A rare extra cardiac rhabdomyoma of the floor of mouth. What can we learn?

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SUMMARY

Extracardiac rhabdomyoma is a rather unusual, slow-growing head and neck tumour. The usual presentation can be neck swelling, foreign body sensation intraoral, or other symptoms based on its location. The primary treatment is a complete surgical incision to avoid recurrence. This is a case of a 56 years old male who presented with floor of mouth swelling for 1 year. The swelling did not cause odynophagia, dysphagia, respiratory problem, or voice changes. He also complained of vague right neck swelling for a few years. On examination, there was a submental swelling measuring 7.0 cm x 2.0cm. There was a firm mass over the right side floor of the mouth. Preoperative MRI reported an ill-defined mass which was isointense on T1W1 and hyperintense on T2W1, involving most of the right hemitongue and extend inferiorly to the right genioglossus, hyoglossus and mylohyoid muscles. He underwent excision of the right submandibular space tumour and transoral resection floor of mouth tumour under general anaesthesia. Histopathology examination reported as extracardiac rhabdomyoma. On subsequent follow-up, there was no evidence of recurrence. Taking a proper history of each patient is very important in managing tumour cases. In a slow growing tumour, benign lesions would be the top list of differential diagnosis. However, we must also rule out malignancy in setting up the diagnosis for this patient because of the patient's age, and most of time, salivary gland neoplasms of the floor of the mouth are more often malignant than benign. Radiological imaging is an essential modality, where we can assess the extension of the tumour to properly plan for a surgery. We must avoid extensive mutilating surgery in managing benign tumours of the floor of the mouth,, but complete excision is definitely the aim of the surgery to prevent recurrence.

Hole in the neck! A case of cervical necrotizing fasciitis

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SUMMARY

Cervical necrotizing fasciitis is an uncommon, life-threatening, involving single or polymicrobial infection. It spreads along the fascial planes and subcutaneous tissue resulting in extensive skin and tissue necrosis and lethal death. Management includes early diagnosis, prompt surgical debridement, controlling underlying illnesses; broad spectrum antibiotic coverage and proper wound dressing. We report a rare case of a young and fit gentleman presented with cervical necrotizing fasciitis. A 33-year-old Indonesian male with no significant co-morbids, presented with progressive neck swelling, associated with pain and discharge over 2 weeks duration. There were neither signs of airway impairment nor tooth infections. On examination showed a huge anterior neck defect with absence of skin and necrotic surrounding edges; measuring about 10cm x 8cm exposing the underlying muscles with foul smelling discharge. His blood parameters were impeccable including his blood sugar. However, there were noticeable signs of aspiration with mild dehydration. He was admitted, broad-spectrum antibiotics empirically administered. A computed tomography (CT) scan neck was done which showed extensive air pockets at the level of hyoid until the sternal notch, involving anterior and bilateral lateral neck region, extending into deep fascia and pretracheal layers. No hypodense collection seen. Neck exploration and wound debridement was performed. Subsequently, he received special dressing for his wound and was finally discharged home safely. Unfortunately, he did not return for follow-up. Cervical necrotizing fasciitis is a severe and fulminant infection. Early diagnosis and treatment are necessary to reduce mortality. Quick and prompt surgery associated to antibiotic therapy is the most important factor in improving prognosis.