CR15

Multiple pulmonary metastases from a pleomorphic adenoma of the parotid gland

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Keywords: lung metastasis, parotid gland, pleomorphic adenoma

INTRODUCTION/OBJECTIVES: Pleomorphic adenomas are the most common salivary gland tumors and surgical therapy is the main method of treatment. However, there are rare reports in which these histologically benign tumors have metastasized to distant sites in an unexplained manner(1). Metastasizing pleomorphic adenoma (MPA) represents an extremely rare group of tumors. Although apparently benign, mortality in MPA can be as high as 22% (1). We describe a patient with a very rare case of pulmonary metastasis of pleomorphic adenoma of the parotid gland.
CASE PRESENTATION: A 53-year-old male patient was diagnosed with pleomorphic adenoma of the right parotid gland at the age of 30 years. Initial therapy included a right superficial parotidectomy. Nineteen years later, a palpable formation in the right infraauricular area was investigated. Recurrence of disease was confirmed, whereupon total parotidectomy followed by adjuvant radiotherapy in 27 fractions was performed. Recently, multiple bilateral infiltrations of the lung were suspected on preoperative radiological examination, which was confirmed by PET-CT and MSCT scans. Biopsy of the suspicious lesions revealed pulmonary metastases of pleomorphic adenoma. Citoreductive therapy was initiated in 6 suspicious lesions. In short, nearly 90 infiltrations were present.
CONCLUSION: Although pleomorphic adenoma is a benign tumor, it can metastasize to regional lymph nodes and distant organs if inadequately treated. The high mortality rate of histologically defined benign disease that metastasizes requires careful primary excision and long-term clinical follow-up. The occurrence of metastases within the first 10 years after initial surgery and the presence of metastases at multiple sites are independent predictors of poor survival(3).

CR16

Large aortocoronary saphenous vein graft aneurysm – a case report

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Keywords: aneurysm, coronary artery bypass surgery, saphenous vein graft

INTRODUCTION/OBJECTIVES: Saphenous vein graft aneurysm (SVGA) is a dilation of a venous graft more than 1.5 times its' original diameter. It is a rare complication of coronary artery bypass surgery (CABG) with an estimated incidence of 0,07%. SVGAs are discovered on average 13 years after CABG and manifest as stenocardia, dyspnoea or acute myocardial infarction (MI), although a third are discovered incidentally. They are most likely caused by atherosclerotic degeneration.
CASE PRESENTATION: A 74-year-old man presented to the ER complaining of chest pain on minimal exertion. His past medical history was notable for CABG performed 23 years prior using 4 saphenous grafts. A year ago, he had a chest radiograph done showing a 75 mm shadow in the left mediastinum. After initial workup, MI without ST elevation was diagnosed. Coronary angiography revealed 3 occluded grafts, a large aneurysm of the fourth graft and three-vessel coronary disease with stenosis of the left main coronary artery. On computed tomography, the aneurysm measured 78 mm in the largest diameter and was pressing on the main and left pulmonary arteries. Emergent CABG was performed with ligation of the occluded grafts, resection of the aneurysm and revascularization of the affected myocardium. Postoperative course was challenging, involving prolonged mechanical circulatory and respiratory support, and the patient died due to sepsis on the 28th postoperative day.
CONCLUSION: This case highlights the importance of close follow-up in patients with multiple aortocoronary venous grafts. Furthermore, SVGA should be considered in differential diagnosis of a mediastinal shadow in patients with CABG.