Background: Silastic implants have been widely used for repairing orbital floor fractures. Previous reports have demonstrated the migration of these implants as the nidus for the late complication of chronic rhinosinusitis. This has typically been thought to be a rare complication. We report a case of silastic implant migration as a cause of chronic maxillary sinusitis, and a literature review of alternative orbital implant materials as a similar etiology for these complications.

Methods: The literature was reviewed for cases of orbital silastic implant migration as a cause of sinusitis. Review was also performed for alternative materials (autologous grafts, porous plastics, and titanium), as a cause of similar complications.

Results: A 77-year-old male presented with a four-month history of nasal symptoms and a remote history of left orbital floor fracture repaired with a silastic implant 7 years ago. Computed tomography scan demonstrated migration of the implant into the left maxillary sinus with obstruction of the maxillary ostia. Endoscopic, transnasal removal of the implant was performed as well as maxillary antrostomy. Six similar cases have been reported, with a mean presentation of 16 years after fracture repair. Migration of autologous bone grafts, porous plastics (MEDPOR), or titanium implants, as a cause for sinusitis, have not been reported.

Discussion
Migration of silastic implants, as a cause of rhinosinusitis, is a relatively rare and late complication of orbital floor fracture repair. Nevertheless this has been reported in the literature on multiple occasions. Literature review revealed six other reported cases of orbital silastic implant as an etiology for chronic or recurrent acute rhinosinusitis. The case we present here is similar to previous reports of this complication. Our patient presented 7 years after orbital floor surgery, and the mean time to presentation in the other reported cases was 16 years.

The literature was also reviewed to determine if alternate materials for orbital floor reconstruction had resulted in migration with development of chronic rhinosinusitis. These complications have not been reported for autologous bone grafts, porous plastics (MEDPOR), or titanium implants. Therefore this may be a problem unique to silastic sheets as a material for orbital floor reconstruction.

Conclusions
Migration of silastic implants, as a cause of rhinosinusitis, is a relatively rare and late complication of orbital floor fracture repair. Nevertheless this has been reported in the literature on multiple occasions, while similar complications with alternative materials have not been described.