

# SELECTED ABSTRACTS FROM NATIONAL MEDICAL JOURNALS

Pages with reference to book, From 170 To 171

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## **PRIMARY NASOPHARYNGEAL TUBERCULOSIS, PRESENTING AS BILATERAL CONDUCTIVE DEAFNESS. Bennett, J.D.C. Pak. J. Otolaryngol., 1989; 5: 101-103.**

A case of primary nasopharyngeal tuberculosis presenting as bilateral conductive deafness without any other symptoms is reported. The patient was a 24 year old gurkha soldier with a history of long standing bilateral conductive deafness with a loss of 40 dB. Tympanometry showed a flat curve. Bilateral myringotomy was performed. The ear drums were found to be thickened and retracted but there was no fluid in middle ear. Biopsy of the post nasal space showed tuberculosis granulomata. Physical examination and chest radiographs were normal. Sputum and urine culture failed to grow any tuberculosis organisms. Antitubercular therapy was started with ethambutol, rifampicin and isoniazid. Myringotomy was repeated after four months. Granular mucosa of the middle ear was found with negative biopsy. After 12 months treatment, myringotomy revealed normal middle ears with improvement in the audiograms to a hearing loss of only IOB. Tympanometry showed the mobility of the eardrums to be normal. Nasopharyngeal tuberculosis as a primary lesion is uncommon. It is usually seen in association with pulmonary tuberculosis. A possible theory is the adenoids being infected in childhood and the bacilli lying dormant till the infection becomes manifest. The cause of the deafness has been attributed to the production of a serious exudate from the mucosal lining of the tympanic membrane resulting in conductive deafness. Occasionally a tuberculoma may be formed which should be differentially diagnosed from a tumour and malignancy. Also frequent upper respiratory tract infections resistant to antibiotic therapy should raise the suspicion of an underlying tuberculosis nasopharyngitis.

## **TUBERCULOSIS OF NOSE PRESENTING AS A POLYP. Bhat, F., Patigaroo, A.R., Aslam, M. Pak. J. Otolaryngol., 1989; 5:143-144.**

An unusual case of tuberculosis of the nose presenting as a polypoidal mass extruding from the anterior nares is reported. The patient was a 30 year old female complaining of pain in the forehead since one year, progressive left nasal obstruction since four months and evening rise of temperature and loss of weight. There was no history of cough, haemoptysis, chest pain or nasal discharge. On examination the patient was thin and pale and the chest auscultation revealed a few crepitations in the right lung field. Anterior rhinoscopy showed a reddish, friable mass in the left nostril arising from the lateral wall. The left maxillary and frontal sinuses were hazy on transillumination test. The haemoglobin was 9 Gm and the X-ray chest revealed bilateral infiltration. Polypectomy was done and histopathology of the mass depicted tuberculosis. Treatment was given with INH, rifampicin and ethambutol. Nasal tuberculosis is a rare disease and can be either nodular or ulcerative involving the cartilage of the nasal-septum and lateral wall. It is usually secondary to pulmonary tuberculosis but primary lesions have also been reported.

## **OLFACTORY NEUROBLASTOMA. Soni, N.K. Pak. J. Otolaryngol., 1989; 5: 145-149.**

Seven cases of olfactory neuroblastoma seen from January 1975 to December 1985 in Sardar Patel Medical College, Bikaner, India are presented. There were six males and one female with the age ranging between 7 and 56 years. Nasal obstruction was a prominent symptom in 6 cases whereas epistaxis was complained by 4 patients. One individual had proptosis. A fragile, fleshy mass in the nasal cavity was found in all the patients. The X-ray examination showed a soft tissue shadow in the nasal fossa in all the cases with destruction of the bony surroundings in 5 patients. Histopathology was performed in all and an initial diagnosis of neuroblastoma was obtained in 5 cases. One was diagnosed

as basal cell carcinoma and later on recurrence as neuroblastoma and another was labelled as Lymphoma and on recurrence as neuroblastoma. 4 cases were subjected to radiotherapy, two underwent surgery and later radiotherapy on recurrence whereas one had a combination of surgery and radiotherapy. Three patients died after one, 4 and 5-1/2 years of treatment, 3 were lost to follow up and one remained free of disease till 2 years follow up. Olfactory neuroblastoma is a rare tumour occurring mainly in adolescents with a predominance in males. The etiology is not known but the predisposing factors have been claimed to be chronic irritative smells, smoking, virus and genetic anomalies. The classical symptoms are nasal obstruction, epistaxis, pain over the nose, proptosis and nasal deformity. The tumour has a tendency to destroy the anteroethmoidal region. Histological examination confirms the diagnosis with the demonstration of neurofibrils and rosettes. Metastasis in the regional lymphnodes and distant tissues as lungs and liver have been reported. A combination of surgery and irradiation offers the optimum response.

**NASAL TRAUMA DUE TO DELIVERY. Muderris, S., Vasoglu, S.K., Muderris, I., Torel, A. Pak. J. OtolaryngoL, 1989; 5:121-124.**

513 newborns were investigated within 3 days of birth to determine nasal deformities. Compression test, inspection and anterior rhinoscopy were used as the examination method. 70 babies presented deformities of whom 7 had major and 63 minor ones. 10 had external deformities, 66 had septal deviations and 3 displayed septal crests. Of these 70 infants, 35 had parietal bones at a higher level on the right side, 28 on the left side whereas 7 had both parietal bones equal in level. 85.71% of the vacuum deliveries had deformities, 50% of the forceps cases, 12.86% of the normal deliveries and 4.54% of the caesarean section deliveries developed nasal deformities. The deformities were found to be inversely proportional to the mothers' age. The exact cause of the trauma to the nose during delivery has not been ascertained. A great majority of the external deformities normalise in a short period. Septal deviations remain unchanged and are permanent in nature.