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A Case Report of a Mysterious Rapidly Enlarging Neck Mass That Is neither a Tumour nor an Inflammation

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INTRODUCTION/OBJECTIVES: The underlying cause of a neck mass can be hard to identify. In most cases it is infection or neoplastic growth. Expedient diagnostic workup is especially important in rapidly enlarging masses to address possible malignancy.
CASE PRESENTATION: A 43-year-old female patient with history of sharp object neck trauma at the age of 7 presented with a neck mass in the right supraclavicular region. Two days prior to noticing the mass, the patient wore a heavy bag over the right shoulder and reported tingling in right supraclavicular area. Physical findings included a firm, painful mass, without skin redness, measuring up to 4 cm in diameter, without regional lymphadenopathy. Laboratory results showed increased CRP (16,5 mg/L), leukocytosis (13,0 x 109/L) and neutrophilia (9,68 x 109/L; 74,4%). The patient was given oral antibiotics (amoxicillin/clavulanate and cefuroxime). The mass enlarged further up to 7 cm in diameter the following day. Ultrasonography showed a hypoechoic mass measuring 50x30 mm, with septa and unclear borders. Doppler showed no active blood flow. Multi-slice computed tomography (MSCT) and magnetic resonance imaging (MRI) detected a 63x55x53 mm inhomogeneous, cystic, multilocular, lymphovascular structure. Fine needle aspiration suggested a benign lymphovascular lesion with inflammation and connective tissue degeneration. Surgery was performed to remove the mass, with ligation of feeding vessels. Four weeks later, the patient remains free of recurrence. Follow-up ultrasonography showed only connective tissue scar.
CONCLUSION: Lymphovascular malformations are rare, but may present a significant diagnostic challenge. Imaging such as ultrasonography, MSCT and MRI, are crucial for timely and accurate diagnosis.

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Difficulties encountered by a deaf-mute patient and paresis of the vocal cords after COVID-19 infection

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INTRODUCTION/OBJECTIVES: The World Health Organization (WHO) definition of “deafness” refers to it as a complete loss of the ability to hear in one or both ears. Hearing is necessary for the development of speech, language, and cognitive skills. Mutism occurs secondary to non-rehabilitation of deafness. There are numerous factors leading to deafness. If left unaddressed, it leads to communication, speech, cognition, education and employment difficulties, as well as social isolation, loneliness and stigma.
CASE PRESENTATION: Patient M.D., born in 1989, a 4th year student, was admitted to his first
psychiatric treatment accompanied by his mother after taking a large amount of benzodiazepines in an attempt to commit suicide. He has been deaf since birth, without a positive family history of deafness. He communicates by writing. In December 2020 he overcame COVID-19, but in the post-COVID-19 recovery he suffered from vocal cord paresis that disrupted his sound production, which previously helped him communicate, swallow and eat (he lost 17 kilograms). He was soon scheduled for vocal cord surgery, causing anxiety and fear, which provoked his acute psychological deterioration.
CONCLUSION: An increase in cases of "idiopathic" paralysis and vocal cord paresis has been observed in patients without a history of intubation who are recovering from the SARS-Cov-2 coronavirus. The cause of vocal cord paresis is postviral vagal neuropathy (PVVN) as a consequence of coronavirus infection. Even before the coronavirus infection, the patient encountered difficulties with speech, socialization, schooling and communication, but PVVN led him to mental instability accompanied by suicidal thoughts.