CR51
Follow up of uveal melanoma - case report

Matej Lovrić[a], Petra Kovačević[a], Dario Vučić[a], Franciska Lovrić[a], Suzana Konjovoda[b]

[a] *School of Medicine, University of Mostar, Bosnia and Herzegovina*
[b] *Department of Ophtalmology and Optometrics; General Hospital Zadar, Department of Health Studies, University of Zadar, Croatia*

DOI: https://doi.org/10.26800/LV-144-supl2-CR51

Matej Lovrić 0000-0001-9882-263, Petra Kovačević 0000-0001-5449-3427, Dario Vučić 0000-0002-1687-5261, Franciska Lovrić 0000-0001-5008-8934, Suzana Konjevoda MD PhD 0000-0003-3979-6790

Keywords: brachitherapy, choroidal nevus, uveal melanoma

INTRODUCTION/OBJECTIVES: Uveal melanoma (UM) is the most common primary intraocular malignancy in adults. Ocular treatment aims at preserving the eye and vision, and preventing metastases. Enucleation has largely been superseded by various forms of radiotherapy, phototherapy and local tmour resection, often combined. Almost half of patients develop metastases, which usually involve the liver, and have around 1 year like expectancy.
CASE PRESENTATION: A 72-year-old man has presented with gradual painless blurred vision of the right eye in the last 2 months. A complete ophthalmological examination was performed including ocular sonography. Patient was diagnosed with paramacular choroidal melanoma of the right eye. The patient was treated with brachytherapy. Patient underwent computed tomography examination for assessment of systemic metastasis. One year later, patient was diagnosed with an atypical choroidal nevus in the macular area on the left eye. We decided to do a follow up the nevus before beginning a new treatment.
CONCLUSION: Bilateral ophthalmological malignancy is very rare, but must not be underestimated. Examinations of both eyes are essential. Early diagnosis and care improve the survival and the visual prognosis.

CR52
CASE REPORT: GLOMUS JUGULOTYMPANICUM

Andro Košec[a,b], Josip Prnjak[a]

[a] *Department of Otorhinolaryngology and Head and Neck Surgery, University Hospital Centar „Sestre Milosrdnice“*
[b] *University of Zagreb, School of Medicine*

DOI: https://doi.org/10.26800/LV-144-supl2-CR52

Andro Košec 0000-0001-7864-2060, Josip Prnjak 0000-0001-8100-6890

Keywords: Fisch classification, glomus tumor, infratemporal fossa approach type A

INTRODUCTION/OBJECTIVES: Paragangliomas or glomus tumors arise from neural crest derivatives of the autonomic nervoussystem. They account for 0,6% of all head and neck tumors. Glomus jugulare tumors are located in the jugular foramen and are derivatives of the paraganglia in the jugular bulb adventitia. Glomus jugulotympanicum is the term that describes a tumor that has spread into the middle ear cavity.
CASE PRESENTATION: 72- year old female patient presented with a sudden onset of right facial nerve paresis that happened two months ago, scored III/VI on House-Brackmann scale. She has also been complaining about unilateral right-sided hearing loss for years. A month prior to her appointment, a myringotomy was done in a different facility due to conductive hearing loss. She noticed a purulent discharge leaking after the procedure. A physical exam showed a purulent discharge in the right auditory canal and pulsations from the frontal quadrants of the eardrum. PTA showed severe mixed hearing loss on the right side. MDCT angiography discovered an expansile lesion arising from the jugular bulb infiltrating the tympanic cavity, consistent with the glomus jugulotympanicum tumor.
CONCLUSION: Glomus tumors are highly vascularised and preoperative embolization is needed. Infratemporal fossa Fisch type A approach is a preferred surgical technique for treatment of the glomus jugulare tumors.