

SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 28 To 29

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NEURILEMMOMA OF THE CERVICAL VAGUS NERVE A CASE REPORT. Akiner, M.N., Akturk, T, Saatci, M.R. Pak. J. Otolaryngol., 1988; 4: 63-67.

A 31 year old female patient with neurilemmoma arising from the cervical vagus nerve is presented. She came in with a mass on the left side of the neck since 3 years. It had grown rapidly in the last one year. There was no pain. Pulsation was felt when pressure was applied on the tumour. General examination and laboratory findings were normal. Local examination showed a 5x6cm mass on the left side of the neck behind the sternocleidomastoid muscle. The mass was non-tender and mobile on the horizontal plane. The trachea and larynx were normal with normal movements of the vocal cords. Matas test was negative. Ultrasonography gave a conclusion of carotid body tumour. Selective angiography of the left carotid artery showed no relation of the tumour with the vessels. Exploration was done under oro-tracheal intubation anaesthesia. Through a 'J' shaped incision the tumour was exposed. It was encapsulated, firm, smooth and originating from the vagus nerve. The tumour was excised totally, preserving the vagus nerve. Histopathology gave a diagnosis of neurilemmoma. The post-operative recovery was uneventful.

Neurilemmoma is a benign tumour arising from the Schwann cells. 25-35% are found in the head and neck and 65% in the intracranial and intraspinal cavities. 61 cases have been reported in the literature to be arising from the vagus nerve. They present as painless swellings and are usually symptomless. The accepted treatment is surgical excision. The nerve should be saved and when not possible a nerve grafting is done.

TRANSGLOTTIC CANCER. Ge, R., Hou, F. Pak. J. Otolaryngol., 1988; 4:115-120.

Thirty four specimens of transglottic cancer removed by laryngectomy at the Harbin Medical University from 1979 to 1981 are presented. All cases were proved to be squamous cell carcinomas. There were 27 males and 7 females. 24 cases underwent total laryngectomy, 4 had subtotal laryngectomy and 6 required partial laryngectomy. Tumour staging was done according to UICC. Transglottic cancer invades the paraglottic space and spreads submucosally. Invasion of the laryngeal framework is closely related to the size of the tumour and not to the cell differentiation. It was proposed that transglottic cancer is a special type of laryngeal cancer which can invade the surrounding tissues and has a tendency to spread deeply within the paraglottic space leaving the surface of the mucosa relatively intact. Metastasis to the surrounding tissues is related to the size of the tumour. Of the 34 cases studied, 20 survived over four years. 15 of these patients were subjected to total laryngectomy and 5 to partial laryngectomy. Radical dissection should thus be undertaken if the laryngeal framework is involved.

HAEMANGIOPERICYTOMA OF THE NOSE. Sachdeva, O.P., Kakar, V., Gulati, S.P., Kakar, S. Pak. J. Otolaryngol., 1988; 4:137-138.

A case of haemangiopericytoma presenting as nasal obstruction and unilateral epistaxis is presented. The patient was 19 year old male with symptoms since 4 years. Anaemia was present and anterior rhinoscopy showed a polypoidal mass in the right nasal cavity from the region of the middle meatus. The mass was firm and immobile. The septum was central and a reddish mass was seen in the posterior choana also. Rest of the ear and throat examination was normal. Haemoglobin level was low and the X-ray of the paranasal sinuses revealed haziness of the right nasal cavity and maxillary sinus. The mass was removed under general anaesthesia. Profuse bleeding followed which was controlled by anterior and posterior nasal packing. Three pints of blood were transfused. Histopathology report was

of haemangiopericytoma.

Haemangiopericytoma arises from proliferation of pericytes found outside capillaries. Its cause is unknown. Opinion is divided on the histological distinction between the benign and malignant varieties. The course of the tumour is also unpredictable. Some remain localized while others involve adjacent parts. Survival ranges from 3 weeks to 19 years.

UNUSUAL FOREIGN BODY OF THE EAR. Kohli, G.S., Yadav, S.P.S., Narang, L.K., Goel, I-I.C., Gindal, N.K. Pak. J. Otolaryngol., 1988; 4: 139-140.

A rare case of a leech in the external auditory canal of a two year old female child is presented. The baby was brought in with bleeding and severe pain in the right ear which was of sudden onset while the child was sitting in a field. Fresh blood was found in the external auditory canal. After instilling 4% Xylocaine the blood was nopped and a blackish mass seen to be filling the entire canal was extracted with a toothed forceps. The foreign body was a 3 cm long leech. The tympanic membrane was coiled but intact.

Leeches belong to the class Hirudinea and are found in ponds, lakes and still water in rice fields. They attach themselves to the host by their posterior suckers and then apply the anterior sucker. Three jaws protrude to make an incision which opens the capillaries and the blood is sucked. Hirudin is present in the salivary secretions of the leech which prevents clotting and ensures continuous supply of blood. A leech as a foreign body in the ear has not earlier been reported.