

Uncommon Clinical Appearance and Localisation of Carcinoma of the Upper Lip - Case Presentation

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Summary

The study presents the uncommon clinical appearance and localisation of carcinoma of the upper lip. A 74-year-old female patient was referred to the Out-patient Department of Oral Medicine because of a purulent infiltrate in the upper lip which was thought to be an insect bite. She was referred to the Out-patient Department of Oral Surgery where an incision was performed and drainage, and piogenic granuloma diagnosed. As the lesion had not healed after two months, but on the contrary had become harder and more visible, both vestibularly and labially, an excision was planned. In the meantime, however, the patient had attended the Clinic of Dermatovenerology because of basocellular lesions on the face, and during excision of the facial lesions a surface biopsy was performed from the skin side of the lip, and the PHD finding showed planocellular carcinoma. At the Clinic of Dermatovenerology the patient was recommended to undergo radiotherapy of the lesions. However, the patient returned to the Out-patient Department of Oral Surgery. Because of the suspicion that the biopsy had been too superficial and because of the possibility of eventual confusion with a mioblastoma, complete excision of the lesion was performed and an identical PHD finding was obtained of planocellular carcinoma. The patient was then transferred to the Department of Maxillofacial Surgery, University Hospital Dubrava, where an extended excision was performed, and the PHD confirmed that the lesion had been completely excised in the previous procedure.

Epiduralni spinalni apsces nakon vađenja zuba- rijetka, ali moguće fatalna komplikacija

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Sažetak

Poznate su komplikacije odontogenog apscesa, a otežano gutanje kod submandibularnog ili pterigomandibularnog apscesa ozbiljan je i pažnje vrijedan znak. Ali većini liječnika nije poznato da ukočen i bolan vrat može biti pokazatelj komplikacije odontogene infekcije. Upravo je to jedan od prvih, a ujedno i glavni simptom kod epiduralnoga spinalnog apscesa. U literaturi se navodi samo nekoliko slučajeva obrađenih pacijenata s takvim apscesom.

Specifičnost epiduralnog spinalnog apscesa jest što se javlja u vrlo malo pacijenata (0,2 do 1,2 na 10000 pacijenata), naglo nekoliko dana ili tjedan nakon infekcije bilo gdje u tijelu, najčešće u imunokompromitiranih pacijenata.

Glavni su simptomi:

1. bol u kralježnici unutar 24 sata, koja se pojača unutar tri dana od zahvata,
2. postupno se pojačava ukočenost,
3. slabija kontrola mjehura i crijeva,
4. brza progresija prema paralizi.

Kako je najraniji znak epiduralnoga spinalnog apscesa ukočenost vrata, upravo zbog mogućeg letalnog uzroka takva apscesa ne treba olako shvatiti kada nam se javi pacijent sa znakovima akutnog tortikolisa, a nedavno mu je izvršen zahvat na zubima i usnoj šupljini.

Posumnjali smo na takvu patologiju u dva pacijenta primljena u Kliniku za kirurgiju lica, čeljusti i usta KB "Dubrava", koji su bili zadržani na liječenju i promatranju.