

Giant cell tumor of sphenoid sinus with aggressive lesion involving skull region: A case report

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ABSTRACT

Summary: Giant cell tumours that involve head and neck regions are extremely rare neoplasms that represent only 1% affecting particularly the sphenoid and temporal bones. They are usually solitary and occurring regardless of age. It is a challenge to treat this disease due to the rarity to occur in the head and neck region. We report a case of a 45-year-old Chinese gentleman presented with a headache that progressively worsened for the last 3 months, associated with left eye blindness, nasal congestion as well as constitutional symptoms. On examination, left eye esotropia, optic, oculomotor and abducens nerves of the left eye were affected, others cranial nerves are unremarkable. Rigid scope finding showed necrotic mass over the left nasal cavity with mucopurulent pus, unable to visualize the left Eustachian tube and Fossa of Rosenmuller. Computed Tomography scan gives a good imaging modality for evaluating paranasal extension with the involvement of delicate bony structures compared to magnetic resonance imaging scan. The imaging brain scan showed large lobulated lesion with its epicenter at the region of the sphenoid sinus measuring approximately 5.3 x 6.3 x 5.8 (ap x wx cc) with evidence of nasal cavity structures involvement and intracranial extension. Histologic examination revealed distribution of osteoclast-like giant cells within sheets of round to oval mononuclear stromal cells and mononuclear cells have epithelioid to spindled appearance exhibiting bland round to oval nuclei. In view of extensive disease with intracranial extension, hence oncology treatment is the best option.

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A Concept paper: Towards healthier mature women – A redbook for mature women 45 years and above

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ABSTRACT

Introduction: Men and women need targeted objective oriented guided landing strip style nudge to achieve targeted screening in order to complete milestone testing points like pap smear at age 49 or a mammogram check at age 50 or a pelvic ultrasound at age 55. This daring proposal proposes to address these targets in a gentle yet purposeful manner. There will be debate as to what to include and when and how. **Objective:** Women who are pregnant in Malaysia religiously carry a Ministry of Health Red Antenatal Book. It is suggested that we create a similar Red Book for Mature Women (RBMW). **Materials and Methods:** "Women and some men, when given a task, are more likely to complete it especially if driven by a need to complete it and to fill in the blanks." Add tax benefits. The RBMW would theoretically contain a few completion dates; First Tests within a range for a few recommended tasks that follow evidence. Suggested tasks are: (Breast Examination: by doctor 45 to 75 years) (Breast Mammogram: 45 to 65 years) (Pap smear: 45 to 63 years) (Bone mineral density tests: 45 to 65 years) (Serum Ca125: 45 to 55 years, controversial & explained in detail) (Pelvic Ultrasound: 45 to 55 years) (ECG, CXR, FBCDC, UFEME, Cholesterol, Stool Occult Blood, Colonoscopy-discussion needed). There will be major debates on inclusion, exclusion, timelines and inherent values and number needed to screen/costs, but it will add focus to a healthier screened mature women's group. Where there is doubt/controversy the explanation is detailed. It is suggested that at age 45 years old a mature woman will be encouraged to have a pap smear, pelvic ultrasound, breast examination at the least. At age 50, repeat the same plus a mammogram and a serum Ca125. At age 55, same as at age 45 and 55. At age 60, the same tests are done as at age 45, 50 and 55. Other tests can be added depending on specific individual risk factors and are individualized; provided the preceding tests are normal or non-worrying. Evidence level will be attached with references. **Results:** Where there is a doubt/controversy an explanation is detailed. It is expected that a higher ratio of women 45 years old and above will be driven to attempt to understand, gear towards and complete the tasks. Controversies will abound on serum CA125 and a few tests, full transparency discussed. **Conclusion:** Philosophically, this will lead to higher and earlier detection of breast lumps, breast cancer, CIN, cervical cancer, osteopenia, osteoporosis, pelvic masses and trigger tests for elevated serum CA 125 (controversy accepted on its true intrinsic negative and positive value). Mature women may find RBMW triggers/activates them to be more health aware. Countless debates will ensue.

Keyword: Red Book for Mature Women, health aware, breast examination, mammogram, mature woman