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Case Report

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Adult Onset Woake's Syndrome: Report of One Case

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ABSTRACT

Introduction: Woakes' syndrome discribed for the first time by british doctor Mr Woaks is a very rare condition due to recurrent polyposis leading to a deformation of nasal pyramid. Thought it is mostly seen in children woaks syndrome can also occur with adults. In this case report we will present a clinical case in which we will assess the features of this syndrome as well as the treatment.

Clinical Case: A 70 years old Women, who has asthma and is under quick relief medication, is not allergic to aspirin. The patient does not mention any similar history of nasal polyposis in her family. She has undergone endoscopic polypectomy twice in 2010 and 2012 under local asthesia, a few months after her second polypectomy the patients progressively presented bilateral nasal obstruction, anosmia and polyps reachingboth nostrils associated with clear nasal discharge. Additionally, there was a progressive broadening and bilateral enlargement of the nasal pyramid. Furthermore, the patient has been treated with local corticosteroids.

Facial CT showed a total obliteration of the paranasal sinuses and nasal cavities with a deformation of the nasal bones (Nasal endocopy found polyps stage 4 in the right nasal cavity and stage 3 in the left nasal cavity and clear nasal secretions.Initially she was treated with topical steroids, the patient underwent an endoscopic bilateral polypectomy, middle meatotmy, functional ethmoidectomy and rhinoplasty.

The narrowing of the bony nasal vault was maintained by an external compression with nasal splint Histology of polyps revealed a polymorphic inflammatory infiltrate without signs of malignancy.

Nasal corticosteroids were prescribed postoperatively.
At the 1-month follow-up, the patient was satisfied with the functional outcome aswell as the nasal pyramid's result.

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Case Presentation

A 70 years old Women, who has asthma and is under quick relief medication, is not allergic to aspirin. The patient does not mention any similar history of nasal polyposis in her family. She has undergone endoscopic polypectomy twice in 2010 and 2012 under local asthesia, a few months after her second polypectomy the patients progressively presented bilateral nasal obstruction, anosmia and polyps reaching both nostrils associated with clear nasal discharge. Additionally, there was a progressive broadening and bilateral enlargement of the nasal pyramid. Furthermore, the patient has been treated with local corticosteroids.

Facial CT showed a total obliteration of the paranasal sinuses and nasal cavities with a deformation of the nasal bones (Figure 1). Nasal endocopy found polyps stage 4 in the right nasal cavity and stage 3 in the left nasal cavity and clear nasal secretions.

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narrowing of the bony nasal vault was maintained by an external compression with nasal splint. Histology of polyps revealed a polymorphic inflammatory infiltrate without signs of malignancy.

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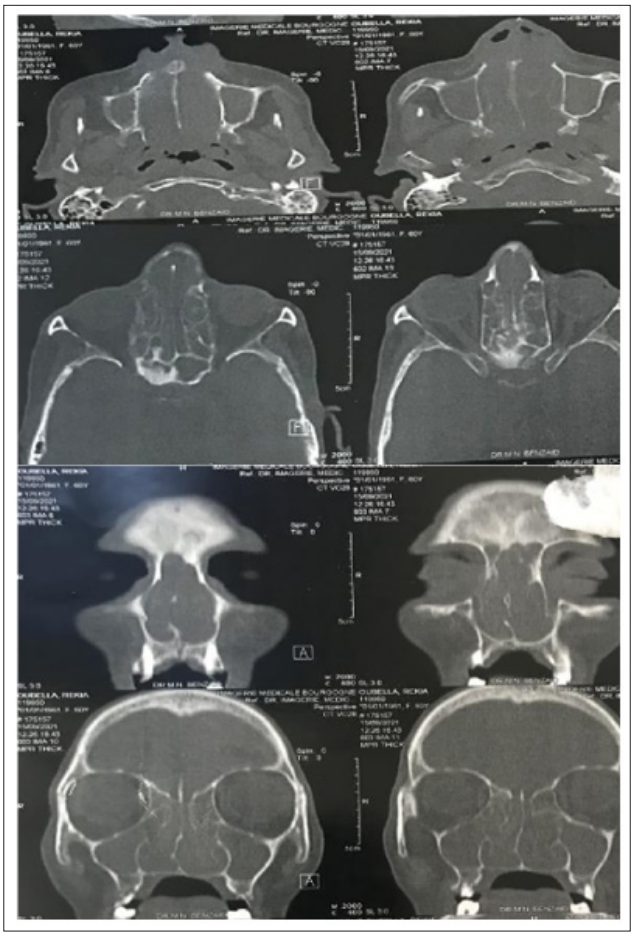

Figure 1: Axial and coronal tomo graphic scan of the patient showing nasal polyps
with enlargement of the nasal bone

Discussion

Woakes' syndrome is described as recurrent sinonasal polyps with destruction and widening of the nasal pyramid due to chronic pressure of the nose by polyps. Most cases of Woakes' syndrome appeared to occur in children and young adults because of the plasticity of the bony facial structures [1]. The aetiology of this syndrome is unknown; however, its heredity appears to be a potential factor [2]. Few patients with nasal polyps developed deformation of the nasal pyramid. Most patients showed limited deformity of paranasal sinuses without bone atrophy [1]. Based on our observation, the chronic evolution up to 10 years, seemed to be the origin of that deformation.

The treatment of sinonasal polyposis is primarily based on local and general corticosteroid therapy. Surgery is used mainly for functional purposes. Its objectives are to restore normal nasal as well as sinus ventilation. Rhinoplasty may be associated with the treatment of Woakes' syndrome for aesthetic purposes [3]. However, the feasibility of external digital compression without osteotomy to correct external nasal deformity during or after endoscopic sinus surgery has been shown in the literature [1]. Thus, the extent of surgery varies according to the degree of the disease, the surgeon's expertise, the equipment and technology available, the condition, and the patient's expectation.

Thought not done in our case SNOT-22 is a valuable clinical instrument measuring specific factors that are pertinent to chronic rhinosinusitis. It helps to evaluate the progression and the effectiveness of treatments. The Moroccan adaptation of SNOT-22 confirmed the improvement of the quality of life after surgery in our patient [4].

Conclusion

Woake's syndrome doesn't occur in most cases of sinonasal polyps hence is rare. When it does, an adequate functional and aesthetic management could be factors to handle Woakes' syndrome. Prolonged evolution is a probable factor of its occurrence in adult patients who present sinonasal polyps.

References

1. Schoenenberger U, Tasman AJ. Adult-onset woakes' syndrome: Report of a rare case. Case RepOtolaryngol. 2015. 2015: 14.
2. Groman JD, Bolger W, Brass-Ernst L, Zeitlin P, Cutting G, et al. Recurrent and destructive nasal polyposis in 2 siblings: a possible case of Woakes' syndrome. Otolaryngol Head Neck Surg. 2004. 131: 1009-1011.
3. Ueda M, Hashikawa K, Iwayama T, Terashi H. Rhinoplasty via the midface degloving approach for nasal deformity due to nasal polyps: A case report of Woakes' syndrome. Oral and Maxillofacial Surgery Cases. 2017. 3: 64-69.
4. Adouly T, Adnane C, Khallouk A, Chenguir M, Rouadi S, et al. Moroccan adaptation and validation of the rhinosinusitis quality-oflife survey. Eur Arch Otorhinolaryngol. 2017. 274: 1507-1513.