

## CEREBRAL COMPLICATIONS IN PATIENS WITH SINUSITISA CONTINUOUS CHALLENGE

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**Abstract:** *The inflammation of the paranasal sinuses persists as one of the most familiar otorhinolaryngological and medical problems worldwide. In regard to intracranial complications of rhinosinusitis, the situation becomes a true surgical and medical emergency and should involve a rapid and maximally efficient assessment and treatment of the. The focus of our paper is to present and to habituate the surgeons with the pathological process, diagnosis, and correct management of suppurative intracranial complications of sinusitis. The diagnosis of suppurative intracranial complications of sinusitis involves a high suggestion of suspicion (due to non specific symptoms and signs of systematic inflammatory responses, specific intracranial inflammation signs, symptoms and neurological signs) and confirmation by imaging. Leading to success of treatment is the management and sanitation of the primary source of sepsis within the paranasal sinuses in collaboration, if needed, with neurosurgical drainage and intravenous antibiomatic therapy. The collaboration with other specialities remains an indispensable aspect, depending on the extension of the disease.*

**Keywords:** cerebral, complications, rhinosinusitis, surgery.

## COMPLICATIONS DEVELOPED BY PATIENTS WITH FRONTAL SINUS MUOCOCELE

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**Abstract:** *The sinus mucocele is a cystic encapsulated tumour, with liquid content, located aseptically in one of the paranasal sinuses. Mucocele is characteristically related to neighbouring tissues causing bone resorption. The most common affected sinuses are the frontal and ethmoidal ones. The diagnosis of frontal mucocele is based on clinical and paraclinical data, nasal endoscopy with a rigid or flexible stem (fiberscope) and CT showing the characteristics mentioned above, as well as MRI that has the role of establishing the differential diagnosis of this pathology. The treatment of the mucocele is represented by its surgical cure, this being performed endoscopically, classically or by combined approach depending on the location and size of the tumour. This paper stands up to highlight the*

*therapeutic conduct of the frontal mucocele with cranial invasion in our clinic; this is done through a combined approach (endoscopic and open). The objective of the surgical intervention was represented by the ablation of the cystic tumour formation and the restoration of the functionality by improving the quality of the patient's life. Combined surgery has proven to be the best choice in this case. Thus, the tumour was completely removed, and the social reinsertion was able to be done early, postoperatively. The most common approach used for this pathology is the endoscopic one with the advantage of the absence of postoperative external scars and paresthesias, but it is converted to a combined approach (endoscopic and external) whenever the location and size of the sinus mucocele require it.*

**Keywords:** sinus mucocele, mucocele complications, endoscopic surgery

## MECHANICAL PROSTHETIC MITRAL VALVE THROMBOSIS IN IDIOPATHIC HYPEREOSINOPHILIC SYNDROME - A CASE REPORT

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**Abstract:** *The idiopathic hypereosinophilic syndrome is a rare condition but with possible major complications despite the current diagnostic and therapeutic advances; of these, cardiovascular complications are of significant importance requiring rapid diagnosis and effective treatment to avoid life-threatening situations.*

**Keywords:** eosinophilia, hypereosinophilic syndrome, valvular involvement, thrombosis

## NASAL HAEMOSTHISIS – FROM MINIMALLY INVASIVE PROCEDURES TO SURGICAL PROCEDURES

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**Abstract:** *Nasal bleeding, meaning a haemorrhage of the nostrils, nasal cavity or epipharynx, also known as epistaxis, is one of the most familiar causes of presentation at the emergency department.*

*Almost 60% of the entire population will experience at least one episode of epistaxis during their lifetime, but only 6% will need medical interventions. Although most of the nasal haemorrhages are self limiting and do not involve complicated procedures, there are still some serious cases that require a surgical procedure in an operating theatre. Based on our*

*experience, the aim of our paper is to present the risk factors, prophylaxis of epistaxis and to advise other ENT doctors about the potential dangers of epistaxis and its therapeutic management. Considering the rich vascularization network of the head and neck region, epistaxis is a well known medical event that leads the patient to the emergency room. The ENT specialists must be aware of all the causes of epistaxis in order to avoid serious complications, like major hypovolemia. Most patients need only conservative treatment and surgical procedures are not required to obtain the nasal haemostasis. Occasionally, but rarely, hospital admission and blood transfusion may be needed as a complementary management to nasal haemostasis. Modern haemostatic procedures are very helpful and ease the management of such emergencies.*

## PARAPHARYNGEAL TUMORS – A COMBINED APPROACH FOR COMPLETE RESECTION

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**Abstract:** *The aim of this paper is to present the protocol of a type of parapharyngeal tumour in the case of an almost asymptomatic patient from „Prof. Dr. D. Hociota“ Institute of Phonoaudiology and Functional ENT Surgery and a short review of the literature. We present the protocol used for a patient admitted to our ENT institute for this rare pathology. Clinical examination, endoscopic assessment correlated with the imaging techniques will allow a proper description of the tumour (size, relation with the surrounding anatomical structures). The most reliable form of therapy remains the surgical approach, preferably a combined technique as was practised. The patient must agree to a postoperative follow-up plan that includes imaging examination (every three months), endoscopic examination (every six months) to ensure no residual or recurrent lesion.*

**Keywords:** *Parapharyngeal space tumor, endoscopic, imaging. Head and Neck Tumors. Head and Neck Surgery*

## PLEOMORPHIC ADENOMA WITH ATYPICAL LOCATION

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**Abstract:** *The pleomorphic adenoma of the salivary gland represents a benign cystic tumor, with the most common localization at the level of the parotid gland, painless, with a slow growth rhythm and having the characteristic of being mobile when related to the superficial*

*and deep plans. The most frequently used paraclinical investigation is represented by CT which highlights the benign characteristics, but also brings suggestive information for its malignant turning if it has taken place. The treatment of pleomorphic adenoma of the salivary gland is a surgical one and consists in the complete removal of the tumor together with the salivary gland if the localization is inadequate or the suspicion of malignancy requires it. The present paper aims to present the case of a patient admitted to our clinic diagnosed with pleomorphic adenoma of the submandibular salivary gland with atypical location as well as the therapeutic conduct adopted for this tumor. The aim of this paper is to highlight the atypical aspects of a case diagnosed with pleomorphic adenoma of the submandibular gland, by its unusual location, but also by the rare incidence of this disease among men in the seventh decade of life.*

**Keywords:** *pleomorphic adenoma, salivary gland adenoma, pleomorphic adenoma with atypical location*

## **POLYTRAUMA CAUSED BY MILITARY AVIATION ACCIDENTS IN TIMES OF PEACE – MAJOR CHALLENGE FOR MODERN MEDICINE**

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**Abstract:** *By definition, polytrauma represent an amalgam of lesions produced as a result of a traumatism, whereby, among its components, there are a series of physiopathological links and morphopathological determinism with aggravating character. Currently, polytrauma dominates emergency pathology, the order being the following: 1. Polytrauma as a result of car accidents; 2. Polytrauma as a result of industrial accidents; 3. Polytrauma as a result of falling from various altitudes; 4. Polytrauma as a result of war fire. According to widely accepted data, polytrauma as a result of car accidents is the main cause of death for people aged over 40, whereby the material and financial costs allocated to these cases are extremely high, as well as constantly on the rise (Steedman, 1990). The actual frequency of polytrauma is difficult due to a number of factors, including, but not limited to: a. the patient's route towards the hospital varies according to the dominant lesion seen at the time of examination at the place of the accident; b. the existence of traumatic lesions which evolves in parallel to the absence of symptomology at the time of examination at the place of the accident; c. abolishing a consistency stance may lead to ignoring certain coexisting lesions; d. the possibility of patients showing signs of trauma due to preexisting lesions, which may be initially seen as being subject to polytrauma. As a rule, for the latter situation, the cabin crew did not show any particular signs of underlying health conditions (with other diseases present pre-traumatism), this being confirmed by periodic medical examinations. Nonetheless, all of these patients were hospitalized, investigated, diagnosed and multimodally treated in our hospital, subsequent to the traumatism.*

**Keywords:** *polytrauma, military aviation accident, multimodal treatment*

## RECURRENT VOCAL FOLD GRANULOMAS IN PATIENTS WITH GASTROESOPHAGEAL REFLUX – WHEN TO OPERATE

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***Abstract:** Laryngeal granulomas are benign, recurrent lesions of many causes (reflux, voice abuse, intubation and idiopathic) which makes its treatment difficult as one must take into consideration the etiology of the lesion. This paper aims to review essential aspects of the etiology, symptomatology and treatment of recurrent vocal fold granulomas. We present a case of a type of granuloma of a patient from „Prof.Dr. D. Hociota” Institute of Phono-audiology and Functional ENT Surgery to describe our experience in the treatment of a case of a laryngeal granuloma. We present the protocol used for a patient admitted to our ENT institute for this pathology. Clinical examination, endoscopic assessment correlated with the anamnestic information will allow a proper description of his situation. The most reliable form of therapy remains the surgical approach combined with the prophylaxis for gastroesophageal reflux disease (GRDE). In laryngeal granulomas caused by reflux, treatment with proton pump inhibitors proved to be effective, although prolonged, combined with LASER surgery was the best treatment.*

**Keywords:** Granuloma, larynx, GRDE, endoscopic, LASER, treatment

## REINKE’S EDEMA-AN UPDADE ON MANAGEMENT

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***Abstract:** Voice disorders exert a dramatic influence on patients quality life. Reinke's edema (RE) is one of the diseases that aim to affect the patient physically, emotionally and professionally; therefore, the treatment has to be in agreement with the stages of the RE. The foundation of the therapy is surgery, but speech therapy is also recommended for complete cure. LASER CO2 surgery or classic surgery aims to reestablish the normal function and life of the patient.*

**Keywords:** Reinke’s edema, LASER CO2, decortication, speech therapy .

## SINONASAL INVASIVE POLYPOSIS - SYMPTOMS, INVESTIGATIONS AND TREATMENT

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**Abstract:** Extensive nasal polyps may be difficult to differentiate from paranasal malignant tumoral masses due to similar macroscopic appearance that may occur in polyps that have not been treated for a long period of time. There is an ongoing debate regarding the etiology of benign nasal polyps, most frequently mentioned being chronic inflammation. Most nasal polyps occur in the maxillary antrum (antro-choanal polyps), but these masses can also be encountered in the sphenoid or ethmoid sinus, the middle or inferior meatus and even on the nasal septum. In patients with extensive nasal polyposis the masses may occupy the entire nasal fossae and paranasal sinuses. We aim to present the management of choice for such cases in our clinic, taking into account symptoms, the necessary investigations and the best treatment option. Such patients will most often be presenting with progressive nasal obstruction, recurrent epistaxis, rhinorrhea, hyposmia, dysphagia, painful swallowing. Clinical and endoscopic examination, as well as radiological findings will allow us to determine the tumor size and correlation with other anatomical structures. Endoscopic surgery of extensive nasal polyps proved to be the treatment of choice with better results than classical surgical treatment. Nasal polyps are typically noninvasive tumors, but differential diagnosis must be done with other types of tumors.

**Keywords:** giant polyp, sinonasal, endoscopic.