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# **CASE I:**

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# Patient profile

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- ▶ Chart No: 12911038
- ▶ Name: 林o銘
- ▶ Age: 63 Y
- ▶ Gender: Male
- ▶ Systemic disease:
  - ▶ NPC, cT3N0M0, stage III s/p CCRT (73.8Gy, 2004/10/15)
  - ▶ HBV carrier



# Clinic Course

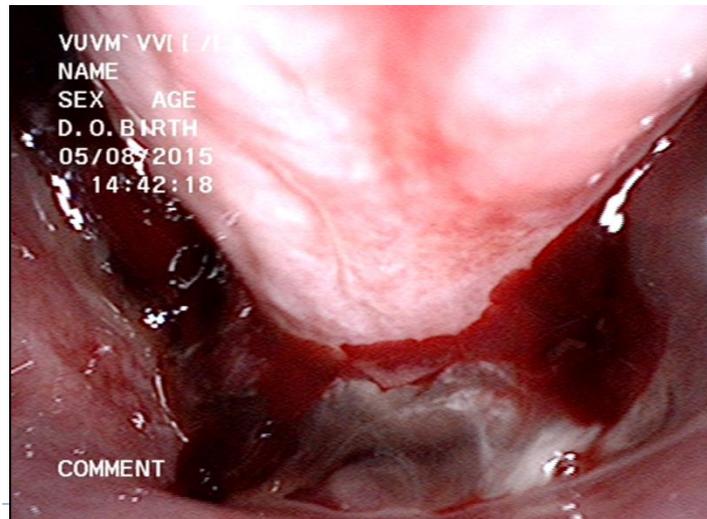
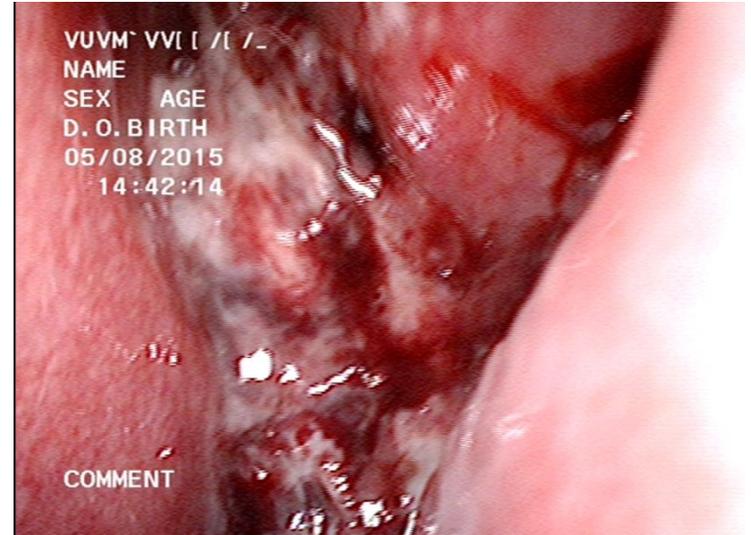
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- ▶ Chief complain:
  - ▶ Severe epistaxis
- ▶ Brief history
  - ▶ Local recurrence found in 2015.05.06
  - ▶ Endoscope: friable mass on left nasal cavity, obstructing the view to the nasopharynx
  - ▶ Biopsy-> **Carcinoma, poorly differentiated**
- ▶ **MRI**
  - ▶ Infiltrative lesion involving the left nasal cavity with extension into the nasopharynx, ethmoid sinus, minimal invasion into the base of the anterior fossa and suspicious involvement of the left pterygoid plate
- ▶ **PET-CT**
  - ▶ rycT4aN2cM0. stage IVa

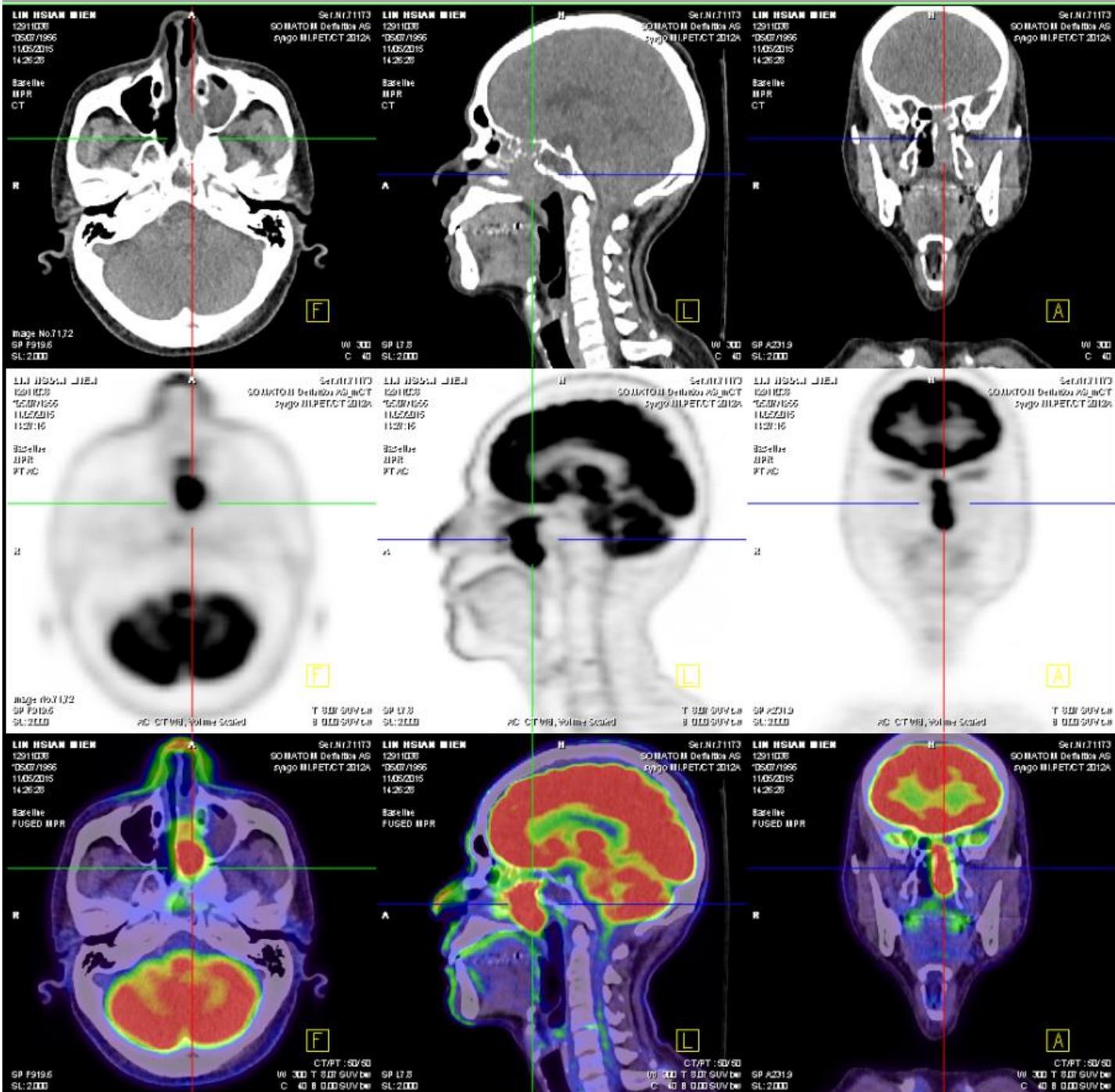


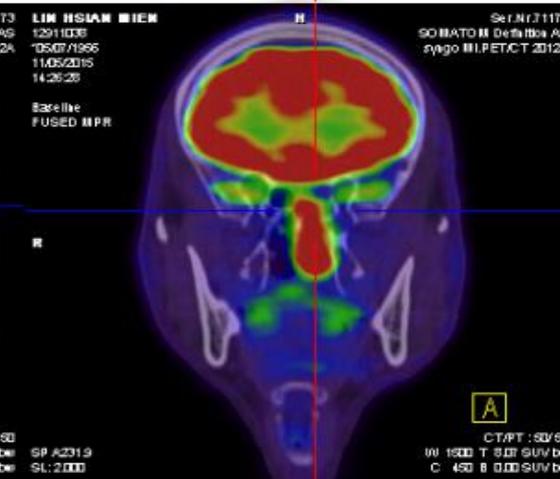
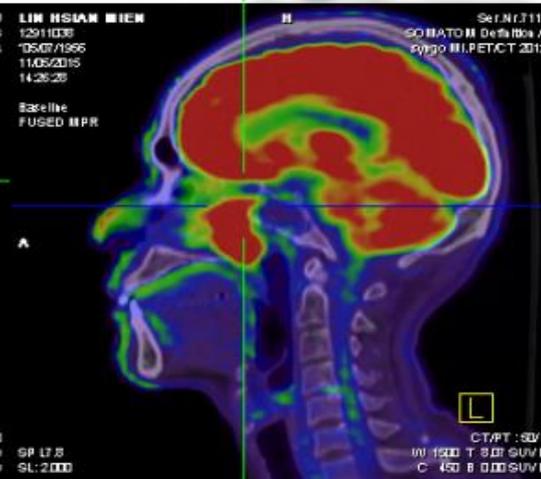
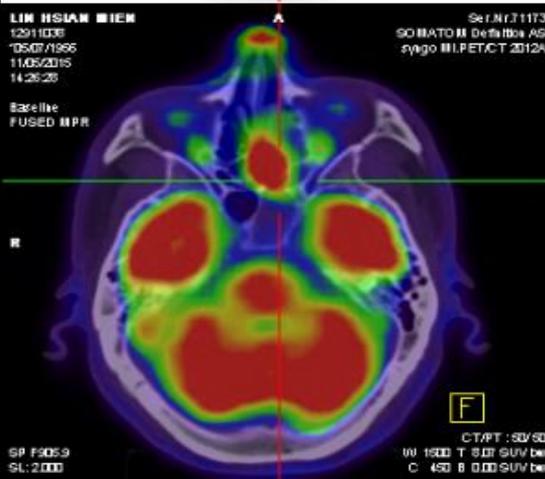
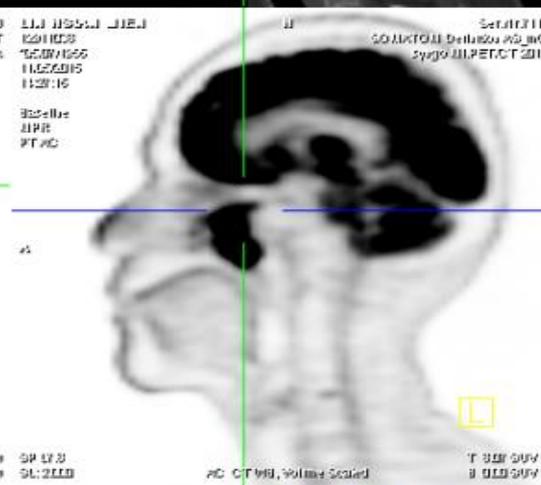
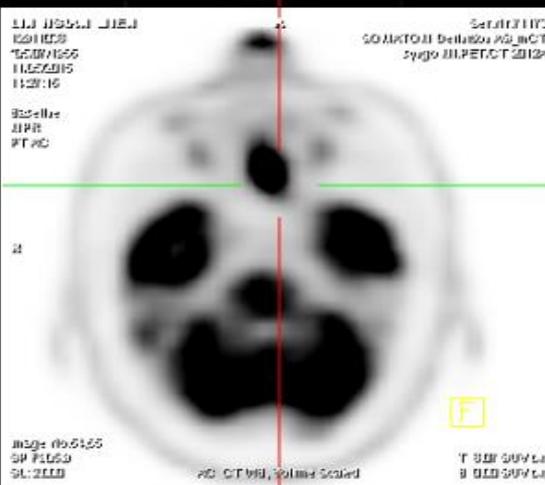
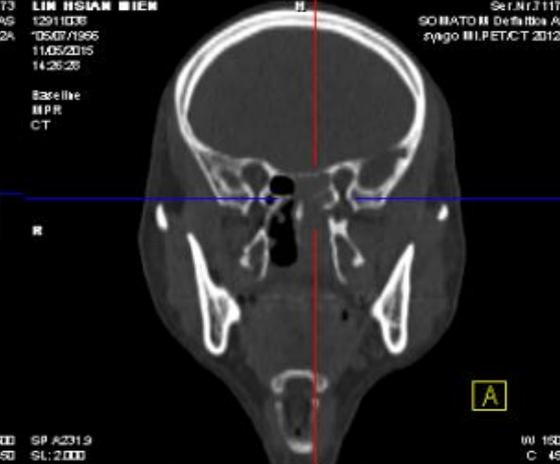
# 2015.05.06 Endoscopy

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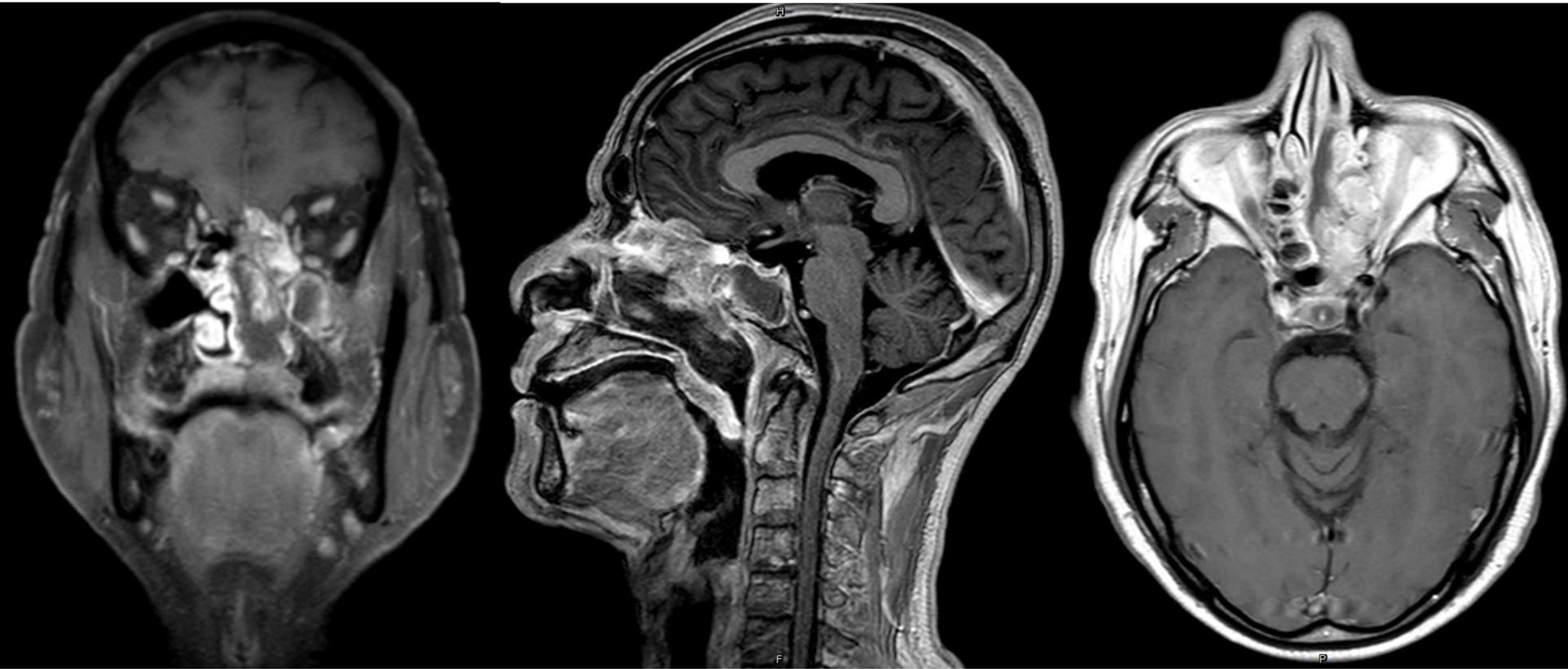
2015.05.11  
PET-CT





2015.05.19 MRI

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# Management

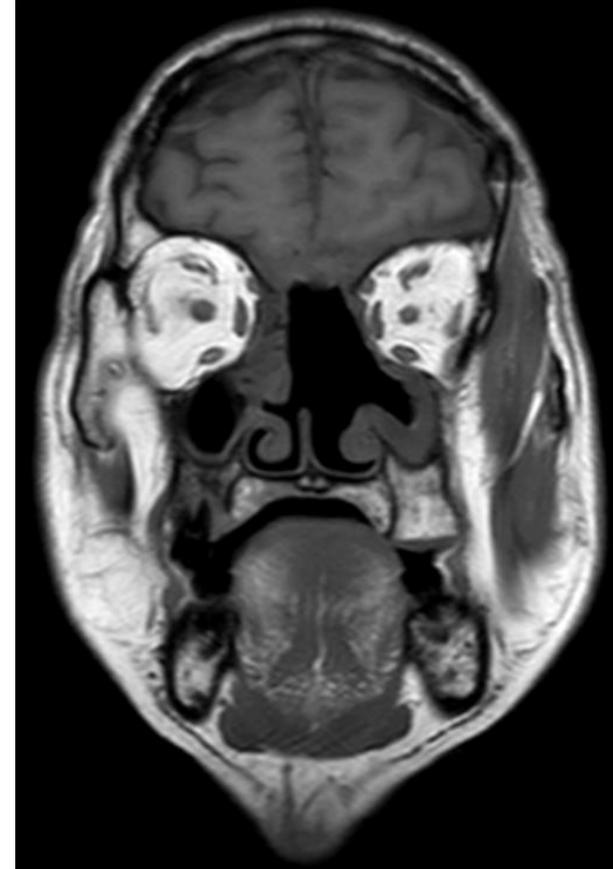
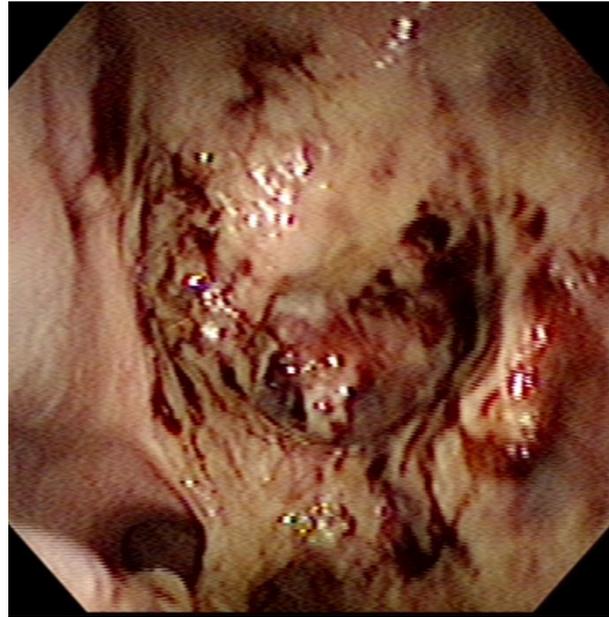
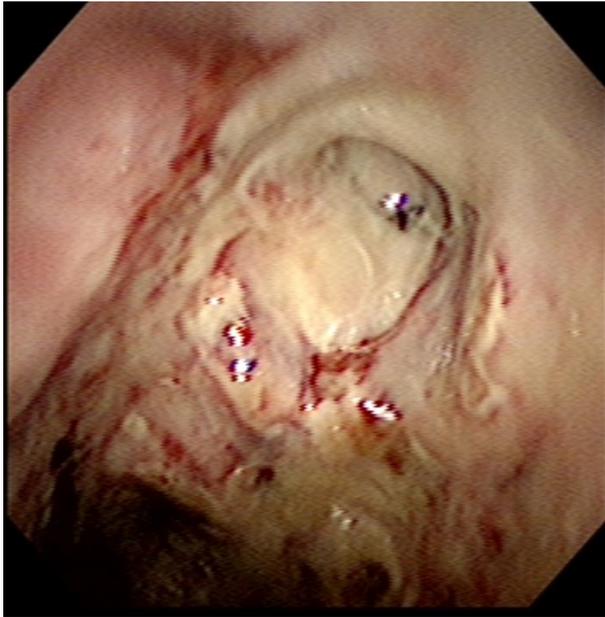
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- ▶ Surgery:
  - ▶ Endoscopic assisted craniofacial resection, reconstruction with fasciae lata in 2015.06.02
- ▶ Patho:
  - ▶ Sinonasal undifferentiated carcinoma
  - ▶ Sphenoid margin(+)
- ▶ Post OP:
  - ▶ adjuvant CCRT



# Post OP

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# Clinic course

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- ▶ Skull base ORN

- ▶ Regular local treatment & debridement in OPD

- ▶ Tongue cancer

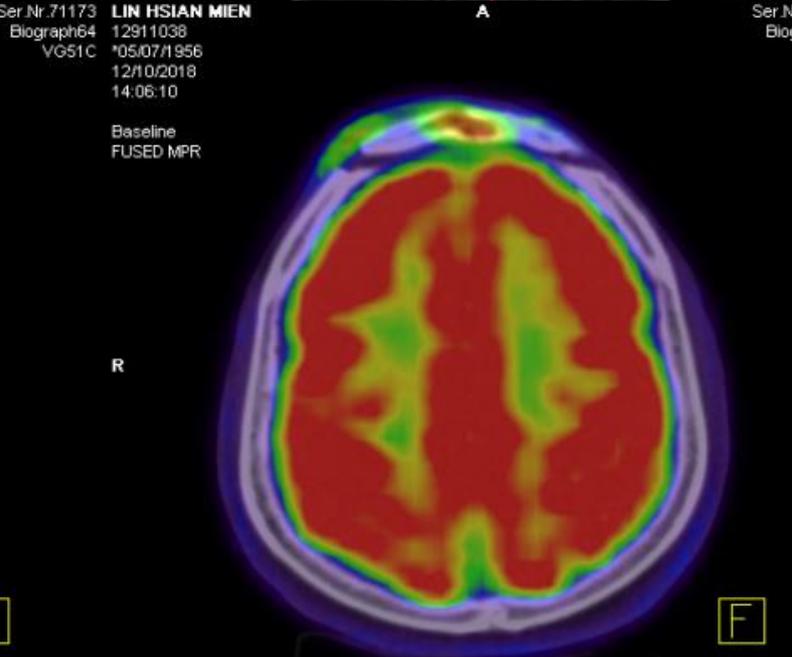
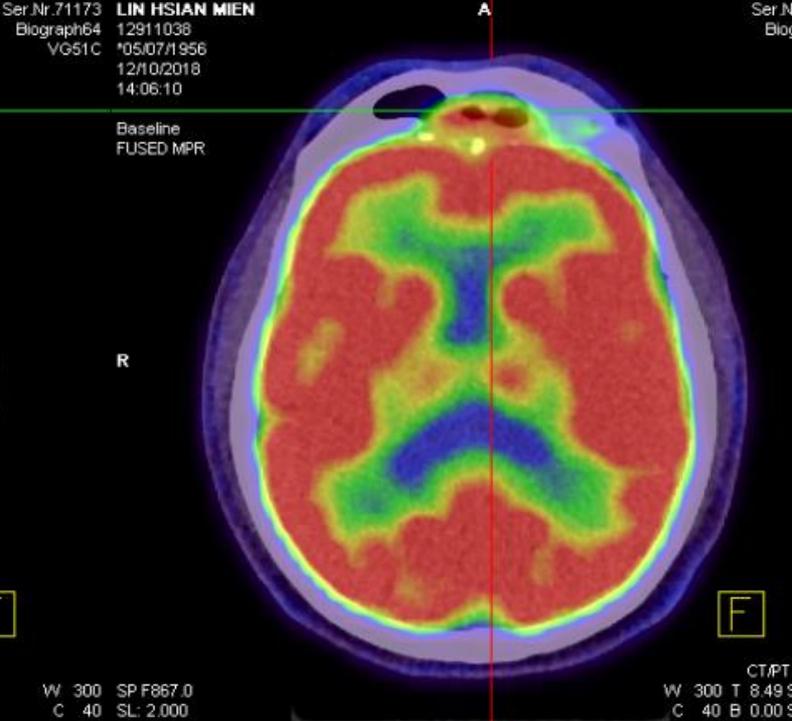
- ▶ Left lateral tongue cancer s/p left partial glossectomy with left SOHND, pT1N0 in 2018.02.06

- ▶ Forehead intermittent swelling & Headache

- ▶ r/o meningitis, antibiotic but in vain
  - ▶ PET-CT (self pay) on 2018.10.12
    - ▶ Increased FDG uptake over the frontal skull and frontal sinus, extending to right frontal scalp.
    - ▶ Progressive inflammatory process is suspected first
  - ▶ MRI on 2019.05.07

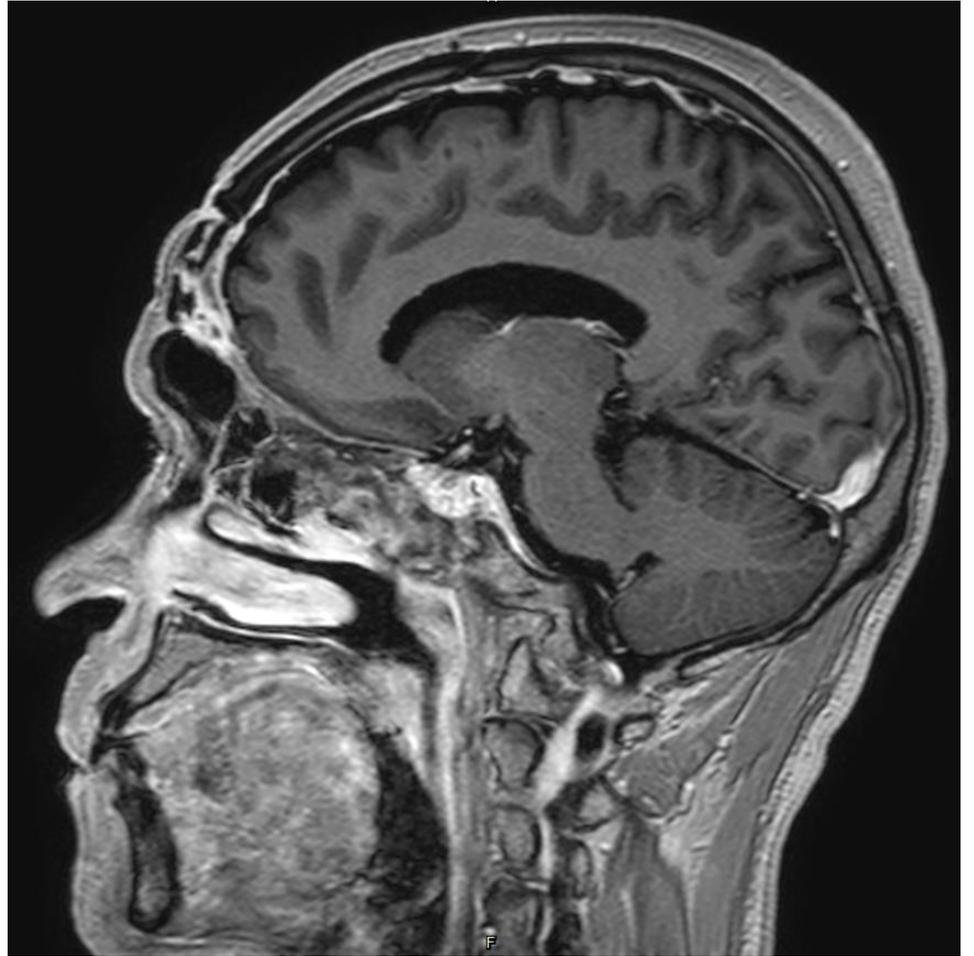
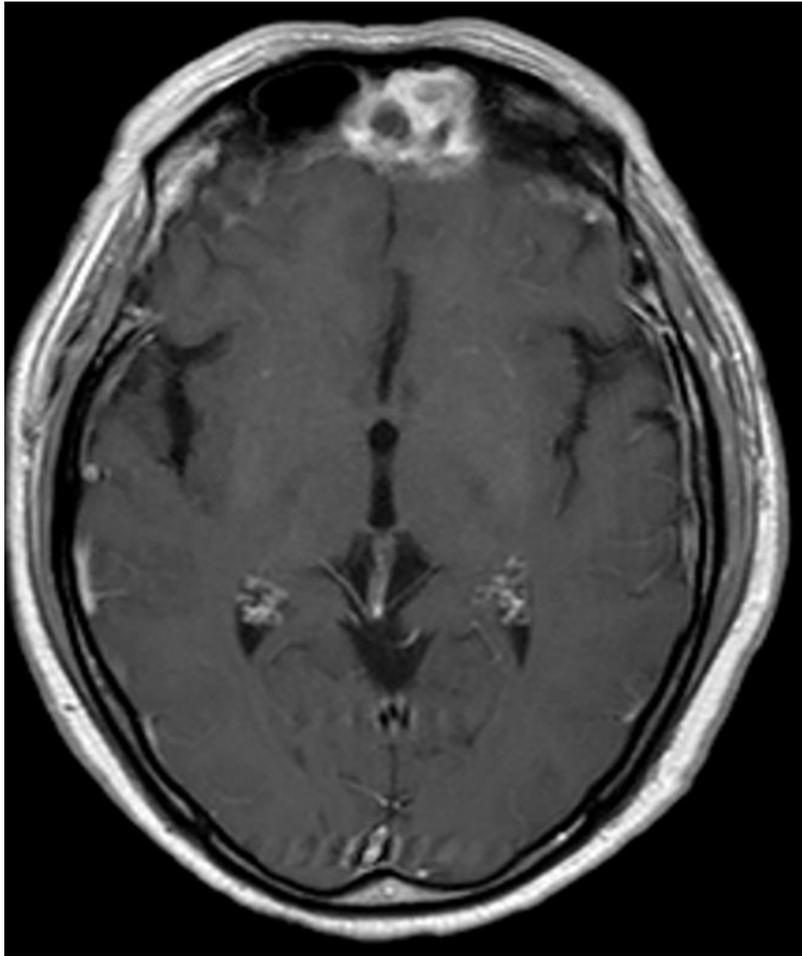


# 2018.10.12 PET-CT



2019.05.07 MRI

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# Management

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- ▶ **Surgery**

- ▶ Frontal epidural abcess s/p craniotomy and cranioplasty (left ALT free flap reconstruction with vein graft from left GSV) on 20190510



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# **CASE II:**

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# Patient profile

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- ▶ Chart No: 01591697
- ▶ Name: 吳文景
- ▶ Age: 40 Y
- ▶ Gender: Male
- ▶ Systemic disease:
  - ▶ Hepatitis C



# Clinic Course

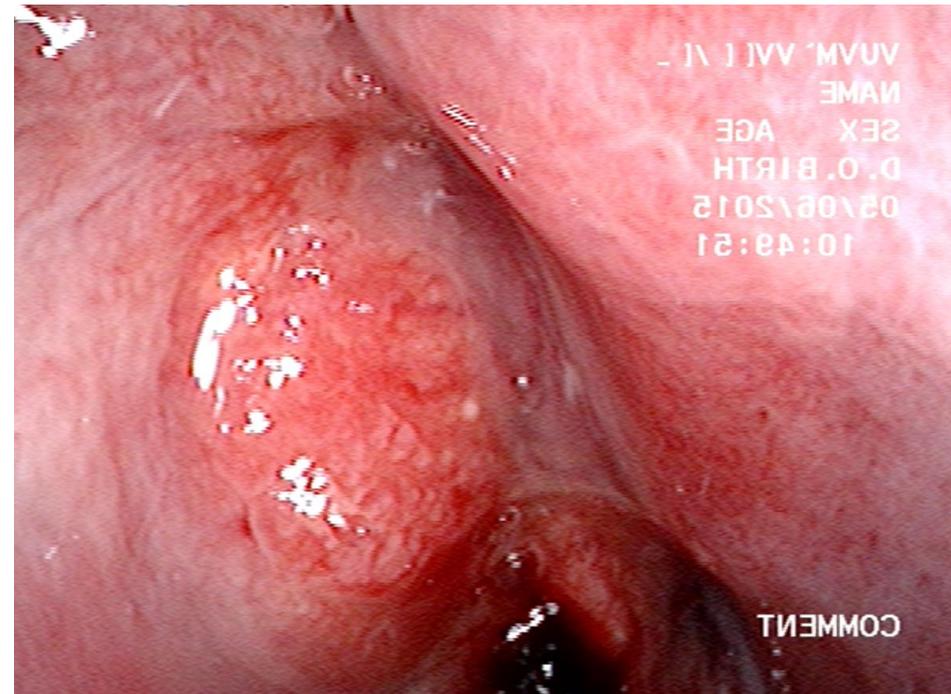
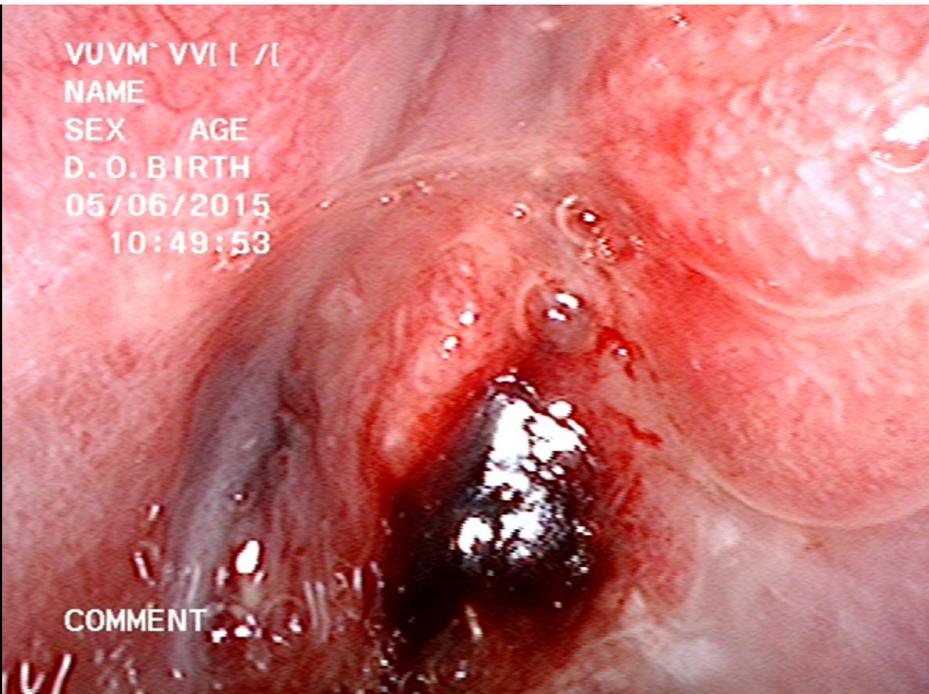
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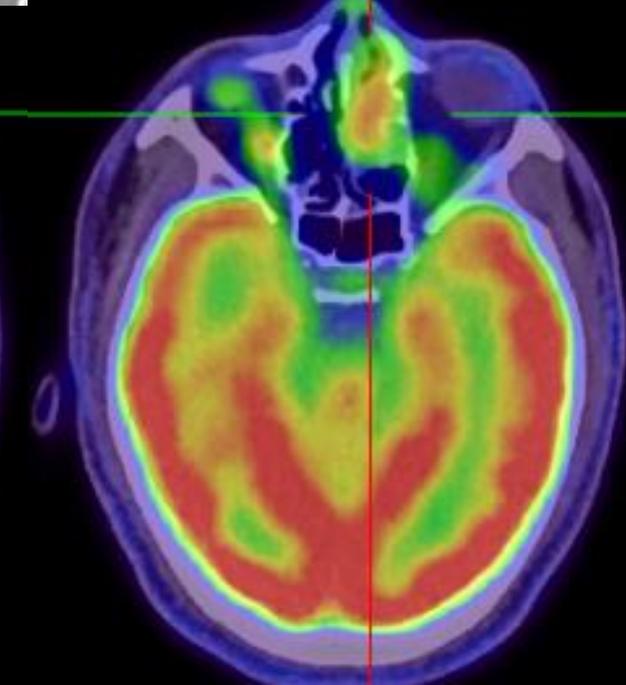
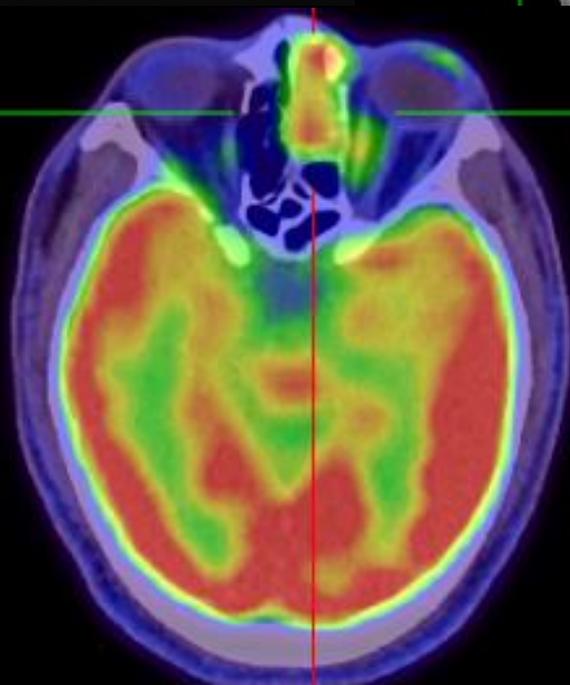
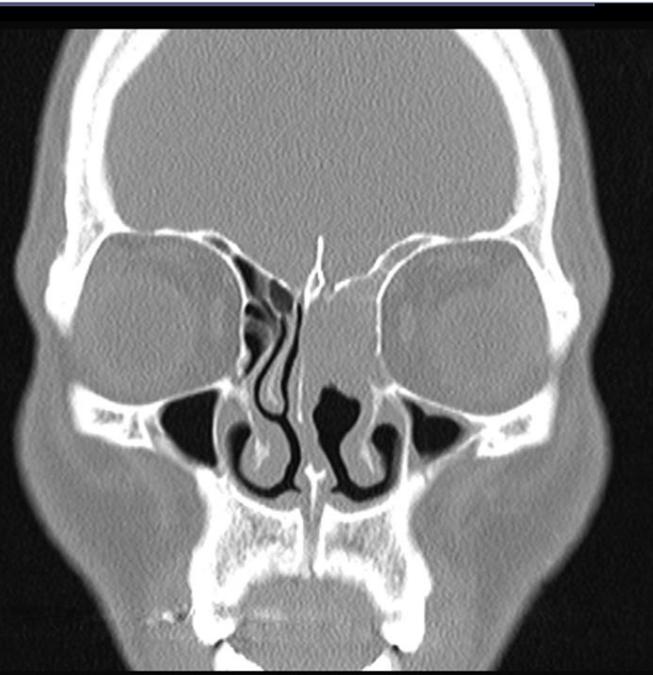
- ▶ Chief complain:
  - ▶ Epistaxis, headache and nasal pain for 3 months
- ▶ Endoscope
  - ▶ fleshy friable mass left ethmoid area with blood clots
- ▶ Biospy -> squamous cell carcinoma
- ▶ PET-CT
  - ▶ Left nasoethmoidal complex, with bony destruction of left side nasal bone, cT2N2bM0,stage IVA
- ▶ MRI
  - ▶ Left nasoethmoid tumor with left neck LAPs



# 2015.05.06 Endoscopy

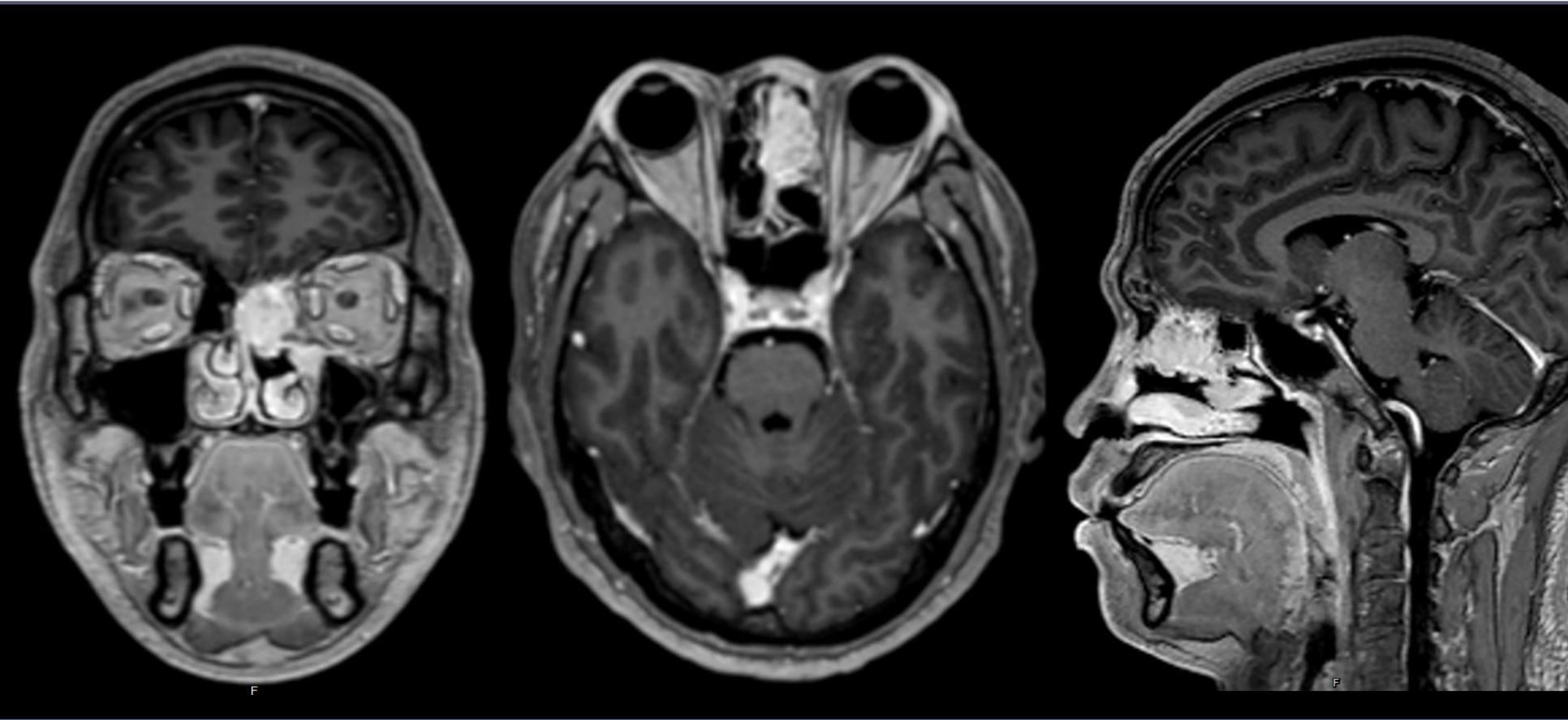
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2015.05.15 MRI

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# Management

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- ▶ **Surgery on 2015/05/19**
  - ▶ Endoscopic + external approach + wide excision of tumor (including nasal bone & dura) via navigation guided, dura reconstruction with fasciae Lata, nasal bone reconstruction with outer table of skull bone
- ▶ **Patho:**
  - ▶ **Squamous cell carcinoma poorly differentiated, pT4aN0M0**
  - ▶ Margins: **positive (+)**, involved by carcinoma (Nasal ridge)
  - ▶ Lymph-Vascular Invasion: (-)
  - ▶ Perineural Invasion: (-)
  - ▶ Lymph Nodes, Extranodal Extension: (-)
- ▶ **Post surgery**
  - ▶ Adjuvant CCRT



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Thanks for your attention!

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