Grand Rounds

Metastatic mesenchymal chrondrosarcoma of the ethmoid bone

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Aim: To describe a case of metastatic mesenchymal chondrosarcoma of the ethmoid bone and to present the radiological and histopathological features of mesenchymal chondrosarcoma.
Methods: Information was obtained by interview with the patient and review of her medical notes.
Results: A 35-year old female presented with a massive epistaxis secondary to a left ethmoid tumour, which was surgically removed. She received adjuvant radiotherapy. The patient presented eight years later with a left anterior chest wall mass. This was also surgically removed and followed by local radiotherapy. The following year, the patient was diagnosed with a pathologic fracture of the left humeral neck, expansile lytic lesion of the left iliac crest and multiple metastatic lesions of the lumbar vertebra and lungs. She has received palliative radiation and chemotherapy.
Conclusion: Mesenchymal chondrosarcomas are very rare, aggressive tumours. This case of mesenchymal chondrosarcoma of the left ethmoid bone was removed surgically, with histological clear margins. However, several years later the patient presented with metastatic disease. This reiterates the importance of long-term follow-up in this patient population.

The use of the 1540 nm fractionated erbium: glass laser for split skin graft resurfacing – a single patient experience

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Objective: To report the safety and efficacy of the 1540 nm erbium: glass laser in the treatment of the waffle pattern of a meshed skin graft in a patient with Type V skin in the Caribbean.
Design and Methods: We present a case of a 38-year old female seeking treatment that would improve the cosmetic appearance of meshed split skin graft. An area on her anterior right chest was treated with six laser treatments at four-week intervals with StarLux-300 laser platform using the Lux 1540 nm fractional hand piece. The assessment of skin texture, contour and pigmentation was carried out by the patient as well as by the first author on a scale of 1−10 compared to normal skin before treatment.
Results: Improvements in pigmentation, texture and contour were noted by the patient and doctors. The waffle pattern had resolved considerably and the area of hypertrophy on the medial aspect of the treated area had flattened as well. There were no adverse sequelae such as blistering, crusting, hypertrophic or keloid scars.
Conclusion: The field of laser skin resurfacing has evolved rapidly over the past two decades from ablative lasers, to non-ablative systems using near-infrared, intense pulsed light, and radiofrequency systems and most recently fractional laser resurfacing. This case is the first report of the safety and efficacy of the 1540 nm erbium: glass laser in the treatment of the waffle pattern of a meshed skin graft in a patient with Type V skin in the Caribbean.

Massive asymptomatic intrathoracic schwannoma – a case report

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Introduction: Schwannomas are the most common intradural extramedullary spinal lesions which classically present symptomatically with pain. They are commonly small and occur in the lumbo-sacral spine but those of immense proportions extending into the chest are a rare entity. We present a case report of an asymptomatic giant intra-thoracic schwannoma.
Case Report: A 58-year old African female without comorbidities or relevant family history initially presented for

a recurrent abdominal hernia. Computed tomography evaluation of the abdominal defect incidentally discovered a large mass within the left hemithorax. Computed tomography chest scan displayed a well encapsulated tumour of the posterior mediastinum and subsequent core biopsy revealed leiomyoma. However, excision, *via* postero-lateral thoracotomy, revealed an 1800 cm^3 tumour; histology was consistent with a cellular schwannoma. Postoperative 3D reconstruction suggested tumour origin from roots T9–11 but four-month follow-up with magnetic resonance imaging (MRI) displayed an asymptomatic patient without any radiological evidence of residual tumour.
Conclusion: Asymptomatic giant thoracic schwannomas are exceedingly rare and represent a myriad of diagnostic dilemmas, both radiological and histological. Large asymptomatic tumours should be investigated with 3D-computed tomography reconstruction with a low threshold for MRI preoperatively. Histological diagnosis can be elusive with core samples and thus early total excision of the tumour with its relevant origin from the spine is recommended. Although a two-stage approach is standard, single stage excision *via* thoracotomy offers similar results.

An unusual case of blunt abdominal injury in a two-year old male

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Introduction: Duodenal and pancreatic injuries in children are rare, and usually arise from a direct blow to the epigastrium. Diagnosis is often delayed as initial presentation may be subtle, and coexisting injuries often exist.
Report: We report an unusual case of traumatic pancreatico-duodenal injury in a two-year old male. Following a fall down a flight of stairs and a distance of 50 feet, he presented with blunt abdominal trauma. Initial assessment revealed hypotension and tachycardia with no obvious external bleeding. Physical examination revealed abdominal guarding and rebound, worse in the epigastrium. Serological data revealed a leucocytosis and anaemia, along with elevated amylase and lipase levels. After adequate resuscitation, computed tomography (CT) scan revealed a pancreatic head injury. Subsequent upper gastrointestinal contrast studies showed no evidence of duodenal injury but after subsequent clinical deterioration, X-rays suggested intestinal perforation. Emergency surgery was performed and intraoperative findings revealed a severe pancreatic injury (Grade V) with complete transection of the duodenum at D1 and a haematoma at the transverse colon. Surgical repair involved resection of the pancreatic head, gastrojejunostomy, pancreatico-jejunostomy, jejuno-jejunostomy, haematoma evacuation and feeding jejunostomy. High postoperative nasogastric aspirates persisted and investigations revealed a stricture at the gastrojejunal anastamosis efferent limb, which resulted in a second laparotomy, adhesiolysis and enteroenterotomy. He was managed in the intensive care unit (ICU) for four days prior to transfer to the ward. He subsequently made a good recovery after 62 days in hospital.
Conclusion: Associated injuries must always be sought after blunt trauma to the abdomen as revealed in the history of this patient.

Blunt traumatic abdominal wall disruption with evisceration of small and large bowel – a case report

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Introduction: Traumatic abdominal wall hernia (TAWH) is rare. Abdominal evisceration (AE) associated with blunt trauma is even more rare. Only seven cases of blunt traumatic evisceration have been published in the world literature. We present a very rare case of evisceration after blunt abdominal trauma.
Case Report: A 61-year old truck driver presented to Accident and Emergency following a road traffic accident. He was changing a tyre, lying under his truck, when another truck hit his truck. The patient was rolled over by his own truck. On examination, he was in severe pain with a pulse of 110 bpm and blood pressure 100/60 mmHg. There was a 20 cm long laceration in the left lower quadrant of the abdomen with evisceration of small and large bowel. X-ray revealed fracture of the right iliac-crest. The white blood cell count was 14.8 and haemoglobin was 12.6 gm/dL. The bowel was immediately wrapped with a moist sterile drape and the patient taken for laparotomy. The gut was washed thoroughly and the perforated small intestine was repaired primarily. The abdomen was closed in layers. Postoperatively, he recovered very well and was discharged home on day five.
Conclusion: Blunt TAWHs associated with AE are exceedingly rare. When encountered, aggressive search for other injuries and immediate surgical intervention are required. In severe and unstable cases, staged abdominal wall closure after resuscitation and stabilization in the intensive care unit may be considered.

Breast in the chest

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Objective: Metastases to the internal mammary nodes in breast cancer are seldom evaluated, and can alter management and prognosis of the patient. The benefit from evaluation employing a multidisciplinary approach in such a patient was evaluated.
Methods: We present a case of breast cancer and possible internal mammary nodal spread accompanied by a review of the literature.
Results: A 73-year old with right breast invasive ductal cancer also had an intra-thoracic lesion reported as an internal mammary lymph node. Radiological stage was T3N3M0. The case was reviewed by the multidisciplinary team and it was felt that the intra-thoracic lesion may not be metastatic and she was stage T3N1M0. She underwent synchronous mastectomy, axillary sentinel node biopsy and removal of the thoracic lesion through an anterior thoracotomy. This turned out to be a completely excised malignant thymoma, Masaoka stage II. Final breast cancer staging was pT3 pN1a (sn) pM0. Follow-up included chemotherapy and radiation to the breast, chest and axilla.
Conclusions: The breast cancer was clinically downstaged and this patient benefitted from the multidisciplinary approach to cancer management.