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Ceruminous adenoma of the external auditory canal: A rare neoplasm with benign clinical behaviour

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SUMMARY

Ceruminous adenoma is a rare benign neoplastic cell of the ceruminous glands of the external auditory canal. It accounts for less than 1% of all external auditory canal tumours. Most of the cases reported were adult patients. Few are reported to have recurrence and there are no reported incidents of malignant transformation of the tumour. We present a 34-year-old female patient with a history of progressive hearing loss and tinnitus of the right ear for 2 years. The pure tone audiometry test was reported as right moderate conductive hearing loss. Examination of the right ear revealed a cystic mass with serous content arising from the posterior wall of the right external auditory canal. She underwent wide excision of the cystic mass via trans-canal approach. Histopathology showed a glandular pattern neoplastic cell which exhibited monotonous hyperchromatic nuclei with inconspicuous nucleoli. Histopathology and immunohistochemistry of CK7 staining confirmed it to be benign in nature and was sufficient for diagnosis of ceruminous adenoma. Ceruminous adenomas are rare benign tumours of the external auditory canal which can be treated with wide local excision. Thorough investigation with CT imaging should be used to determine the best modality for excision. Immunohistochemical staining is also needed to ensure the correct diagnosis is made for this rare tumour.

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A rare case of extranodal NK-T cell lymphoma nasal type masquerading as acute peritonsillitis

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SUMMARY

Extranodal natural killer / T-cell lymphoma, nasal type (ENKTCL) is a rare, aggressive extranodal non-Hodgkin lymphoma which is characterized by local destructive necrotizing lesions in midline facial structure. It is strongly linked with Epstein-Barr Virus infection and affected predominantly middle age male. Patients have poor prognosis owing to ENKTCL rapid local progression with early distant dissemination. Hereby we report a 41-year-old lady who presented with worsening sore throat for 2 weeks associated with odynophagia, reduced oral intake, fever and weight loss of 5kgs without seeking any medical attention prior to this. Besides, she complained of intermittent nose block for 1 year. Her oral cavity examination showed no trismus, right base of uvula was ulcerated and extended superiorly to soft palate, right peritonsillar region was inflamed however both tonsils were not enlarged. Flexible scope showed crusting over nasopharynx, fossa of Rossenmuller (FOR) was not obliterated with large ulceration over left arytenoid and bilateral pyriform fossa. Histopathological examination (HPE) of the biopsy specimen from the base of uvula revealed necrotic tissue consistent with ulcer and culture grew Pseudomonas aeruginosa. There is enhancing ill-defined lesion at left FOR with right tonsillar enlargement visualised on CT neck, thus left FOR biopsy was performed and the HPE revealed atypical lymphoid proliferation. Subsequently, an urgent pan-endoscopy with biopsy was arranged and all samples were reported as ENKTCL. The Serum EBV genome was also detected. The patient had undergone 4 cycles of chemotherapy (SMILE regime) with nasopharynx local irradiation. Unfortunately, prior to completion of six cycles of chemotherapy, she was diagnosed with left frontal brain metastasis secondary to recurrent ENTKCL and also pulmonary tuberculosis. She was started on intensive tuberculosis treatment, but developed drug induced hepatitis. She then succumbed a few days later due to septic shock secondary to hospital acquired pneumonia and metastatic refractory ENKTCL. In conclusion, ENKTCL may masquerade as infection, however high index of suspicion for sinister diagnosis if prolong sore throat or non-healing ulceration despite given adequate antibiotic. Initial results of necrotic tissue from the uvula biopsy most likely due to superficial sampling of tissue hence deeper tissue biopsy for diagnosis is pertinent. Localize ENKTCL require multimodality approach whereas advanced or relapsed/refractory ENKTCL has better outcome with L-asparaginase containing regimes chemotherapy than usual anthracyclines-based regimes as ENKTCL express multidrug resistant P-glycoprotein. Therefore, quantification of plasma EBV DNA is mandatory for monitoring response and prognostication.