



Image of the issue

Infected Haller cell

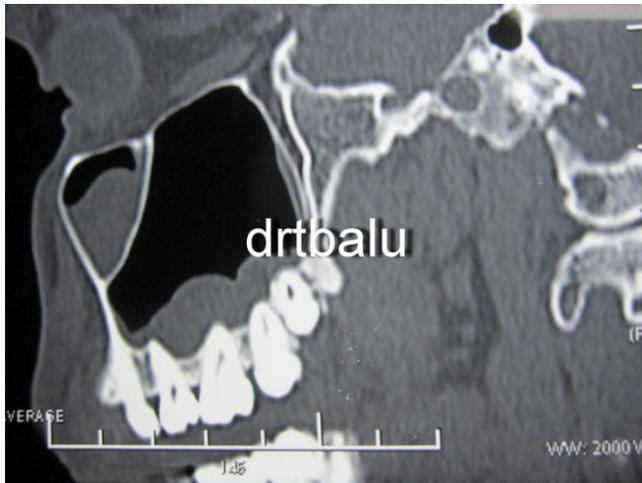
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Introduction:

Haller cells are also known as infraorbital ethmoidal cells / maxilla ethmoidal cells. These cells extend into the inferomedial portion of orbital floor. They are seen in 40% of patients.¹



Coronal CT scan of nose and sinus showing a large Haller cell on the right side with evidence of infection



CT scan lateral view showing Haller cell below the orbit

In majority of patients Haller cells may be asymptomatic. ²

This air cell is actually named after Albrecht von Haller the Swedish Anatomist who described these air cells.

Problems caused by a Large Haller cell:

1. When infected it can cause narrowing of OMC
2. Can involve orbit
3. During Endoscopic sinus surgery it could push the natural ostium of maxillary sinus downwards and anteriorly causing difficulties during surgery
4. If this condition is not recognized preoperatively the surgeon may inadvertently enter orbit

Classification of Haller cells: ³

Radiologically Haller cells may be classified into:

Small

Medium

Large

References:

1. Yousem DM. Imaging of sinonasal inflammatory disease. Radiology. 1993;188 (2): 303-14. Radiology (abstract) [pubmed citation]
2. Stallman JS, Lobo JN, Som PM. The incidence of concha bullosa and its relationship to nasal septal deviation and paranasal sinus disease. AJNR Am J Neuroradiol. 2004;25 (9): 1613-8.
3. Anatomic relevance of Haller cells in sinusitis Stackpole SA American J of Rhinology 1997 May- jun