A case report: Chronic sialolithiasis of submandibular glands with sialocutaneous fistula in the neck

Norazila Abdul Rahim, MS (ORL-HNS), Intan Kartika Kamarudin, Doctor of (ORL-HNS), Masaany Mansor, MS (ORL-HNS)

Department of Otorhinolaryngology, Faculty of Medicine Universiti Teknologi MARA(UiTM), Sg Buloh, Selangor, Malaysia

SUMMARY

Sialocutaneous fistula in the neck is a rare complication of chronic sialolithiasis which can be challenging to manage. A thorough history taking and physical examination with aided of proper imaging are essential to diagnose the condition. We report a rare case of discharging fistula in the neck secondary to chronic sialolithiasis in a 68-year-old Malay man with background history of Alzheimer disease. A simple excision of the gland along with the fistulous tract was complicated with gingivobuccal tear due to formation of thick fibrotic band adhering the submandibular gland to the floor of the mouth. There was a possibility of the thick fibrotic band to be submandibular ductal fistula into the floor of the mouth, however due recurrent sialadenitis in the past, the ductal fistula into the floor of mouth was severely atrophic and could not be cannulated leading to adhesion. In this case report, we will describe further on the clinical presentations and investigations, the step by step of the surgical approach of submandibular gland with fistula tract excision, the unusual intraoperative findings and the postoperative management of the patient. The understanding of the anatomical relationship between the submandibular gland and its surrounding is important in anticipating variety in the salivary gland pathology and appropriate measure can be taken to prevent unnecessary surgical complications.

A giant sinonasal schwannoma

Khaw Chok Tong, MBBS[1,2], Jothi Shanmuganathan, MMed (ORL-HNS)[2], Irfan Mohamad, MMed (ORL-HNS)[1], Premalatawati Krishna, MPath[3]

[1]Department of Otorhinolaryngology-Head & Neck Surgery, School of Medical Sciences, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan, Malaysia & Hospital Universiti Sains Malaysia, [2]Department of Otorhinolaryngology, Hospital Sultanah Aminah, 80100 Johor Bahru, Johor, Malaysia, [3]Department of Pathology, Hospital Sultanah Aminah, 80100 Johor Bahru, Johor, Malaysia

SUMMARY

Schwannoma is a rare tumour found in the nasal cavities or paranasal sinuses but is increasingly encountered and being reported. It arises from the nerve sheath of the peripheral nerves. Despite the traditional belief that it is rather a slow-growing tumour, many of the reported cases were large and would cause bony erosion and remodelling. We present a case of huge sinonasal schwannoma which eroded into the orbit, frontal sinus and maxillary sinus. Contrast-enhanced computed tomography (CT) scan showed a homogeneously enhancing soft tissue mass occupying the left nasal cavity extending into the left maxillary sinus, left frontal sinus and posteriorly into nasopharynx measuring 7.5cmX5.0cmx5.9cm. The left globe and medial rectus were displaced laterally by the mass. The tumour was completely excised through a lateral rhinotomy approach and there was no recurrence seen at one year post surgery. Despite being rare, huge size sinonasal schwannomas were often encountered probably because the schwannomas can grow faster in the roomy nasal cavities. Urgent imaging and biopsy are needed to exclude malignancy. Total excision of the tumour can be achieved endoscopically or by an open method. Recurrence can be prevented by complete excision of the tumour.