



Case Series

REMOVAL OF FOREIGN BODIES IN MAXILLARY SINUS, CURRENT TREATMENT OPTIONS AND A CASE SERIES

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ABSTRACT

Foreign bodies in paranasal cavities were a rare finding in the past, but recently the growing demand for dental surgery and cosmetics has increased their number. Treatment is surgical, the aim is to remove the foreign body while minimizing the effect on facial aesthetics. In this article, we analyse the outcomes of 17 patients with diagnosis of foreign body in maxillary sinus treated with different techniques and the pros and cons of said techniques. To remove a foreign body in maxillary sinus and treat sinusitis, if present, the most suited technique seems endoscopy. Caldwell-Luc approach is also an option, however it does not allow to good control over sinusal pathology, it should be considered as a first choice in patients who are not fit or willing for general anaesthesia.

KEYWORDS: *foreign bodies, maxillofacial surgery, otolaryngology, transanal endoscopic surgery*

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Case Report

MANDIBULAR SWELLING IN A PATIENT WITH OSTEOLYTIC LESION: BURKITT'S LYMPHOMA CASE REPORT AND REVIEW OF LITERATURE

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ABSTRACT

Burkitt's lymphoma rarely occurs as a lesion of the oral cavity. Therefore, it must not be excluded from the differential diagnosis in case of worsening swelling of the facial mass. The clinician must know the right diagnostic-therapeutic course to be undertaken with the execution of radiological examinations and a biopsy. Here a case is reported and literature discussed.

KEYWORDS: *Burkitt, sporadic, children, jaw*

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Case report

INTERNAL-EXTERNAL LARYNGOCELE TREATED WITH EXCLUSIVELY TLM: HOW I DO IT.

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KEYWORDS: *laryngocele, Transoral Laser Microsurgery, TLM, minimally invasive surgery*

ABSTRACT

Laryngocele is a rare pathology with different grades of extension. Minimally invasive surgery, such as Transoral Laser Microsurgery, is also widely used for combined laryngocele (with internal and external components). In this paper, we show the step-by-step procedure for the treatment of a combined laryngocele with Transoral Laser Microsurgery. This technique allows us to obtain good clinical results: complete removal of the disease, short hospitalization, low morbidity, and rapid recovery. At clinical evaluation after three months, the patient showed no recurrence of the disease.

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Case Report

EXCLUSIVE TRANSCANAL ENDOSCOPIC REMOVAL OF GLOMUS TYMPANICUM: A STEP-BY-STEP DESCRIPTION OF SURGICAL TECHNIQUE

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ABSTRACT

The purpose of this article is to show step-by-step the exclusive transcanal endoscopic approach to a glomus tympanicum tumour, along with its pre- and post-operative management. Glomus tympanicum is a benign and slow-growing vascular tumour of the middle ear. Staging corresponds to extension within middle ear space and adjacent structures, and it is represented either by Glasscock-Jackson and modified Fisch-Mattox scales. Many strategies have been proposed as treatment options. When surgery is indicated, the evolution of endoscopic ear surgery has allowed an alternative approach to the traditional one. The patient was referred for persistent monolateral pulsatile tinnitus. Computed tomography (CT) scan is essential to define the extension of the lesion in the temporal bone while CT angiography shows its supplying arteries. If the tumour is limited to the middle ear cavity, an exclusive transcanal endoscopic approach is therefore indicated and the patient may be discharged after 24-48 hours after the surgical procedure. Endoscopic excision for small and localized glomus tympanicum tumour represents a safe and effective option with low intra- and post-operative complications.

KEYWORDS: *glomus tympanicum, transcanal endoscopic approach, tumour, middle-ear, endoscopic excision*

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Case Report

PERIOSTEUM REVASCULARIZED FLAP FOR RECONSTITUTE OF MANDIBULAR DEFECTS: OUR EXPERIENCE

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ABSTRACT

Mandibular reconstruction is a challenging surgical scenario both for the surgeon from preoperative planning to rehabilitation and for the patient. The biggest challenge for the surgeon is to find the right reconstruction for each patient with a tailor-made approach. Several techniques have been described in the literature, from the use of alloplastic material to the custom-made mandibular prosthesis, from the non-vascularized bone grafts to the regional pedicled flaps, and obviously starting at the end of the ‘80s the vascularized composite free flaps. In the present paper we reported a case of mandibular reconstruction with a free periosteal-fasciocutaneous flap (FPFF) and bone graft, hesitated in a subtotal neo-oxification of the defect, despite removal of the bone graft. A brief review of the dedicated literature is carried out to highlight the options for mandibular reconstruction and the role of periosteum flap in bone regeneration, and its reconstructive potential in head and neck oncological surgery.

KEYWORDS: *periosteum, free flaps, mandible reconstruction*

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Case Report

SEPTIC THROMBOPHLEBITIS OF INTERNAL JUGULAR VEIN AND PULMONARY EMBOLISM: LEMIERRE'S SYNDROME, A FORGOTTEN BUT PRESENT LIFE-THREATENING COMPLICATION OF ACUTE PHARYNGO-TONSILLITIS

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ABSTRACT

Lemierre's Syndrome is characterized by clinical or radiological evidence of suppurative thrombophlebitis of the internal jugular vein with a history of recent oropharyngeal infection and can be complicated by septic systemic embolism. The disease is usually caused by Gram-negative anaerobic organisms, mainly *Fusobacterium necrophorum*. Once called the forgotten disease in the pre antibiotics era, it may not be that uncommon after all. We report a case of Lemierre's Syndrome in a 14-year-old patient, with a blank medical history, with an oropharyngeal infection and onset of neck and thoracic pain. Computed tomography of the neck and thorax showed a thrombophlebitis of the internal jugular vein and septic emboli in the lungs. *F. necrophorum* was isolated from blood cultures. The isolated *F. necrophorum* showed susceptibility to metronidazole, clindamycin and betalactam/ beta-lactamase inhibitor combinations with no signs of resistance or reduced sensitivity, so prolonged multidrug therapy was considered the mainstay of treatment. Anticoagulation is believed to play a favourable role in the recovery of the disease because of the potential for faster resolution of thrombophlebitis, but the use of anticoagulation is still heavily debated due to conflicting results in literature. Lemierre's Syndrome is an unfamiliar syndrome, once considered rare, with an increasing number of reported cases recently. It is due to septic complications of oropharyngeal infections, which lead to thrombophlebitis of the internal jugular vein with potentially fatal complications occurring primarily in young, otherwise healthy individuals, which requires a prompt diagnosis and treatment. In this case report, we present a case of Lemierre's Syndrome in a 14-year-old

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patient treated with long-term antibiotic and anticoagulant therapy, considering the young age and the extent of the septic emboli to lungs, with complete resolution of the disease at the end of the treatment.

KEYWORDS: *Lemierre's Syndrome, thrombophlebitis, internal jugular vein, septic emboli, case report*



Case Report

USE OF DERMAL FILLERS TO TREAT ANGULAR CHEILITIS. A CASE REPORT

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ABSTRACT

Angular cheilitis is a common perioral pathology that usually presents with erythema, fissures and crusts accompanied by pain and/or itchiness. Angular cheilitis causes, in addition to blemishes, a functional limitation in motility and oral expression. We present the case of an elderly patient treated with dermal fillers which solved his pathology.

KEYWORDS: *angular cheilitis, dermal filler, hyaluronic acids, perioral pathology*

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Case Report

ENDOSCOPIC ASSISTED TRANSCERVICAL-TRANSPAROTID APPROACH FOR PARAPHARYNGEAL GIANT TUMOR: A CASE REPORT.

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ABSTRACT

Parapharyngeal space (PPS) is an anatomical complex area of the neck that extends from the skull base to the hyoid bone level. Tumors arising from this space are a heterogeneous group of neoplasm, indeed more than 70 different histological types have been described. This is a case report of a 48-year-old man with a giant tumor of PPS. It has been removed using a transcervical-transparotid route. The use of the endoscope helped the surgeon to reach the deepest and highest part of the PPS, identify a residual of tumor and remove it. The endoscope should be considered a crucial part of the surgical armamentarium in the approach of PPS masses in some cases. In fact, it assists the surgeon on thoroughly examining the PPS in all its extension. Furthermore, the endoscope in this case avoided other and more invasive approaches, reducing associated comorbidities.

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Case Report

ORBITAL METASTASES FROM UNDIAGNOSED BREAST CANCER: CASE REPORT AND NARRATIVE REVIEW

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ABSTRACT

Orbital metastases (OMs) are rare evidence and breast cancer (BC) is accountable for almost 40% of the cases. Nevertheless, 19% to 25% of patients may not have history of primary tumor when presenting with ophthalmic symptoms that may denote the first clinical complaints. The authors report a case of a 72 years-old woman with OM from undiagnosed BC presenting with enophthalmic syndrome, treated with chemotherapy and letrozole and alive at 3-years follow-up. A narrative review of the literature was carried out considering case reports and case series with no limitations of time. Outcomes were identified as presence of clinical/radiological orbital metastases from breast cancer with histopathological identification and presence of treatment protocol for the patients. The review included 31 patients with average age of 60 years old. Primary BC was undiagnosed in 35% of the cases and presented with ophthalmic syndrome. Estrogen receptors were expressed by 77% of the tumors and located mainly in orbital fat pad and extraocular muscles causing diplopia and movement limitations. Enophthalmic syndrome (19%) was rarer than proptosis (32%). Therapeutic strategies included radiotherapy, chemotherapy and anti-hormonal therapy. 12 months follow-up has been reported for 50% of the patients and 73% were alive. OMs from breast cancer may represent the first manifestation of BC. Clinical presentation is usually subtle and gradual and its recognition it's of primary importance. Nonetheless, since OMs represent an advanced disseminated disease, prognosis remains poor. The reported case highlighted that orbital metastases must be suspected in non-traumatic enophthalmic syndrome.

KEYWORDS: *orbital metastases, cancer*

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