

LETTER TO THE EDITOR

Dear Editor,

We have read the article "Inferior concha bullosa - a radiological and clinical rarity" by Dawlatly published in *Rhinology* last year. In preparing our paper "Pneumatization of the inferior turbinate" published some months earlier in the *Am J Otolaryngol* (Dogru et al., 1999) we have thoroughly studied the world literature on this subject. In doing so we reached a conclusion that is different from that of the author. Dr. Dawlatly claims that "inferior concha bullosa was rarely seen". In his book, Stammberger (1991) reported that inferior turbinate pneumatization is not seen. According to our literature search inferior turbinate pneumatization has not been reported until March 1999. This was confirmed (personal communication) by Drs Stammberger, Zinreich and Lund.

In his article Dr Dawlatly presents one CT scan of each case. In our opinion, a concha bullosa of the inferior turbinate can only be shown by three to four subsequent CT scans to rule out a curling concha. The combination of left inferior turbinate pneumatization and sinusitis of the left maxillary sinus in Case 1 may be due to the previous surgery. For this reason, this case can only be proven by a pre-operative CT scan.

REFERENCES

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2. Dogru H, Döner F, Uygur K, Gedekli O, Çetin M (1999) Pneumatized inferior turbinate. *Am J Otolaryngol* 20: 139-141.
3. Stammberger H (1991) Functional endoscopic sinus surgery. Marcel Dekker Philadelphia, 160-169.

Sincerely yours,

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ANSWER

by Dr Dawlatly

I thank Drs Tüz and Dogru for their comments. As to the incidence of inferior turbinate pneumatization I would like to refer to the publications by Zinreich et al. (1988) and Anon et al. (1996).

Zinreich et al. in their article, present a CT scan with the following caption: "coronal CT- scan demonstrates a right inferior concha bullosa, a less frequent anatomic variation than the middle turbinate concha bullosa".

Anon et al. in their book write: any turbinate may be pneumatized, but is most common in the middle turbinate, less common in the superior turbinate and least common in the inferior turbinate.

Besides, if the existence of an inferior concha bullosa is questioned, how do we explain the finding of a mucocele in this turbinate as reported by Namon (1995).

As to my cases: I did submit more CT scans of the second patient but the editors choose to omit these from the publication. CT of the inferior turbinate is useful for surgeons performing inferior turbinate surgery such as submucous turbinoplasty. It is not a priority for surgeons involved mainly in endoscopy sinus surgery. Probably a more fitting title for my paper would have been "Inferior concha bullosa - a clinical and radiological curiosity" instead of "rarity". Inferior concha does exist and has been reported in the literature.

REFERENCES

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3. Zinreich SJ, Mattox DE, Kennedy DW, Chisholm HL, Diffley DM, Rosenbaum AE (1988) Concha bullosa: CT evaluation. *J Comp Ass Tomogr* 15:778-784.

Sincerely yours,

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COMMENTS

by the Editor

Dr Dawlatly quite correctly mentions that the editors decided to omit some of the CT scans of his patient no. 2. It was felt that they did not provide additional information. As far as we can see, Drs Tüz, Dogru and Dawlatly agree that concha inferior bullosa is a rare entity. Remarkably enough, a third case is described by Çankaya et al. in this issue.