

CERVICAL PLEXUS SCHWANNOMA – A CASE REPORT –

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***Abstract:** Schwannomas are the most often encountered benign peripheral nerve tumors (90% of cases), as it can appear at any level of the body and at any age. It usually presents as an asymptomatic, slow-growing tumor mass, and the occurrence of a tumor mass in the neck is rare. [1][6]*

Cervical plexus nerve schwannoma originates from a single bundle (fascicle) of one nerve and has a compressive effect on the rest of the nerves. Its diagnosis can be difficult given the location.[2] Complete surgical excision is a challenge due to the proximity to the fibers of the vagus nerve and the large blood vessels in the vicinity. Symptoms may or may not be present, but the most common symptoms associated with this pathology include the appearance of a mass and the effects due to the compressive syndrome.

Dysphonia due to the paralysis of the vocal cords is usually associated with vagal scwanoma.[3] Cervical schwannomas are always difficult to diagnose because it is asymptomatic for long time and histopathology is the gold standard for diagnosis.[4]

The paper aims to highlight, through a case from our clinic, the therapeutic management of this pathology emphasizing the impact of comorbidities, respecting the patient's decision to the proposed treatment and the moment of treatment initiation depending on the rapidity of tumor growth.[5][6]

Keywords: schwannoma, cervical plexus, surgical management

SURGICAL MANAGEMENT IN ADVANCED LARYNGEAL CANCER

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***Abstract:** Advanced laryngeal cancer represents a life-threatening, debilitating condition. The late presentation to the doctor due to a deficient medical culture in certain societies led to the emergence of cases of laryngeal neoplasia in advanced stages.*

The treatment is to be decided by the oncologic commission, taking into account the extension of the tumor, the histologic type of cancer and the existence of local or distant metastasis.

In the case of locally advanced laryngeal cancer, the ablation of the tumor may leave an important cervical region and pharyngeal defect requiring reconstruction with pedicle flaps.

Although it has major functional, social, and psychological consequences for the patient, it is a way to lengthen one's life.

Keywords: laryngeal cancer, total laryngectomy, musculocutaneous flap

THE LIMITS OF ENDOSCOPIC APPROACH OF SINONASAL TUMORS

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***Abstract:** In recent years, rhinosinusal endoscopy has become an important technique in diagnosing and treating acute and chronic pathologies of the nasal cavity and paranasal sinuses. Although occupying a relatively small anatomical region, the nasal cavity and paranasal sinuses represent the origin of a complex group of tumors with a great histological variety. Sinonasal tumors can be benign or malignant.[1,2]*

This article aims to highlight the main histological types of tumors which are found at the sinonasal level and their treatment. In recent years, rhinosinusal endoscopy has become an important technique in diagnosing and treating acute and chronic pathologies of the nasal cavity and paranasal sinuses.[2]

The surgical approach can be external, endonasal or combined. Regarding the external approach versus the endoscopic approach, the results after endoscopic procedures are as good as those obtained externally, but with a shorter recovery time and a superior quality of life for the endoscopic approach. However, there are important limitations related to tumor invasion. Endoscopic surgery for sinonasal malignant tumors involving the skull base is still reserved for carefully selected cases.[4]

Keywords: *endoscopy, surgical approach, sinonasal tumors*

TOPOGRAPHIC DIAGNOSIS OF FACIAL NERVE LESIONS IN ENT PATHOLOGIES

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***Abstract:** Facial nerve palsy is a clinical entity affecting the integrity of the facial nerve. The etiology is varied from idiopathic to neurologic, trauma and infectious conditions. Loss of facial nerve integrity determines a significant functional and psychological impact due to affecting both communication and self-image. The quality of life of the patient is greatly affected. The treatment should be rapidly initiated.*

The key for adequate treatment is the topographic diagnosis of facial nerve lesions. Thorough clinical assessment and paraclinical investigations lead to correct topographic diagnosis and proper treatment increasing the rates of a good long-term outcome.

Keywords: *facial nerve, topographic tests, facial palsy*

BILATERAL VOCAL CORD PARALYSIS – THE IMPACT OF KOCH’S BACILLUS

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***Abstract:** Vocal cord paralysis is a rare condition that can be found in less than 1% of cases with pulmonary tuberculosis. Recurrent laryngeal nerve injury can be secondary to an inflammation of the lung apex or to extrinsic compression by enlarged lymph nodes in the mediastinum.*

The diagnosis of ear, nose and throat (ENT) tuberculosis is comprehensive and involves several medical departments as well as blood tests, microbiology exams, fiberoptic examination, chest X-ray and computed tomography (CT) of neck and thorax [1-2]. This paper aims to present the clinical case of a 51yo patient referred to the ENT emergency department for acute respiratory distress and emphasize the importance of considering tuberculosis as an etiological diagnosis of bilateral vocal cord paralysis.

CONCURRENT MILIARY TUBERCULOSIS WITH SECONDARY LARYNGEAL INVOLVEMENT

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***Abstract:** Laryngeal tuberculosis (LT) is a rare disease. There are no pathognomonic characteristics denotative of this disorder and it can simulate several others. Often it is not isolated and can sometimes indicate clinically unidentified pulmonary tuberculosis. The main symptoms are hoarseness, cough and dysphagia. Usually, patients with LT also have pulmonary lesions. For this reason, chest radiography or computer tomography (CT) are proper initial assessments. Miliary tuberculosis (TB) is a prospective life-threatening form of tuberculosis. The aim of this paper is to present a case of laryngeal tuberculosis in a patient who presented with an ulcero-infiltrative laryngeal mass associated with clinical pulmonary manifestations and to offer indications that may simplify a quick diagnosis.*

Keywords: *laryngeal tuberculosis, miliary tuberculosis, pulmonary involvement*

TUBERCULOUS OTITIS MEDIA – CASE REVIEW–

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***Abstract:** Tuberculous otitis media (TOM) is a rare cause of chronic suppurative infection of the middle ear and mastoid caused by Mycobacterium tuberculosis. Patients have a chronic tympanic membrane perforation (double perforation) and ear drainage, unresponsive to routine therapy, associated with progressive and profound hearing loss and facial nerve palsy. The aim of this article is to present the ENT experience with this kind of diseases. Symptoms such as ear discharge unresponsive to classic treatment, unusual tympanic perforation (double) are suggestive for otic tuberculosis. TOM is usually exists with a lesions suggestive for pulmonary TB. We report a case of 36 yers old patinet with persistent right ear drainage that began approximately 3 years ago, right facial palsy ns severe hearing loss. A high clinical suspicion of tuberculous otitis media is required in patients who do not respond to standard antibiotic therapy for chronic middle-ear infection. Early diagnosis and treatment of tuberculous otitis media is important to avoid irreversible complications, surgical intervention and propagation of the disease.*