

Pleomorphic adenoma of parapharyngeal space: Our management

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SUMMARY

Primary tumours arising from the parapharyngeal spaces are rare, comprising less than 1% of head and neck neoplasms. About 80% of these tumours are benign with pleomorphic adenoma being the commonest type. These cases often present as an incidental mass during investigation of other pathologies as they can be asymptomatic. Fifty percent of patients presented with a neck swelling or the growth can manifest with medial displacement of the oropharynx. A 65-year-old lady with rheumatoid arthritis was investigated for chronic neck pain and referred to Otorhinolaryngologist when her magnetic resonance imaging of the spine revealed an incidental finding of a well-defined ovoid mass in the left parapharyngeal region. It was hypointense on T1W and heterogeneously hyperintense on T2W images. She had no other neck swelling and denied any ear, nose, or throat symptoms. Flexible nasopharyngolaryngoscope revealed minimal medialization of the left lateral pharyngeal wall with patent airways and normal pharyngeal mucosa. She was subjected to a computed tomography scan of the neck which showed a well-defined mass in the pre-styloid area with no clear fat plane with the deep lobe of the parotid and the adjacent pharynx with subcentimeter lymph nodes. In view of the unspecific nature of the mass in the scan, malignancy could not be ruled out. The mass was medial to the carotid sheath and located just adjacent to the oropharynx. We decided for an incisional biopsy of the mass via transoral approach in view of the easier accessibility, to avoid the vital structures in the neck and to avoid external scar in the possibility of a malignancy. Intraoperatively, the lateral pharyngeal wall was viewed using the Boyle-Davis mouth gag. A vertical incision was made using a blade, posterior to the left posterior pillar, and we proceed with blunt dissection until the capsule of the mass was encountered. We found the mass to be well defined and were very well encapsulated with the size of 6 x 5cm. Hence, an excisional biopsy was performed, and the mass was removed in total. As the lesion was big, hemostasis was a challenge. The cavity was sutured, and the patient was on nasogastric tube feeding for five days to allow the mucosa to heal. No other enlarged lymph nodes were encountered. The histopathological examination confirmed the diagnosis of a pleomorphic adenoma. The patient has been well with no complications or recurrence. This case illustrates the successful management for a neoplasm of the parapharyngeal space from the investigation till complete removal via transoral approach.

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The Pursuit of Balance

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SUMMARY

Persistent postural-perceptual dizziness (PPPD) is a newly defined chronic dysfunction of the and brain (neuro-otological) and vestibular system that produces persistent non-spinning vertigo and/or unsteadiness. It falls within the spectrum of functional neurological dizziness which can occur as primary or secondary to vestibular syndrome. In most cases, PPPD develops as the acute symptoms of precipitating conditions remit, occurring as their acute vertiginous symptoms fade. Once recognised, it can be managed with effective communication and tailored treatment strategies, including vestibular rehabilitation and cognitive-behavioural therapy. A 44-year-old lady with PPPD post left posterior benign paroxysmal positional vertigo (BPPV); who presented with persistent non-vertiginous dizziness (despite successful particle repositioning manoeuvres – Epley's & Gan's) which affected her psychosocially severely. Upon assessment, noted normal bilateral hearing assessment, negative cerebellar sign, negative Dix Hallpike and supine roll tests with EQ-5D 2 1 2 1 2 – 60%; dizziness handicap index: 84 (severe), DASS 21 – Depression 9 (moderate), Anxiety 12 (extremely severe), Stress 12 (moderate). She was then treated as PPPD and was started on intensive home BAL EX exercise and was referred to psychiatry for cognitive behavioural therapy (CBT). Reassessment of EQ-5D, DSI & DASS 21 after a month a therapy showed marked improvement. On day 7 of treatment noted EQ 5d 11111 80%, DSI 10, DASS 21- D2 (normal), A5 (mild), S 4 (normal); whilst on day 28 of treatment noted EQ 5D 11111 85%, DSI 18 Mild, DASS 21 – D1 (normal), A 2 (normal), S2 (normal). In PPPD, vestibular rehabilitation combined with CBT help patients escape a cycle of maladaptive balance control, recalibrate vestibular systems, and regain independence in everyday life.