

# Endoscopic nasopharyngectomy for locally recurrent nasopharyngeal carcinoma in Penang General Hospital

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## ABSTRACT

**Introduction:** Nasopharyngeal Carcinoma (NPC) is common in Asia with a male preponderance. Management of recurrent NPC remains challenging, surgery being an option when the recurrent tumour is resectable via minimally invasive endoscopic approach. The objectives of the study are to determine demographics, tumour characteristics, and outcome of endoscopic nasopharyngectomy in Penang Hospital. **Methodology:** Patients with locally recurrent NPC and who underwent endoscopic nasopharyngectomy between January 2011 and December 2013 were followed up for post-nasopharyngectomy recurrence. Cox regression was used to determine likelihood of recurrence for various risk factors. **Results:** Thirteen patients underwent nasopharyngectomy all of which were rT1 to T2a. Only one patient had unclear margins. There were four patients who experienced local recurrence. Three patients passed away, two due to recurrence. The likelihood of recurrence for unclear margins was 105 times higher than those with clear margins (HR=104.944, p=0.439). The local control rate was 69.32% at mean follow up duration of 16 months. **Discussion/Conclusion:** Endoscopic nasopharyngectomy is favourable in small locally recurrent nasopharyngeal tumours, with minimum morbidity and mortality.

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# Retropharyngeal and parapharyngeal abscess with extensive mediastinum involvement

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## ABSTRACT

Combination of retropharyngeal abscess (RPA) and parapharyngeal abscess (PPA) with extension into mediastinum is a rare incident. Tonsillo-pharyngeal and dental infections are top on the list that drains or extends into those spaces followed by foreign body ingestion. Abscess in any one of those spaces have the potential to extend into one another due to the close proximity. Hence, these abscesses can occur separately or collectively. Only two similar paediatric cases being reported in literature while to our best knowledge, no adult case have been reported. We report a case of a diabetic elderly who was treated in a peripheral hospital as neck cellulitis in sepsis when he presented with dysphagia, odynophagia, hoarseness, lethargic and left sided diffuse neck swelling of six-day duration. He was subsequently sent to a tertiary centre with the suspicion of pulmonary embolism few days later when he developed persistent supraventricular tachycardia (SVT), chest discomfort and dyspnoea. Extensive retropharyngeal and parapharyngeal abscess with significant anterior and superior mediastinum involvement was unintentionally revealed by computed tomography (CT) scan with the initial aim to assess pulmonary embolism. Huge air pocket was also seen at retropharyngeal, surrounding the trachea, great vessels and right side of pericardium. There was no radiological evidence of pulmonary embolism. He fully recovered after a series of neck surgeries and prolonged duration of highly potent intravenous antibiotics to eradicate several types multi-drug resistant community-acquired and hospital-acquired bacteria over a period of two months. Several other cases performed thoracostomy to drain the mediastinal abscess, but we successfully drained the extensive mediastinal abscess in our patient solely via neck incisions as he was not clinically stable for a thoracic surgery. The mediastinal abscess in our patient was more extensive compared to other cases in literature.