A 7-year retrospective analysis of the clinicopathological and mycological manifestations of fungal rhinosinusitis in a single-centre tropical hospital

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ABSTRACT

Objectives: Fungal Rhinosinusitis, is a commonly overlooked diagnosis when managing patients with Chronic sinusitis. The objective of this study is to evaluate the clinicopathological and mycological manifestations of fungal rhinosinusitis occurring in Hospital Tengku Ampuan Rahimah, Klang, Malaysia which has a tropical climate. **Methods:** Records of patients from 2009 till 2016 diagnosed to have fungal sinusitis clinically with fungal growth and histopathologic evidence were compiled and analysed retrospectively. Information obtained from the records were indexed based on age, gender, clinical presentations, duration of symptoms, clinical signs and mycologic growth. **Results:** Twenty-seven out of 80 samples (33.75%) sent were positive for fungal growth. Sixteen patients were classified under non-invasive fungal rhinosinusitis (NIFRS) and 11 patients were classified under invasive fungal rhinosinusitis (IFRS). The mean age of presentation was 49.8 and the male to female ratio was 1:1.25. The commonest clinical presentation of NIFRS was nasal polyposis ($p<0.05$) and IFRS were ocular symptoms ($p<0.05$) respectively. The commonest organism found in NIFRS was Aspergillus sp. ($p<0.05$) and the commonest organism isolated in patients with IFRS were Mucorales. **Conclusion:** Our study suggests that there is an almost equal distribution of both invasive and non-invasive fungal rhinosinusitis as seen similarly in some Asian countries. Invasive fungal rhinosinusitis, while slightly more uncommon than non-invasive fungal rhinosinusitis is potentially life threatening and requires early and extensive surgical debridement as part of the treatment. We have also found that the clinical presentation of nasal polyposis was often associated with NIFRS whereby ocular presentation was more often associated with IFRS.

Management of chyle leak following neck dissection – Universiti Kebangsaan Malaysia Medical Centre experience

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ABSTRACT

Introduction: Eleven cases of chyle leak in neck dissections were reviewed between the years 2000 until 2013 at the Universiti Kebangsaan Malaysia Medical Centre (UKMMC). The main objective of this study is to highlight the methods of managing chyle leak in neck dissections in our setting. **Case Series:** Eleven cases of neck dissections with chyle leak were reported of the age between 39 and 78 years old at time of surgery. All eleven cases of chyle leak had underwent either a radical or modified radical neck dissection (MRND) for various head and neck malignancies. Six cases had intra-op thoracic duct injury which was immediately repaired with ligation technique. Chyle leak in five from the six cases completely resolved. Only one case had persistent leak post-op however, was successfully treated conservatively. Post op chyle leak occurred in five cases in this series in which all were treated with compression dressing and administration of medium chain triglyceride (MCT) diet via enteral feeding tube. One case had to undergo surgical repair at post- op day twelve. All cases of chyle leak occurred on the left side even though three cases underwent bilateral neck dissections. **Conclusion:** Detection of chyle leak whether during or post-surgery is crucial as it can prevent great morbidity. Intra operative repair with ligation method is sufficient enough to prevent persistent leak. Post op leak can be managed conservatively by compression dressing and diet modification such as MCT.