

THE ROLE OF RESPIRATORY EPITHELIAL ADENOMATOID (READ) HAMARTOMA IN THE DIFFERENTIAL DIAGNOSIS OF A SINONASAL MASS

DUTRÉ T¹, VAN ARDENNE N¹, SCHMELZER B¹

¹ Ziekenhuis Netwerk Antwerpen

READ HAMARTOMA, NASAL MASS, RESPIRATORY EPITHELIAL ADENOMATOID HAMARTOMA

Abstract Introduction. Respiratory Epithelial Adenomatoid (READ) hamartoma is a rare condition first described by Wenig and Heffner in 1995. Abnormal glandular formation arises from the nasal epithelium. Case report. In March 2009 a 58-year old female patient consulted the ophtalmologist. She had complaints of exophtalmia, diplopia, reduced eye mobility and facial pain. On CT-scan a mucocoele in the right frontal sinus was suspected, with breakthrough to the orbit. After referral to the ENT-specialist an operation was planned. By means of a FESS-procedure and an orbitotomy, tissue was removed as much as possible and sent to anatomopathology for further investigation. The anatomopathologist described tubular glands lined with ciliated respiratory epithelium; the stroma contained a non-specific inflammatory cell infiltrate. There were no signs of malignancy. The findings were consistent with a Respiratory Epithelial Adenomatoid (READ) hamartoma. The operation gave a resolution of the woman's complaints. Discussion. The etiology of the READ hamartoma is unclear but it may be due to either sinonasal inflammation or a developmental error. Symptoms can differ depending on the localisation: nasal obstruction, nasal stuffiness, deviated septum, epistaxis, recurrent rhinosinusitis. The initial diagnostic landscape is very wide and includes very different sinonasal masses. The hardest ones to differentiate anatomopathologically are the inverted papilloma and the adenoid carcinoma. Complete surgical excision is curative. There are no reports of recurrence. Conclusion. A READ hamartoma is a quite rare pathology but important in the differential diagnosis of a unilateral sinonasal mass. Misdiagnosis for an adenoid carcinoma or inverted papilloma could lead to a too aggressive treatment. Further investigation is needed to determine if there is an association with malignancy or if READ Hamartoma could be a precursor state for other conditions.

ADENOIDS IN CHILDREN WITH UPPER RESPIRATORY TRACT RECURRENT INFECTIONS TREATED BY IMMUNOMODULATORS. IMMUNOHISTOCHEMICAL ASPECT

BYKOVA V.P.¹

¹ Federal Research Centre for ORL FMBA

ADENOIDS IN CHILDREN, UPPER RESPIRATORY TRACT, IMMUNOMODULATORS

Recurrent upper respiratory tract infections (URTIs) are common illnesses in young children. The vast majority of these infections are caused by viruses. Uncomplicated URTIs is known to be self-limiting and do not require antibiotics, but recurrence and/or bacterial superinfection may lead to numerous complications such as acute otitis media, sinusitis and bronchitis requiring various medical and sometimes surgical treatment in particular appropriate antibiotic therapy. It is well-known also that recurrent respiratory infections arise usually in children with common variable immunodeficiency and the more frequent selective IgA deficiency as well as local secondary immunodeficiency consequently antibiotic therapy. These patients compose a group of so-called infection-prone children, or sickly children. It is no coincidence that immunocorrective therapy became a part of complex treatment in children with recurrent respiratory infections.

PAIN MANAGEMENT IN CASE OF MALIGNANT TUMORS

STEINBACH K.E.¹

¹ Burghausen

PAIN MANAGEMENT, MALIGNANT TUMORS

The incidence of pain in patient with cancer depends on the type and stage of the disease. At the time of diagnosis and intermediate stages, about 50% of patients experience severe pain. In approximately 90% of patients, pain can be controlled through relatively simple means. Because of cancer pain is a problem of international scope, the World Health Organization (WHO) has urged that every nation give high priority to establishing a cancer pain relief policy. Pain got its official scientific definition in 1979 (by the IASP, International Association for the Study of Pain)) as "an unpleasant sensory and emotional experience due to tissue damage or described in terms of that damage". Any untreated severe pain fulfills the fact of physical injury. The primary goal of pain management should be about 50% pain relief. The use of numeric rating scales is wide spreaded and useful for continuous assessment and documentation of pain level.

SACCULAR DISORDERS: ILLUSTRATED BY CASE REPORTS

VAN ARDENNE NORA¹, DUTRÉ TINEKE¹, SCHMELZER BERT¹

¹ ZNA Middelheim

LARYNGOCELES, SACCULAR CYSTS

Abstract Laryngoceles and saccular cysts are cystic dilations of the saccule of the laryngeal ventricle. Laryngoceles are classified as internal, external or combined, determined by the location. The lumen of the laryngocele is connected with the endolaryngeal space and it contains air. An association with laryngeal cancer has been described. Saccular cysts are frequently congenital. The cyst is filled with fluid

and does not communicate with the endolarynx. In this paper we describe two cases of saccular cysts and one case of a laryngocele, all cases presented with sudden onset stridor. Current literature on the presentation, etiology, diagnosis and surgical treatment of laryngoceles and saccular cysts will be discussed.

REPAIR OF INJURED FACIAL NERVE WITH HYPOGLOSSO-FACIAL ANASTOMOSIS

BORYSENKO OLEG¹, SOUSHKO YURI¹, SREBNIAC ILONA¹, GUDKOV VICTOR¹, BOBROV ANDREI¹

¹ Kolomyichenko Otolaryngology Institute

FACIAL NERVE, HYPOGLOSSO-FACIAL ANASTOMOSIS

Introduction Despite advanced surgical technique, clinical results of the transected facial nerve are still far from the desired outcome. Anastomosis of the hypoglossal and facial nerves (i.e. cranial nerves VII and XII) is the treatment of choice for facial reanimation in patients whose facial nerve has been transected, and in whom end-to-end anastomosis of the facial nerve is not possible. In these cases hypoglossal nerve's proximal end of the main trunk of sutured with facial nerve's main trunk distal end. Cranial nerves VII and XII anastomosis is considered to achieve a dynamic result, which at best enables static facial symmetry and closure of the eyelid. Thus, both static and dynamic facial functions can be restored. The anastomosis clinical results is House-Brackmann grade III even in experienced hands. Even though this outcome is acceptable, it is still far from patient satisfaction. The disadvantage of standard anastomosis are tongue hemiatrophy, dysphagia, dyslexia and glosso-facial syncinesy. To avoid these inconveniences the original modification of standard anastomosis proposed: the proximal stump of hypoglossal nerve's descending branch is sutured with distal end of hypoglossal nerve's main trunk. The aim of this study is retrospectively evaluate the results of our experience with end-to-end anastomosis of cranial nerves VII and XII with and without hypoglossal nerve reinnervation, performed due to transaction of the facial nerve.

HIGH-FREQUENCY JET VENTILATION FOR ENDOSCOPIC LARYNGEAL SURGICAL INTERVENTIONS ON ACCOUNT OF LARYNGEAL STENOSES

KOLOTILOV L.V.¹, KARPISCENKO S.A.², PAVLOV V.E.²

¹ Кировская государственная медицинская академия

² Первый Санкт-Петербургский государственный медицинский университет им. акад. И.П. Павлова

ENDOLARYNGEAL SURGERY, LARYNX STENOSIS, HIGH FREQUENCY JET VENTILATION

The endoscopic surgical interventions in the larynx are usually carried out with the use of total intravenous anesthesia, controlled ventilation of the lungs and myorelaxation. High-frequency jet

ventilation of lungs through the thin catheter (HFJV) is considered the preferable method for such operations. HFJV through the thin catheter creates best vision and conveniences for surgeon during endolaryngeal manipulations. There were modelled "stenoses of the larynx" of different degree of manifestation (ID) Ø 3 mm ($S = 7,06 \text{ mm}^2$), 4 mm ($S = 12,56 \text{ mm}^2$) and 5 mm ($S = 19,62 \text{ mm}^2$). Clinical evaluation of HFJV was made in 40 patients with stenoses of larynx in the stages of compensation (32) and subcompensation (8). The simulation of "stenoses of the larynx" ID 3 and 4 mm showed the significant increase of intra-model pressure. The indices of intrapulmonary pressure in all patients were within 5 - 15 cm H₂O. In several cases the increase of intrapulmonary pressure was more than 20 cm H₂O during the work in the region of stenosis by surgical set of instruments. HFJV makes it possible to ensure adequate gas exchange in patients with stenoses of larynx ID more than 4 mm which were in the compensated state. Special caution is required during HFJV in the cases of the absence of possibility of a constant monitoring of airway pressure. A critical increase of intrapulmonary pressure can appear in any stage of operation.

PROGNOSTIC VALUE OF STIMULATING ELECTRONEURONOGRAPHY IN MANAGEMENT OF FACIAL NERVE TRAUMA

LINKOV V.I.¹, POSHIVALOV I.V.¹

¹ St.-Petersburg Medical Academy of Postgraduate Studies

FACIAL NERVE, NEUROPATHY

Unfavorable effect of facial nerve trauma for the patient is widely known [1]. The increasing number of cranial trauma cases determines the importance of contemporary diagnostics and choice of treatment of facial nerve traumatic neuropathy (FNTN) [2, 3]. The research aimed to improve early diagnostics and making objective indications for operation in case of FNTN is being performed at otorhinolaryngology department of St.-Petersburg Medical Academy of Postgraduate Studies. To achieve this patients with facial nerve trauma caused by temporal bone fracture have been exposed to stimulating electroneuronography registering parameters of M-response. The patients with the amplitude of M-response to relatively decrease by more than 90% have been put into a main group of surgical treatment. Otherwise the patients have been given basic conservative therapy and exposed to electroneuronography in dynamics every days. Patients with degeneration to reach 90% have been included into surgical treatment group, while others comprised the comparison group of conservative treatment

К ВОПРОСУ О ЛЕЧЕБНОЙ ТАКТИКЕ ПРИ ОСТРЫХ ТРАВМАТИЧЕСКИХ ПЕРФОРАЦИЯХ БАРАБАННОЙ ПЕРЕПОНКИ

ДИСКАЛЕНКО В.В.¹, КУРМАШОВА Л.М.¹

¹ Санкт-Петербургский государственный медицинский университет им. акад. И.П. Павлова

ПЕРФОРАЦИЯ БАРАБАННОЙ ПЕРЕПОНКИ, МИРИНГОПЛАСТИКА

В последнее время отмечается рост травм уха, среди которых механические повреждения барабанной перепонки занимают ведущее место (Федорова О.В., 1998; Пятакина О.К. и соавт., 2000). Чаще всего травматические повреждения тимпанальной мембраны возникают в результате прямых механических воздействий посторонними предметами, а так же вследствие резкого изменения давления в наружном слуховом проходе (удар по уху, при продувании слуховых труб, взрыве, выстреле и др.).

ОТОРИНОЛАРИНГОЛОГИЧЕСКИЕ ОСЛОЖНЕНИЯ СТОМАТОЛОГИЧЕСКИХ БОЛЬНЫХ ПОСЛЕ ПРОВЕДЕНИЯ ОПЕРАЦИИ «СИНУС-ЛИФТИНГ»

КУЗЬМИНА И.В.¹, ЗЕРНИЦКИЙ А.Ю.²

¹ ПСПбГМУ им. И.П.Павлова

² Санкт-Петербургская Медицинская Академия Последипломного Образования

"СИНУС-ЛИФТИНГ", ВЕРХНЕЧЕЛЮСТНЫЕ ПАЗУХИ

В последние годы дентальная имплантация все шире используется в лечении и реабилитации стоматологических больных. Стоматологи - хирурги применяют различные способы, направленные на улучшение условий для установки имплантатов [1,2,3]. Одной из распространенных методик является «синус-лифтинг», который показан в качестве операции для увеличения объема костной ткани в области боковых отделов альвеолярных отростков верхней челюсти при их атрофии [4]. Четкое соблюдение показаний и умение выполнять данную манипуляцию помогает хирургу-стоматологу предоставить пациенту адекватное лечение. Однако, в последнее время, не редкостью стали обращения пациентов после проведенного «синус-лифтинга» к отоларингологам, что заставляет взглянуть на эту проблему шире [5,6,7].

ПРИМЕНЕНИЕ ПРЕПАРАТА ЭРЕСПАЛ® У БОЛЬНЫХ С ХРОНИЧЕСКИМ ЛАРИНГИТОМ В СТАДИИ ОБОСТРЕНИЯ

КАРПИЩЕНКО С.А.¹, КУЧЕРОВА Л.Р.¹

¹ Санкт-Петербургский государственный медицинский университет им. акад. И.П. Павлов

ХРОНИЧЕСКИЙ ЛАРИНГИТ, ЭРЕСПАЛ, КАШЕЛЬ

Общепринятая терапия хронических ларингитов проводится без учёта патогенеза заболевания, что значительно снижает её эффективность (Солдатов И.Б., 1997, Демченко Е.Н., 2002). Средняя продолжительность такой терапии составляет 14-14,5 дней (Солдатов И. Б., 1997, Даянова А. Н., 2003, Бабияк В. И., 2005). Учитывая скудное кровообращение в тканях гортани, её воспалительные процессы протекают без интоксикационного синдрома, следовательно не вызывают изменений лабораторных показателей. Пациенты с хроническим кашлем обычно в течение длительного времени наблюдаются терапевтами, пульмонологами и даже получают симпатомиметики и стероиды ингаляционно, что ухудшает состояние гортани

ШАНТУРОВ АНАТОЛИЙ ГРИГОРЬЕВИЧ