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An unusual presentation of nodular faciitis: A rare case

Najihah Nordin, MD, Razak I, Doctor of (ORL-HNS), Siti Norain Roslim, MS (ORL-HNS), Shahrul Hitam, MMed (ORL-HNS)

Department of Otorhinolaryngology, Hospital Ampang, Selangor, Malaysia

SUMMARY

Nodular fasciitis is a benign soft tissue lesion caused by reactive proliferative fibroblast mainly according to literature triggered by trauma. Morphologically it mimics sarcoma hence also called pseudosarcoma. It is commonly seen in upper and lower extremities, as well as the trunk but rarely in the head and neck region. We are reporting a rare presentation of nodular fasciitis seen over the right maxillary region. A 27-year-old chronic smoker male presented with 3-months history of gradual increase in size of painless right maxillary mass with history of trauma to the face more than 6 months prior to presentation. Otherwise, no other significant history. On examination there was a swelling seen over the right maxillary region measuring 3cm x 3cm, which was mobile with firm to hard in consistency, non-tender with no overlying skin changes. Computed Tomography of the paranasal sinuses showed a well-defined round heterogeneously enhancing subcutaneous soft tissue mass. The mass was visualized at the right anterior maxillary region measuring 1.8cm x 2.0cm with no evidence of bony lesion, or calcification. Fine needle aspiration and cytology revealed spindle cell lesions. The patient underwent tumor excision via sublabial approach. The histopathological examination of the removed mass reported as nodular fasciitis with positive for SMA (smooth-musclespecificactin) stain. The postoperative recovery was uneventful with no cosmetic defect. Within a period of 3 months, there was no recurrence seen, nevertheless the patient is still under follow up. In conclusion, although nodular fasciitis is uncommonly seen over the head and neck region, it should be considered as one of the differential diagnoses especially for any painless subcutaneous masses with a history of trauma to the area. A thoughtful consideration and careful work up should be done to obtain a proper diagnosis and treatment of this favourable lesion as the prognosis is good with low recurrence rate.

CR-08

The role of extra-endolaryngeal suture lateralization: How we manage in recalcitrant subglottic stenosis in our centre

Norazila Abdul Rahim, MS (ORL-HNS)[1], Ariff Sobani, MBBS[1], Masaany Mansor, MS (ORL-HNS)[1], Nik Fariza Husna Nik Hassan, MMed (ORL-HNS)[2]

[1]Department of Otorhinolaryngology, Faculty of Medicine Universiti Teknologi MARA(UiTM), Sg Buloh, Selangor, Malaysia, [2]School of Health Sciences, Universiti Sains Malaysia, Kota Bharu, Kelantan, Malaysia

SUMMARY

We report a case of recalcitrant subglottic stenosis in a 17-year-old teenage boy following 2 episodes of intubation in 2019. Patient was diagnosed with subglottic stenosis Cotton Mayer grade 4 where the proximal part of the stenosis is only 0.6 mm from the inferior surface of the vocal folds . Patient also had propensity to develop keloids which lead to impaired tissue repair. Initially, the stenosis segment was softened by repeated intralesional steroid injections under local anaesthesia (LA) into the proximal end of the stenosis via trans-thyrohyoid approach and distal end of the stenosis via the tracheostoma. After a month of repeated intralesional steroid injections, the patient who was aphonic are now able to whisper. This indicated there was presence of a small lumen. Patient was then subjected to multiple endoscopic dilatations followed by endoscopic tracheal stent insertion which was later changed to Montgomery T-tube. Despite various surgical procedures performed to treat the condition, the patient is still on Montgomery T-tube and decannulation seems almost impossible. The main challenge in managing this condition is due to close proximity of the proximal segment of the stenosis to the inferior surface of vocal folds. We venture into an alternative surgical procedure called extra-endolaryngeal suture lateralisation technique. Although this procedure is mainly performed to treat bilateral vocal fold immobility, we believe that this technique may be beneficial in providing better airway to the patient and eventually decannulation.