

Figure 3 : Mélanome de Dubreuilh du dos de la main (patiente N°1)



Conclusion

Le mélanome de la main est réputé d'être de mauvais pronostic. Un diagnostic précoce et un traitement adéquat peuvent améliorer la survie.

Références

1- Boohar RJ, Pack Gt. Malignant melanoma of the feet and hands. Surgery 1957; 42: 1084-1121.

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Paraganglioma of the nasal cavity

Paragangliomas are tumours that arise from the paraganglia. They are unusual in the head and neck (1). His normal distribution in the head and neck parallels the course of the autonomic nervous system, i.e., jugulotympanic and vagal plexi and the carotid body. These tumors are rarely found in areas where, apparently, there are no paraganglionic tissues. We report a case of nasal cavity paraganglioma and describe this case in the context of the current literature.

Case report

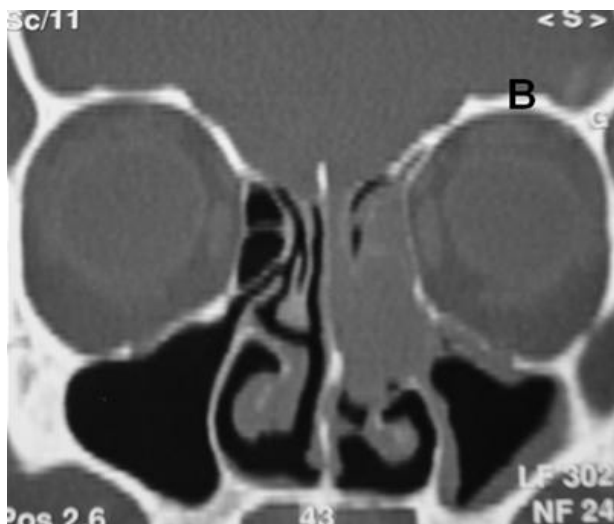
A 43-year-old woman with a previous history of insulin-resistant diabetes, epilepsy, and dyslipidemia complained of

intermittent left-sided epistaxis associated with left-sided nasal obstruction, and headache. The physical examination showed a reddish mass occupying the region of left middle meatus that bled easily when touched. A computed tomographic (CT) scan without contrast was obtained and revealed a soft tissue mass occupying the left nasal cavity. There was erosion of the cribriform plate of the ethmoid, the head of the middle turbinate and uncinate process (Figures 1, 2).

Figure 1 : axial CT scan of facial bones



Figure 2 : Coronal CT scan of facial bones



Magnetic resonance imaging (MRI) showed a tissue mass in the left nasal cavity centered on the middle turbinate moving upwards in contact with the cribriform plate of the ethmoid and causing obstruction of the nasofrontal canal and the ostium of the maxillary sinus. This mass was homogeneously iso intense

to grey matter on T1-weighted images, hyper intense on T2-weighted images, and showed intense homogeneous enhancement after gadolinium administration (Figures 3, 4, 5). Angio MRI was not compatible with a paraganglioma. Via an endoscopic transnasal approach, the tumor was totally removed, including a portion of the middle turbinate. Paraganglioma within malignant transformation was the final pathologic diagnosis. The patient was followed up 2 years after operation and there has been no evidence of tumour recurrence (Figure 6).

Figure 3 : MRI of facial bone T1 weighted

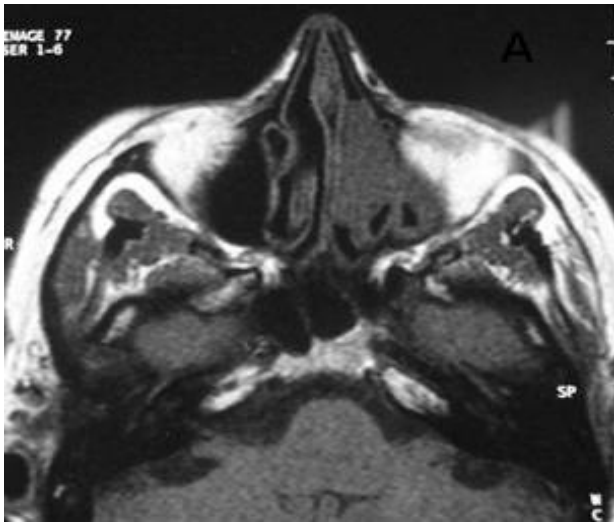


Figure 4 : MRI of facial bone, T1 with Gadolinium



Figure 5 : MRI of facial bone T2 weighted

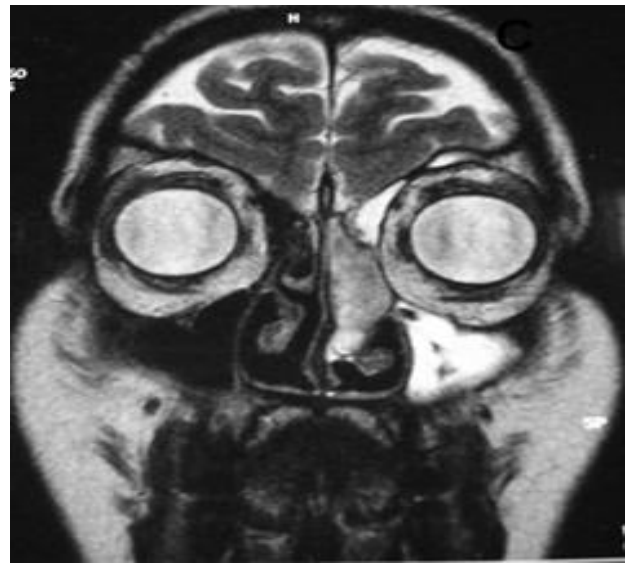
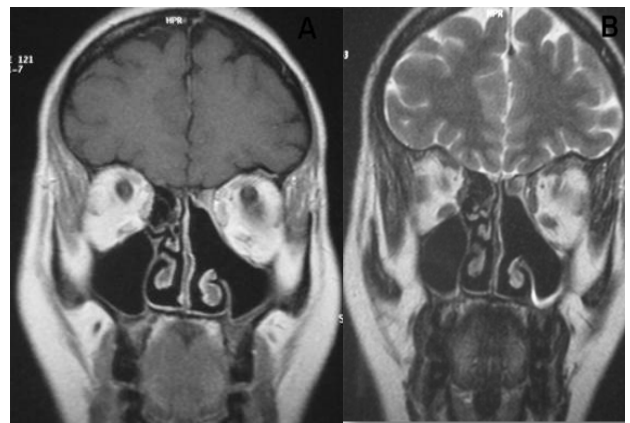


Figure 6 : Postoperative MRI in T1 (A) and T2 sequence (B)



Conclusion

Paragangliomas are slow-growing vascular neoplasms arising from neural crest cells that may be closely associated with arterial vasculature and cranial nerves. Preoperative neuroradiologic evaluation including angiography is essential in assessing these lesions, performing preoperative embolization, and planning for surgery. Definitive diagnosis is confirmed on histopathologic staining. Surgical resection is the treatment of choice.

References

- [1] Myssiorek D. Head and neck paragangliomas. An overview. *Otolaryngol Clin North Am* 2001; 34 :829– 36.

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