Barton, 1978).

The authors describe a patient whose eye protruded on blowing her-nose, and who had a mucocele of the frontal sinus which had eroded the floor of the sinus, so producing a communication with the orbit.

Pneumo-sinus frontalis dilatans was described by Benjamins (1918) who reviewed five true cases in the literature, added one case of his own, and pointed out the differentiation from pneumatoceles. Paraphrased from the original French the points of differentiation are:

## *PNEUMATOCELE.*

1. Air present in soft tissues, increasing on forced expiration.
2. Air can be pushed out of soft tissues.
3. Hole in bony wall of sinus.
4. Sudden appearance.
5. Cavity of sinus often normal in size, and may contain pus.
6. The air in the soft tissues communicates with the sinus.

## *PNEUMO-SINUS DILATANS.*

1. No air outside bony cavity of sinus.
2. No change on pressure.
3. Bone intact.
4. Slow development.
5. The cavity of the sinus is large and contains air only.
6. No air in the soft tissue.

The term 'pneumosinus dilatans' is now used, since sinuses other than the frontal may be affected (Lombardi, 1967). In summary the condition is one in which the bone, the mucosa and the cavity of the sinus are normal in all except size.

The word pneumocele is used synonymously with pneumatocele, and was used in the title of a paper by Jarvis in your journal (1974).

I submit that the paper by Gray and Barton is wrongly entitled, and should read 'Pneumocele as a cause of variable unilateral proptosis'.

W. D. Jeans, F.R.C.R.

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