Periorbital cellulitis is defined as an infection of the soft tissue surrounding the eye and represents a common clinical condition in pediatric population. Benign and malign tumors can rarely compress nasal and paranasal structures and give rise to periorbital infections.

We present a case of a 3-years-old child affected by right orbital cellulitis. The patient was treated with broad-spectrum antibiotic and steroid therapy; due to persistence of the clinical picture we performed a CT scan of the head and orbit. It showed a bone density mass arising from right osteomeatal complex and involving the ethmoid, the medial wall of maxillary sinus and the inferior-medial portion of homolateral orbit; the radiological features were consistent with paranasal sinus osteoma. Therefore, a surgical procedure was performed with transnasal endoscopic approach.

Introduction
Paranasal sinus osteoma is a slow-growing encapsulated benign tumor that consists of irregularly disposed lamellar bone [1]. It is the most common benign tumor in the paranasal sinuses in the adult population, while in pediatric age it is extremely rare [2]. Osteoma may lead to potentially severe complications due to obstruction of paranasal sinuses ostii, compression on adjacent structures and intracranial or infraorbital extension [3].

Methods
We describe the case of a 3-years old child affected by right orbital cellulitis. The persistence of signs and symptoms led us to perform radiological evaluation. The CT scan revealed the presence of an ethmoidal bone density mass whose features were consistent with paranasal sinus osteoma.

Results
A transnasal endoscopic approach was planned for the removal of the tumor. Surgery was successfully carried out with complete removal of the tumor and without intra or postoperative complications; a complete resolution of symptoms was obtained. At the last follow-up (1 year after surgery) the child was asymptomatic and in good health; no long-term complications have been recorded.

Conclusion:
Paranasal sinus osteoma is rare in pediatric age; it can lead to therapy-resistant periorbital cellulitis [4]. The transnasal endoscopic approach allows to obtain the complete removal of the tumor with low intra and postoperative complication rate [5].