A 59-year-old man sustained a left medial wall-floor fracture requiring repair (Fig A). Eight years later, the patient presented with leftsided proptosis and binocular diplopia. Visual acuity was normal with no afferent pupillary defect. Extraocular movements were limited insupraduction and abduction in the left eye. Orbital computed tomography demonstrated a large soft tissue density representing a mucoceleencasing the implant (Fig B). There was also opacification of the left maxillary sinus and bowing of the orbital floor consistent with silentsinus syndrome.