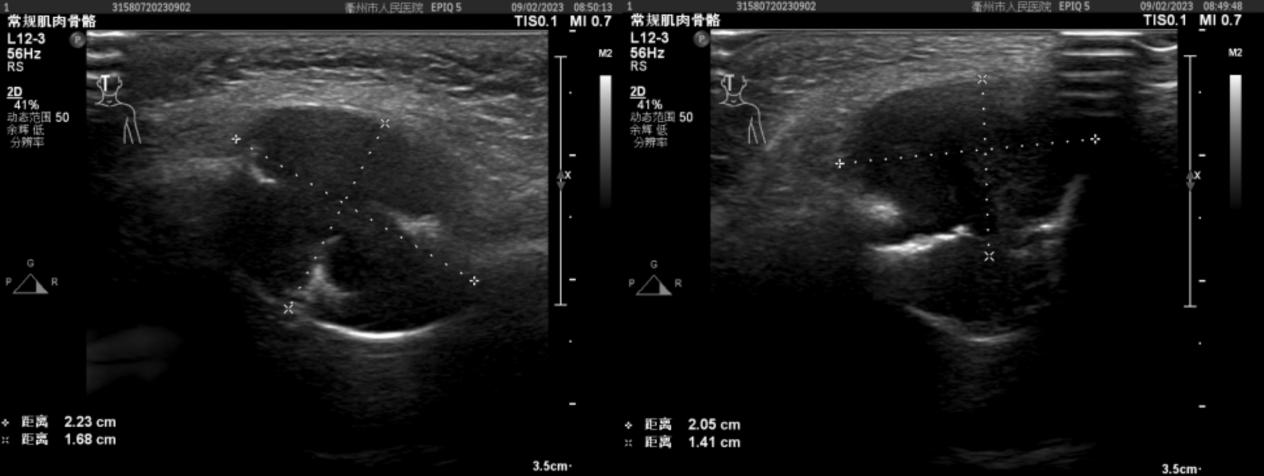
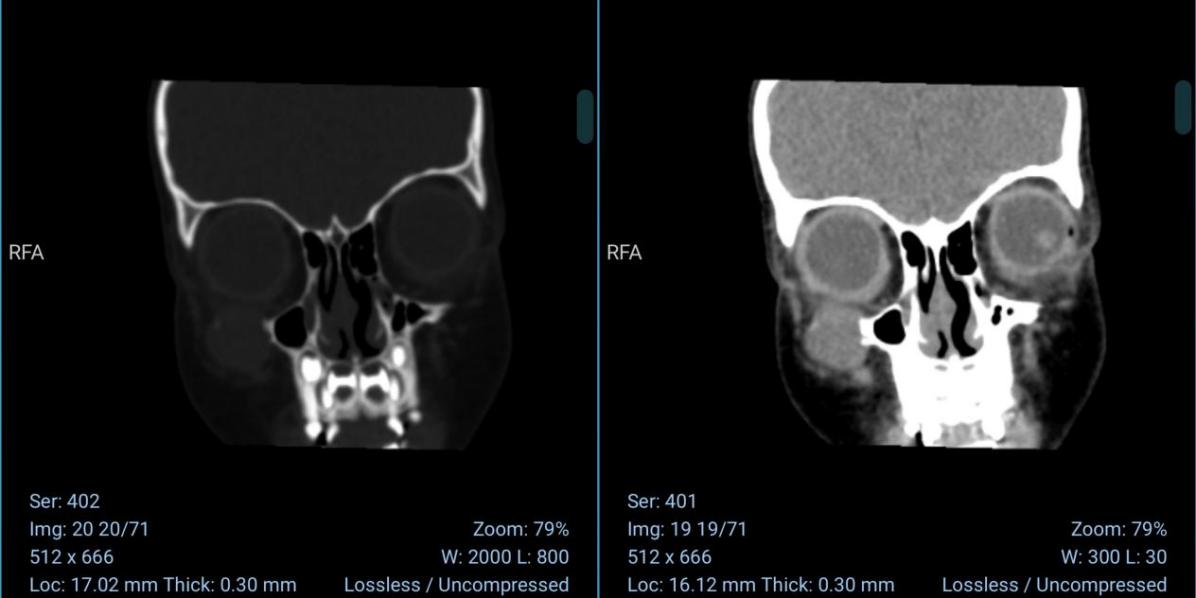
**Figures**



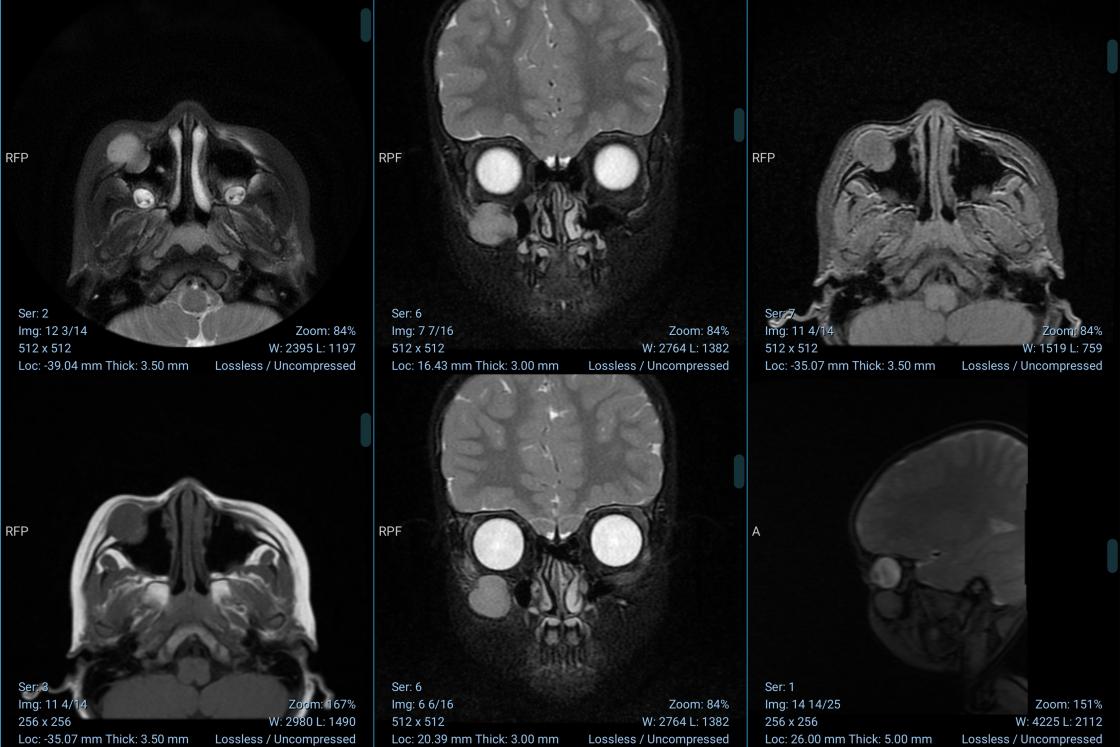
**a b**

**Figure 1.** Ultrasound examination indicated a mass in the anterior wall of the right maxillary sinus (a, b). The lesion measures approximately 2.23 × 1.68 cm in maximum diameter, demonstrating clear boundaries and heterogeneous echogenicity.

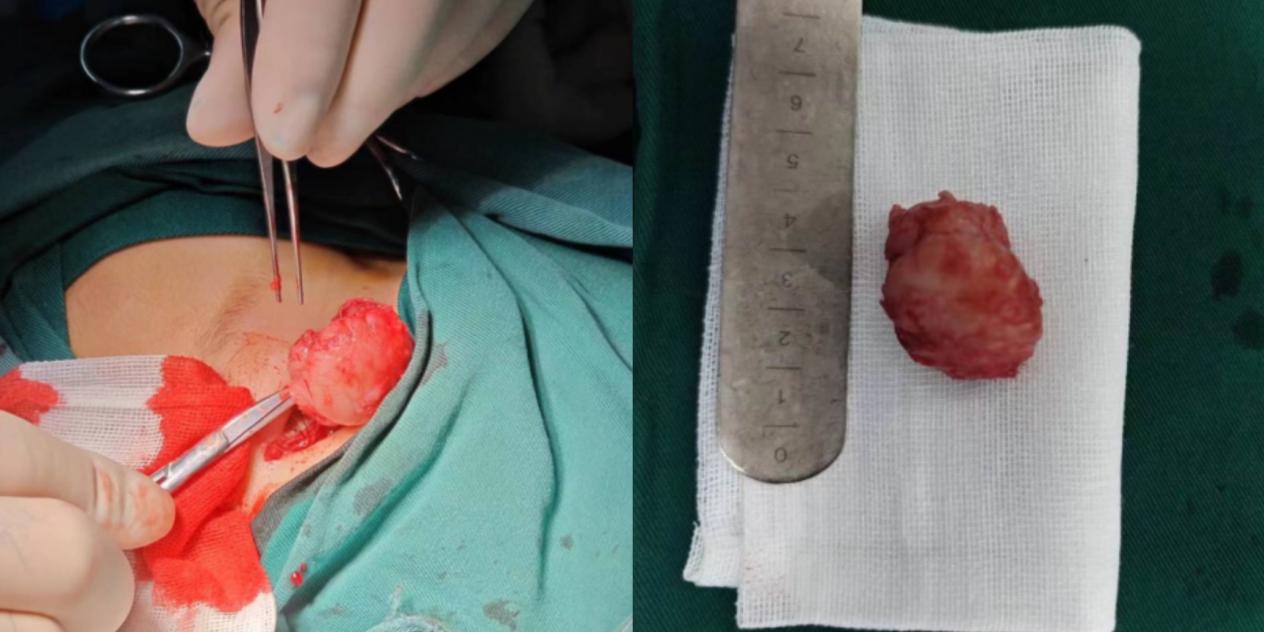


**a b**

**Figure 2.** A coronal CT scan of the paranasal sinuses revealed a mass in the area of the right maxillary sinus anterior wall. Coronal CT scan showing an oval-shaped isodense lesion ( a, b) in the region of the right maxillary sinus anterior wall and infraorbital canal. The lesion measures approximately 1.5 × 2.1 cm，with well-defined margins and uniform density (CT value approximately 30-35 HU). Notable expansion is observed, with protrusion into both the maxillary sinus cavity and subcutaneous tissue, accompanied by localized bone destruction of the anterior wall of the maxillary sinus.

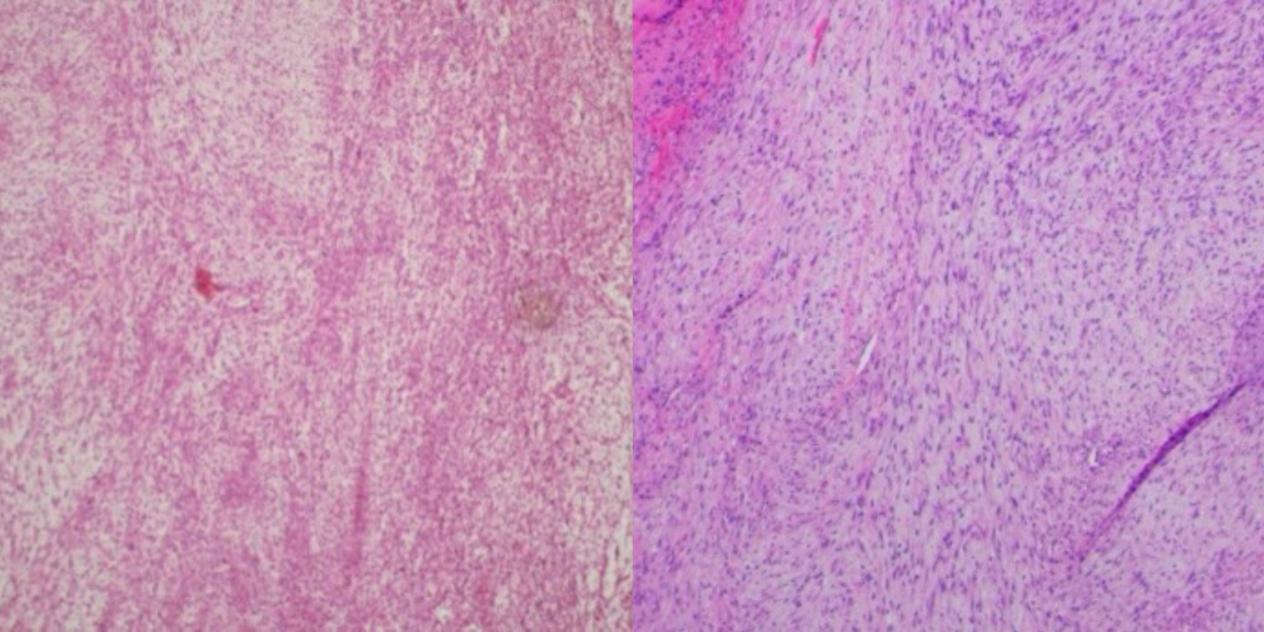


**Figure 3**：MRI scan showing an oval-shaped abnormal signal in the region of the right maxillary sinus anterior wall and infraorbital canal. On T2-weighted imaging (T2WI) and FLAIR sequences, the lesion appears hyperintense, while it is hypointense on T1-weighted imaging (T1WI). The lesion measures approximately 1.5 × 2.1 cm and exhibits significant heterogeneous enhancement on post-contrast scans.



**a b**

**Figure 4:** Intraoperative images of the mass following transcutaneous excision via the lower eyelid approach. The excised tumor measures approximately 3.1 × 2.4 × 2.3 cm (a, b) and exhibits a firm, somewhat fibrous texture.



**a b**

**Figure 5:** Pathological examination for the excised mass.(a)Intraoperative frozen section showing a spindle cell tumor, initially considered to be a nerve sheath tumor. (b) Immunohistochemical analysis revealing positive staining for smooth muscle actin (SMA) and calponin, confirming the diagnosis of infantile solitary orbital myofibroma.