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## **Minimally invasive surgery at UT Southwestern removes sinus tumor without facial disfiguration**

DALLAS – Dec. 14, 2009 – Only about one in 2,000 people in the United States get a sinus tumor, but Johnnie Wilcox was one of the unfortunate few.

Ms. Wilcox's tumor was a classic case. She had few symptoms early on, and even those problems were mistaken for blocked sinuses.

"For several months, I could not breathe through the right side of my nose," recalled the resident of Goldthwaite, a town of less than 2,000 in the heart of Texas' Hill Country. "I felt a fullness, but I didn't take that as something terrible. I never believed it would be a malignant tumor."

She began to suspect a problem when her symptoms persisted, then worsened. When she developed swelling above her right eye and a red streak on her face, family members took her to the nearest emergency room, where an ear, nose and throat specialist identified the tumor.

Her doctor told her it needed to be removed and recommended Dr. Pete Batra, associate professor of otolaryngology – head and neck surgery and co-director of the Comprehensive Skull Base Program at UT Southwestern Medical Center. Dr. Batra specializes in minimally invasive approaches to the skull base and innovative management strategies for chronic rhinosinusitis, or inflammation of the sinuses.

Removing tumors such as Ms. Wilcox's from the base of the skull can be a challenge, Dr. Batra said, because they often grow precariously close to critical cranial nerves, blood vessels and eye sockets. Extensive experience and special skills are needed to remove them without damaging nearby structures like the eye and brain.

"Traditionally, tumors of the sinuses have been removed by open craniofacial resection. This involves making incisions on the face and a craniotomy, which is removal of the forehead bone flap by a neurosurgeon," Dr. Batra said.

With the advances in sinus endoscopy, however, many tumors can now be removed directly through the nose, avoiding the need for facial incisions or a craniotomy. Complications are decreased and recovery is faster.

While not all patients are candidates for the minimally invasive techniques, Ms. Wilcox was,  
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## Skull surgery – 2

Dr. Batra said.

“I was told I might have to give up my right eye to the disease, but of course, none of that happened. Dr. Batra removed it piece by piece through my right nostril with no major facial scarring,” she said. “To me Dr. Batra is a miracle doctor. I would not be living now if this tumor was still bleeding.”

Instead, she'll celebrate her 85th birthday on Christmas Day.

In addition to sinus tumors, the Comprehensive Skull Base Program at UT Southwestern addresses more than two dozen types of skull-base related conditions, including cerebrospinal fluid leak, glomus tumors, meningioma, neurofibromatosis, pituitary neoplasms, sarcoma, squamous cell carcinoma, and van Hippel Landau disease.

A multidisciplinary team of physicians from a range of specialties – otolaryngology – head and neck surgery, neurological surgery, neuro-ophthalmology, neuro-oncology, radiation oncology, interventional radiology and pathology – carefully coordinate the care and treatment of patients using the latest techniques and technology.

Visit <http://www.utsouthwestern.org/skullbase> to learn more about clinical services in the Comprehensive Skull Base Program at UT Southwestern.

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