


CR17 Beyond the Ear: Complications Following Otitis Media

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DOI: <https://doi.org/10.26800/LV-145-supl2-CR17>

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KEYWORDS: cholesteatoma; mastoidectomy; mastoiditis; otitis media

INTRODUCTION/OBJECTIVES: Chronic otitis media (COM) is a prevalent condition typically characterized by recurrent ear infections and inflammation. It can result in a variety of serious complications, such as cholesteatoma, mastoiditis, meningitis, and brain abscess. Left untreated, the cholesteatoma can erode the surrounding bone and lead to irreversible hearing loss, balance problems, and facial nerve paralysis. Mastoiditis, an inflammation of the mastoid bone, causes severe pain, fever, and swelling, and can lead to a life-threatening infection of the surrounding tissues. Brain abscess can cause headaches, fever, and seizures, and might result in permanent neurological damage or death.

CASE PRESENTATION: A 64-year-old male patient was admitted to the ENT department for right COM complicated by mastoiditis. Three months prior, the patient was treated for right OM causing brain abscess in the right temporal lobe. During that period, he developed Enterococcus sepsis and acute respiratory distress syndrome caused by SARS-CoV-2. Following these events, he was transferred to University Hospital for Infectious Diseases, a right temporal craniotomy was performed, and a brain abscess was evacuated. Despite the treatment, mastoiditis persisted and radical tympanomastoidectomy with retroauricular approach was performed. From the middle ear, accumulated detritus and cholesteatoma were evacuated. The remaining bone defects were filled with Bonalive granules. The procedure was successful and postoperative recovery was uneventful.

CONCLUSION: This case report emphasizes the importance of early recognition and starting treatment of COM to prevent potential complications and improve outcomes for patients. Maintaining a high index of suspicion is essential for prompt diagnosis of complications following COM.


CR18 Carcinoma of the parathyroid gland: a case report

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DOI: <https://doi.org/10.26800/LV-145-supl2-CR18>

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KEYWORDS: Hypercalcemia; Hyperparathyroidism; Parathyroid Neoplasms

INTRODUCTION/OBJECTIVES: Carcinoma of the parathyroid gland causes 0.005% of all malignancies. Although the etiology remains unknown, possible contributing factors include neck radiation, chronic secondary hyperparathyroidism due to kidney failure, and vitamin D deficiencies. It occurs in syndromes such as hyperparathyroidism-jaw tumor syndrome, multiple endocrine neoplasia types 1 and 2A, and familial isolated hyperparathyroidism.

CASE PRESENTATION: The patient is a 63-year-old woman who has had hypercalcemia for three years, followed by nephrolithiasis, hypertension, and osteoporosis. She underwent radiotherapy and chemotherapy for sarcoma of the femur. Laboratory results showed that the level of calcium was 3.85 mmol/l, ionized calcium was 1.98 mmol/L, phosphorus was 0.56 mmol/L, and parathyroid hormone was greater than 150 pmol/L. Her bone x-ray showed typical features of osteitis fibrosa cystica. An ultrasound of the neck showed a 4-centimeter-large lower parathyroid gland. The patient underwent a left-side thyroid lobectomy and parathyroidectomy. Pathohistological results showed capsular invasion, extension to the connective tissue, and angioinvasion. After the surgery, the patient suffered severe hypocalcemia and was treated with calcium, calcitriol, and hydrochlorothiazide. Vitamin D and calcium supplements were long-term treatments. Follow-up was made throughout the year after surgery, and ultrasound and PET CT showed no signs of local recurrence of the disease.

CONCLUSION: Parathyroid gland carcinoma is a rare malignant disease. In this case, the patient had a history of long-standing hypercalcemia, followed by nephrolithiasis, osteitis fibrosis cystica, and hypertension. Carcinoma of the parathyroid gland should be considered in patients with such metabolic traits as marked hypercalcemia and hyperparathyroidism. The treatment is surgical.