

Kaposi sarcoma of the larynx, an unusual encounter

Athierah Muhammad, MBBS¹, Loo Lit Yee, MS (ORL-HNS)¹, Tuang Geng Ju, MBBS, MRCSEd (ENT)²

¹Department of Otorhinolaryngology, Hospital Selayang, Selangor, ²Department of Otorhinolaryngology, Universiti Kebangsaan Malaysia, Kuala Lumpur

SUMMARY

Kaposi Sarcoma is a low-grade malignant mesenchymal neoplasm commonly associated with acquired immunodeficiency syndrome (AIDS). It primarily affects the cutaneous layer of the face and extremities and also oropharyngeal mucosa. Involvement of the larynx is somewhat unusual, with sparse information in the English literature. Herein, the author reported a case of a 27-year-old gentleman with Human immunodeficiency virus (HIV) on HAART treatment, who presented with progressive dysphonia and globus sensation of 1-month duration. In addition to the multiple purplish raised papules over his right forearm, a similar violaceous lesion was observed arising from the lingual surface of the epiglottis via flexible bedside laryngoscopy. Biopsy of the lesions confirmed the diagnosis of Kaposi Sarcoma. The clinical conundrum of managing this case was well illustrated with the concurrent diagnosis of COVID-19 in him. Detailed counselling on the treatment options of the laryngeal lesion was arranged, involving a multidisciplinary approach. The patient then opted for concurrent chemoradiotherapy. Chemotherapy offers the benefit of laryngeal preservation in Kaposi sarcoma involving the larynx and may be considered as a treatment option in patients with high risk of surgical intervention.

Hyperpneumatisation of paranasal sinuses and mastoid and Valsava's maneuver: A missing link?

Theresa Teoh Chiu Hoong, MBBS, Guhan Kumarasamy, MS (ORL-HNS), Ranveer Singh Gill, MS (ORL-HNS)

Department of otorhinolaryngology, Hospital Bintulu, Bintulu, Malaysia

SUMMARY

Excessive enlargement of paranasal sinuses and mastoid is a rare condition with unknown aetiology. To date, only a few case reports about spontaneous hyperpneumatisation have been published and the true causative mechanism is still a myth. The direct link between hyperpneumatisation and Valsava's maneuver has not been found. We would hereby present a case report of hyperpneumatization of mastoid and paranasal sinuses in an asymptomatic man with habitual performing of the Valsava maneuver and holding of sneeze. A 31-year-old gentlemen was referred to Otolaryngology department for epistaxis post assault. In view of a history of loss of consciousness, a CT brain and neck showed a left maxillary bone fracture, left orbital wall fracture and a right temporal subarachnoid haemorrhage which was treated conservatively. On further examination, there were also diffused enlargement of all the paranasal sinuses and mastoid air cells. Patient denied any tinnitus, hearing loss, headache, sign of sinusitis or allergy. However, history of performing repetitive Valsava manoeuvre of at least once or twice a day for a period of more than 5 years especially in crowded places for he believed it improved his hearing. He also frequently tends to hold his sneezes. Nasal endoscopic and otoscopy examination did not reveal pathologic findings. His pure tone audiometry showed normal hearing bilaterally and tympanometry showed a type A bilaterally. Patient was advised not to continue with this Valsava habit and holding sneezes and was discharged home. Although largely asymptomatic and found only incidentally, hyperpneumatisation of temporal bone and paransal sinuses pose an unique blend of symptoms and complications which is prudent for budding otorhinolaryngologists to identify and to treat.