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Post traumatic pseudoaneurysm of a branch of facial artery

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SUMMARY

Pseudoaneurysm of the facial artery is a rare entity. The causes of facial artery pseudoaneurysm include trauma and iatrogenic causes. Clinically, it usually presents as a pulsatile swelling which develops over a period of a few weeks and can cause severe bleeding. Here we present a case of post-traumatic pseudoaneurysm of a branch of facial artery and its management. An 18-year-old man developed a pulsatile swelling around the left angle of mandible about eleven days after sustaining a wound to the same area from a motor vehicle accident. Computed tomography(CT) angiogram showed a pseudoaneurysm of a branch of the left facial artery. Embolization was performed and one month later, the swelling has resolved completely. Despite being rare, pseudoaneurysm of facial artery should always be suspected in patients with a pulsatile mass at the angle of mandible especially after trauma. Diagnosis can be confirmed by either CT angiogram or MRI. In terms of treatment, open surgery or embolization appears to be a safe option provided that it is performed correctly.

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An enthralling case of parotid gland tumour

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SUMMARY

Solitary fibrous tumour (SFT) is a rare spindle cell neoplasm commonly occurring in the pleura and peritoneum. The rare phenomenon of SFT of the parotid gland has been reported in only 34 cases up till date. Histopathological examination and immunohistochemistry are required to make the correct diagnosis and differentiate it from other parotid tumours. We report a case of a 22-weeks pregnant lady, who presented with a painless and non-progressive right parotid swelling for 10-months duration. Examination revealed a right parotid swelling, firm in consistency measuring 7x8cm. The facial nerve was intact and there was no medialization of the lateral pharyngeal wall. The fine needle aspiration cytology was reported as pleomorphic adenoma. As the patient was pregnant, definitive surgical intervention was postponed. A post-partum contrasted computerized tomography scan of the neck showed a well demarcated right parotid mass involving both superficial and deep lobes. She was subjected to right subtotal parotidectomy with facial nerve preservation. However, she developed right facial nerve palsy House Brackmann grade IV post-operatively as the result of nerve fatigability/neuropraxia due to intraoperative manipulation. The histopathological microscopic examination reported that the cells have round to oval, centrally placed nuclei and the stroma shows medium-sized ramifying vessels, some of which have hyalinized walls. The tumour cells are positive for CD34, BCL2 and CD99, in which the findings were consistent with SFT. During subsequent 7 months follow up, her facial nerve function had recovered completely with no signs of recurrence of the parotid tumour. In conclusion, SFT of parotid gland is a rare, non-aggressive benign tumour with non-specific clinical and radiological findings. However, the histopathological examination and immunochemistry with CD34 and BCL2 will render this diagnosis. Complete resection is the treatment of choice with good prognosis.