

## **MORPHOLOGICAL ANALYSIS OF MAXILLARY SINUS SEPTUM AND SINUSITIS IN MEDIEVAL AND TEMPORARY POPULATION**

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Anatomic variations of the maxillary sinus and its associated structures in patients treated and prepared for surgery and endoscopy significantly help in providing surgical guidance and prevention of possible complications. They are also an important factor to be considered in the treatment of chronic sinusitis. The study drew attention to the presence of barriers, located on the inner surface of the wall of the maxillary sinus, which may contribute to an increase in impaired mucociliary transport in chronic inflammatory mucosa in sinusitis. There were 115 patients (56 male and 59 female) aged 16-74. Paranasal sinus consecutive computed tomography scans of the patients presenting with sinonasal complaints were assessed for maxillary sinus anatomical variations and related structures. The study analyzed the anatomical variations of the occurrence of bone compartments using CT coronal section. There were 64 (19.7%) anteriorly and 17 (2.5%), maxillary sinus posteriorly localized bony septa. The position of antral septa was frequently vertical at anterior, and horizontal at posterior. Males presented higher and thinner sinus septa than females. The anatomic location of the septa were distributed in the 2nd molar region (43.7%), 1st molar region (30.9%), 2nd premolar region (21.5%) and 1st premolar region (3.8%). In 37 patients with chronic disease, there was no significant difference between sinus disease and the presence of sinus septa. For comparison, in 82 skulls of early medieval ages 16-70 were examined in presence of septa and postinflammatory changes in their area. Spicula and lobula were identified on the walls and the walls of the septa in the maxillary sinus. Septa occur especially at the bottom of the maxillary sinus mucositis may contribute to an increase of inflammatory process which may cause a changes in the osteomyelitis.