


CR51**Follow up of uveal melanoma - case report**

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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 Enucleation has largely been superseded by various forms of radiotherapy, phototherapy and local tumor resection, often combined.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**

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INTRODUCTION/OBJECTIVES: Paragangliomas or glomus tumors arise from neural crest derivatives of the autonomic nervous system. 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.