

Infected fungal ball in concha bullosa: A rare cause of headache

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SUMMARY

Concha bullosa is the pneumatization of the middle turbinate and is possibly the most well-known variety of the sinonasal anatomy. This pneumatization occurs when ethmoid air cells migrate to the middle concha. Most often, patients are asymptomatic, however, a small number may present with nasal obstruction and headache. If the concha bullosa obstructs the middle meatus, the patient may even develop sinusitis and facial pain. Although concha bullosa can become infected in some patients, publications on fungal infections are few in the literature. We would like to present a case of a 51-year-old female who presented to our clinic with continuous left hemifacial headache and intermittent vertigo with absence of nasal symptoms in whom we found a large left concha bullosa, filled with pus and fungal ball. After endoscopic resection of the concha, the patient reported no further headaches and vertigo. The improvement of symptoms and quality of life suggests that the endoscopic surgery may promote the rapid resolution of concha bullosa related headache. The clinical presentation, radiological and endoscopic findings and management approach for this case are further discussed.

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The solidarity of sweet and sour of salivary stories. A series of five patients

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SUMMARY

The parotid tumours are the most usual salivary gland neoplasm affecting major salivary glands and most of these are pleomorphic adenomas. Around 80% of parotid gland tumours are benign in nature. The malignant cases account for 20% and mostly involve submandibular glands and minor salivary glands. In these case series, we present 5 different spectrum of parotid tumour pathology, including a case of pleomorphic adenoma of superficial lobe parotid, a case of deep lobe parotid pleomorphic adenoma, a case of mucoepidermoid carcinoma of parotid gland, a case of recurrent acinic cell carcinoma of parotid gland and a case of inoperable advanced poorly differentiated carcinoma of parotid gland with distant metastases. Preoperative fine needle aspiration cytology results of all 5 cases were consistent with postoperative histopathology reports. Facial nerve (FN) sacrifice and injury during parotid operation was occasionally inevitable, but in the preoperatively functioning nerves and tumour not invading the nerve intraoperatively, all effort should be taken to preserve the integrity of the FN function. We aim to share our experiences in terms of the clinical diagnosis and the management outcome of these five different disease entities involving the parotid gland.