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Multifragmental orbital floor blowout fracture followed by car accident and treatment with prolene mesh

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INTRODUCTION/OBJECTIVES: Most common orbital fracture is blowout fracture and it is often result of trauma in which object that hits eyeball transfers force to it and indirectly to orbital floor (medial of sulcus infraorbitalis) which is the "locus minoris resistentiae" of orbital walls. Result of floor trauma is orbital fat tissue prolaps into the maxillary sinus which is commonly followed with inferior rectus muscle prolapse.Real-life example of trauma whose mechanism is explained in this section will be topic of this case report.
CASE PRESENTATION: In this work, we describe 23-year-old male Croatian patient who suffered a blowout fracture of the orbital floor after a car accident. After he was admitted to the ER and when were life-threatening conditions eliminated the patient was moved to the othorinolaryngology department where intubation occurs due suspicious naso-orbital trauma that caused low oxygen saturation. Imaging showed a multifragmental fracture of the left orbit bottom and nasal bones that were surgically repaired with prolene mesh.
CONCLUSION: This report demonstrates manifestation of orbital floor blowout trauma and consequent treatment with prolen mesh which effectiveness is followed-up by examination one month after accident.

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Multiple primary tumours: papillary thyroid carcinoma, chronic lymphocytic leukemia (CLL) and Non-Hodgkin mantle cell lymphoma in a male patient

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Keywords: B-CLL, mantle cell lymphoma, multiple primary tumours, papillary thyroid carcinoma

INTRODUCTION/OBJECTIVES: Multiple primary tumours (MPM) are defined as more than one synchronous cancer in the same patient. Lymphoma and thyroid cancer are common individually, although they rarely present synchronously. Papillary thyroid carcinoma (PTC) has been associated with the radiotherapeutic treatment of Hodgkin's lymphoma. Concomitant chronic lymphocytic leukaemia (B- CLL) and mantle cell lymphoma (MCL) is rare combination where a multiparametric approach is necessary to diagnose two distinct cell populations at the same time.
CASE PRESENTATION: A 63-year-old man, with prior history of hyperthyroidism, was admitted to the ENT department for diagnostics and treatment of a thyroid nodule. Fine needle aspiration (FNA) of the thyroid confirmed the diagnosis of PTC, while FNA of the cervical lymph node showed lymphocyte proliferation. Laboratory tests showed lymphocytosis. Flow cytometry indicated both B-CLL/MCL phenotype. Biopsy of the lymph node and bone marrow displayed lymphoproliferative infiltrate with 95% small lymphocytic lymphoma (SLL) and 5% MCL. Complete thyroidectomy and lymphadenectomy were performed, the patient was further referred for diagnostics and radioiodine therapy. His CLL and MCL have continued to be ambulatory followed up, without the need for treatment.
CONCLUSION: While lymphomas typically occur alone, patients with a history of CLL/SLL have an increased risk of developing other malignancies. Flow cytometry is of great importance in patients suspected for synchronous lymphoproliferative disorders. It is unknown whether the occurrence of a composite lymphoma is a coincidence or if their etiology is common. Although MPMs are rare, this case highlights the need to consider and investigate certain patient populations at a higher risk for developing MPMs.