Oral Presentation

Conventus - 2012

The work will be presented in Room Guarapuava, on June 01st of 2012.
July 1st, 2012

**C-001** 08:30-08:40 a.m. DOI: 10.7162/S1809-97720120051C-001

**CORRELATION OF TINNITUS AND AUDIOLOGIC FINDINGS IN CARRYING INDIVIDUALS OF CHRONIC ILLNESS RENAL**

**MAIN AUTHOR:** Priscila Suman

**CO-AUTHORS:** Daniela Polo Camargo Da Silva, Jair Cortez Montovani

**OBJECTIVE:** To characterize the audiologic findings in carrying patients of chronic renal illness (DRC) with and without tinnitus. 

**MATERIAL AND METHOD:** Threshold (ATL), otoemissions transient evoked acoustics (EOET) and evoked potential auditory of brainstem had been evaluated with tonal audiometry (PEATE). 101 individuals with DRC, divided in two groups: G1: with tinnitus (n= 49) and G2: without tinnitus (n=52).

**RESULTS:** They had presented auditory deficiency (DA) unilateral or bilateral 33 patients, being 20 (61%) of G1. It had predominance of sensorineural type - 91% (n= 30) and 8% mixing (n=03). How much to the degree, 67% of the ears had light degree (n=33), moderate 20% (n=10), serious 4% (n=02) and deep 8% (n=04). The EOET had been absent unilateral or bilateral in 53% of G1 (n=26) and in 31% of G2 (n=16) (p<0, 05). The PEATE was modified unilateral or bilateral in 37% of G1 (n=18) and in 42% (n=22) (p<0, 05). The groups had not differed statistical how much to the age (G1= 49 years, dp±11 and G2= 44 years, dp±11) and sort (Feminine: G1: 41% (n=20) and G2: 48% (n=25)/ Masculine: G1: 59% (n=29) and G2: 52% (n=27). The distribution of the groups how much to the type of treatment for the DRC was: hemodialysis: G1: 49% (n=24) and G2: 21% (n=11)/Peritoneal Dialysis: G1: 12% (n=06) and G2: 17% (n=09)/Conservative Treatment: G1: 39% (n= 19) and G2: 62% (n=32) (p<0, 05). 

**CONCLUSION:** The tinnitus complaint was frequent in patients with DRC with sensorineural, independent auditory deficiency of the degree of the auditory loss, otoemissions absent and submitted acoustics to hemodialysis.

**C-002** 08:40-08:50 a.m. DOI: 10.7162/S1809-97720120051C-002

**CORRELATION OF AUDIOMETRIC FINDINGS IN RELATION TO INTELLIGIBILITY OF SAYS**

**MAIN AUTHOR:** Daniela Polo Camargo Da Silva

**CO-AUTHORS:** Priscila Suman, Jair Cortez Montovani

**OBJECTIVE:** To characterize the audiometric findings in relation to the intelligibility of speaks. 

**MATERIAL AND METHOD:** They had been submitted to the examination of preliminary tonal audiometry (ATL) patient, of both the genders, with complaint of “I listen, but I do not understand”. 

**RESULTS:** Sixty and six patients, 31 of masculine sex and 35 of the feminine one, with average age of 68 years (dp± ± 11 years). The average of the found tonal thresholds for the right ear in the frequencies of 250, 500, 1000, 2000, 3000, 4000, 6000 and 8000Hz had been respectively: 33dB, 36dB, 39dB, 48dB, 54dB, 61dB, 67dB and 86dB, for the left ear we find respectively: 31dB, 34dB, 38dB, 47dB, 55dB, 63dB, 67dB, 66dB. With regard to the type of auditory loss 97% they had been of sensorineural type and 3% of the mixing type. The curve was typically descending and 32% had buzzed. 

**CONCLUSION:** The complaint of difficulty of intelligibility of speaks was attributed the sensorineural dyacusis of moderate degree, with descending configuration, that is, bigger auditory loss for the acute frequencies, being these the responsible ones for the intelligibility of speaks.

**C-003** 08:50-09:00 a.m. DOI: 10.7162/S1809-97720120051C-003

**ELECTROACOUSTIC AND ELECTROPHYSIOLOGICAL EVALUATION IN SUCKLES THAT HAD HAD BACTERIAL MENINGITIS**

**MAIN AUTHOR:** Daniela Polo Camargo Da Silva

**CO-AUTHORS:** Priscila Suman, Jair Cortez Montovani

**OBJECTIVE:** To analyze the electroacoustics and electrophysiological findings in suckles that had had bacterial meningitis (MB). 

**MATERIAL AND METHOD:** Suckles with MB diagnosis had carried through auditory evaluation by means of the otocoustic transient emissions evoked (EOET) and evoked potential auditory of brainstem (PEATE). 

**RESULTS:** 24 suckle had been evaluated, with average age of 2 months, 20 premature, of these nine with extreme prematurity. Other pointers of risk gifts had been: ototoxic medicines use (100%), permanence drawn out in ICU (87%), use of ventilation mechanics (60%), index of low Apgar (60%) and occurrence of hemorrhage to peri-intraventricular (37%). The EOET were gifts in 100% of suckle. In the PEATE we find average values of absolute latencies in the right ear of 1,42 ms for wave I, 4,07 ms in III and 6,32 ms in V, the left ear of 1,44 ms for wave I, 4,11 ms in III and 6,37 ms in V. For the interpeak latencies to the right we find average values of 2,64 for I - III, 2,26 for III - V and 4,90 for I - V, in the left ear we find 2,64 for I - III, 2,34 for III - V and 4,91 for I - V. 

**CONCLUSION:** The bacterial meningitis is the cause most common of deafness acquired in children. On average, 5 to 35% of the attacked patients develop sensorineural dyacusis, being deep and bilateral in 4%. However in this study no suckle presented dyacusis and attributes to the precocious treatment with dosage of dependent antibiotic of the filtration tax to glomeral.
NASAL RECONSTRUCTION: VALIDATE TOOLS
MAIN AUTHOR: César Roberto Bustamante Mejía
The nasal reconstruction surgery in recent decades is giving otolaryngology valuable tools that allow the reconstruction of vital structures in the nasal function. Now the back and the tip can reconstruct almost all, with the use of autologous auricular and costal cartilage; the floor of the nasal passage and receive two valuable tools: pure titanium microplates and free grafts microvascularized osteomucocutaneous compounds. Because this is a study review of 45 cases of nasal reconstruction that validate these tools.

ABNORMAL DUPLICATION OF THE EXTERNAL AUDITORY CHANNEL
MAIN AUTHOR: Hernán Ortiz
CO-AUTHORS: Adriana Ferreira, Jorge Arias, Esteban Espínola, José Quiroz, Ta Ju Liu.
The described tumors of the brachial opening for Ascherson in 1932 are joint laterocervical that come from the abnormal development of a branchial arc. It can appear in adults, young and 2th branchial arc is the responsible one of 90% of the formation of these tumors. The tumors of the first branchial arc locate next to the auricular set and the parotid one, of the third and room arc are of posterior localization. Of the first arc they only divide in type I or abnormal ectodermal duplication of CAE with squamous epithelium. Parallel to the CAE, Pretragal, posterior auricular, Type II in the forebody of the neck, superior to hyoid is presented in a teenager of 13 years old, of masculine sex, without base pathology, that consultation for presenting a tumor to right retroauricular, of seven years of evolution, that presents with inflammatory symptoms of 2 the 3 times to year, where is partially converted with antibiotics and surgical draining. When examined it presented: injury to right retroauricular, to nodular superficial of 2, 5 of bigger diameter, not followed of cervical adenomegalias. The remaining portion of the physical examination without particularities. An ultrasound that informs formation of tumor characteristics, of 9 mm of bigger diameter is become fulfilled. A carcinogen injury in mastoid relation carried through surgical exceresis of tumor to right retroauricular, of seven years of evolution, that presents with inflammatory symptoms of 2 the 3 times to year, where is partially converted with antibiotics and surgical draining. When examined it presented: injury to right retroauricular, to nodular superficial of 2, 5 of bigger diameter, not followed of cervical adenomegalias. The remaining portion of the physical examination without particularities. An ultrasound that informs formation of tumor characteristics, of 9 mm of bigger diameter is become fulfilled.

RHINOPLASTY AND THE EFFECT ON THE PERCEPTION OF BEAUTY
MAIN AUTHOR: Hernán Chinski
CO-AUTHORS: Luis Chinski, Jenny Armijos, Marisa Vollmann, Juan Pablo Arias.
Experts in cosmetic surgery in the nasal coincides aesthetic rhinoplasty produces a global effect of beautifying the face and an appearance of greater youth to patients. This “assumed truth” has never really been proven throughout the international biography. We took our 30 patients were female and 25 evaluators operated a single blind study. We ask reviewers to qualify the beauty of the patients studied before and after surgery. We found that the rates of beauty are better for patients after the intervention than before. This result was statistically significant. In CONCLUSION: The women operated on for cosmetic rhinoplasty living with a most beautiful face after rhinoplasty, in the eyes of others.
**EAGLE’S SYNDROME - AN ENTITY NOT TO FORGET THE ENT EVALUATION**

**MAIN AUTHOR:** Jorge Arias  
**CO-AUTHORS:** Hernán Ortiz, Esteban Espinola Duarte, José Ortiz, José V Quiroz  

Eagle’s syndrome was first described in 1937 by WW Eagle and in the context of two patients. The elongated styloid process of length greater than 2.5 cm, has an incidence of 1.4 to 20% of which only about 4% have symptoms, and is an uncommon entity. It presents more frequently in those over 40 years with an incidence three times higher in women. On the other hand, represents a common diagnostic error which results in multiple visits to surgeon doctors, neurological, dental, maxillofacial surgeons and getting even are categorized as dystonic and remitted to a psychiatrist. The pathology has multiple treatments. Presents a series of twelve cases with Diagnostic Pathology-hyoid complex style, by clinical methods and certified by the auxiliary image as modified Frontal Nasal Radiography, panoramic radiography and computed Tomography. They were followed in a time of approximately one year, many had already been followed by other experts without accurate diagnosis, all had complaints in the oropharynx and / or cervical level was the highest percentage of females, the right side was most affected in one patient to palpate the styloid apophysis prominent, in no other change in the aerodigestive tract explaining the disease. Was seen the X-ray as an economical and feasible. In all cases, the diseases have been controlled medical treatment without reaching surgery.
DEEP CERVICAL ABSCESS DRAINED BY CERVICTOMY - 12 YEARS EXPERIENCE

MAIN AUTHOR: Esteban Espinola
CO-AUTHORS: Jorge Arias, Hernán Ortiz, Alvaro Vincenty, José Ortiz, José Quiroz

A deep neck infection is a bacterial process in a potential space bounded by aponeuroses. The infection can spread to any of them and shoot quickly and easily with the vital structures of the neck. Performed a retrospective study of 12 patients with the diagnosis of deep neck abscess, which were seen between 2000 and April of 2011. As inclusion criteria took into account only those drained by cervicotomy. There was a predominance of females. The focus of origin was the most frequent odontogenic soon pharyngestonsillary not determined the cause to a certain percentage. The main symptoms were dysphagia / odynophagia, feeling feverish, pain in the tumor, burning throat, dysphonia, and general malaise. How much were the main signs oropharyngeal abnormality, a cervical tumor, abnormal teeth, the trismus and cervical adenopathy, mainly. Most patients received some type of antibiotics before being hospitalized. The exams were the most commonly used blood count, hemoglobin, average buffy coats where the count was 11.345 / mm³, and 36 percent of patients had leucocytosis with left deviation. The gram and cultivation were performed in a few patients, which predominated the Stafilococo Aureus. There were no deaths. Presented complications in a low percentage of patients. Very interesting because most cases are very serious and underestimated.

INCIDENCE OF CHRONIC DACRYOCYSTITIS: SURGERY AND DEVELOPMENTS IN TEN YEARS OF STUDY AT THE HOSPITAL OF CLINICS - FCM

MAIN AUTHOR: Martinez Thelma
CO-AUTHORS: Gomez Oscar, Toso Sandra, Mena Carlos, Doldan Diego, Perez Jose

INTRODUCTION: Chronic inflammation of the nasolacrimal bag obstruction of the flow of tears is called chronic dacryocystitis. By endoscopic dacriocistinostomy, you can resolve this obstruction without external scars and a relatively simple and safe. OBJECTIVE: To determine the incidence of patients with chronic dacryocystitis in our service operated endoscopically, evolution and recurrence. MATERIALS AND METHODS: A retrospective cross-sectional study from 2002 to 2012 by review of clinical histories with diagnosis of chronic dacryocystitis operated on the Chair of Otolaryngology, Hospital of Clinics. Assumption - Paraguay RESULTS: there were 6 cases of which 50% for each sex, the average age for females was 38 years old and for males an average of 44 years old, they all looked for epiphora, 100% performed surgery via endoscopic opening of the lachrymal sac and in one case was used to prevent restenosis tutor was withdrawn a week, 100% of patients had no recurrence. There were no postoperative complications found. CONCLUSION: In the last decade endoscopic surgery to repair primary and recurrent lachrymal obstruction is elected by limited complication recurrence.
ORAL PRESENTATION

PREVALENCE OF NASOPHARYNGEAL ANGIOFIBROME IN PATIENTS TREATED AT THE CHAIR OF OTOLARYNGOLOGY FROM THE PERIOD 2000 TO 2011

MAIN AUTHOR: Juan Alberto Cabral Ferreira
CO-AUTHORS: Carlos Mena Canata, Oscar Gomez Hermosilla, Ta Ju Liu, Diego Doldan, Adriana Ferreira

OBJECTIVE: To determine the incidence of nasopharyngeal angiofibrome in therapeutic management and results according to the degree of commitment and technique. Work Research: We reviewed the clinical histories of 45 patients treated in our department from January of 2000 to December of 2011, whose pathology results were confirmed, of which 100% were men and 65% corresponded to the range of 16 years old to 30 years old, the highest percentage of patients was cataloged as Fisch 2 with 87%, followed by a state Fisch 1 with 7.1%, while 51% of patients were submitted to endoscopic surgery, followed by 36% underwent facial degloving average, the complication was the most frequent intra-operative bleeding, constituting about 13% recurrences originated among the first 5 months and 1 year (2 patients), between 1 and 5 years (2 patients) and finally the appearance of the then five years surgery (3 patients), none of the patients in the service underwent preoperative embolization.

CONCLUSION: The nasopharyngeal angiofibrome is a tumor characterized by epistaxis and nasal obstruction, whose surgical treatment is elected, the most widely used today is endoscopic surgery, the middle face degloving and Caldwell Luc or not combined endoscopic surgery only is used in case of a tumor is difficult to access and / or large size.

MALIGNANT RHINOSINUSAL TUMORS

MAIN AUTHOR: Esteban Espinola Duarte
CO-AUTHORS: Jorge Arias, Hernán Ortiz, Adriana Ferreira, Jose Quiroz

Tumors of the nasal cavity and sinuses paranasales cause diagnostic and therapeutic problems because of their anatomical location. Tumors are difficult to set limits clearly, that together with the anatomical complexity of the original area that is also difficult to complete its removal. Retrospectively analyzed patients with malignant tumors of the nose and cavities paranasales diagnosed in our department during the past six years. 22 cases were assembled. We excluded five cases that did not have pathological confirmation and did not participate in the postoperative controls. OBJECTIVE: To determine causes and problems in diagnosis and treatment. RESULTS: Histology highlighted the squamous carcinomes (41%) and melanomas (17%). Regarding the place of origin, 53% started in the nasal cavities, 41% of sine jaw and the rest 6% in the ethmoid. At the time of diagnosis 75% of patients had tumors in advanced stages. And 88% of patients were treated surgically. There were no intraoperative deaths. Complications were minimal. The recurrence has so far been all locoregional, presented in 29%.
Posters
Conventus - 2012

The work will be presented in Hall Atrium Curitiba, on June 2\textsuperscript{th} of 2012.

The space for the work will be duly marked.

The assembly of the posters will begin at 8:00 a.m. and removal thereof shall be made until 05:00 p.m. of the respective day of their assessment.

It is essential that the presenter is present at the place and times mentioned above so that your work can be monitored and properly evaluated.

The work that will be presented in poster format will not compete for awards.
OTOHEMATOMA. CASE REPORT
MAIN AUTHOR: Diego Doldan
CO-AUTHORS: Sandra Toso, Adriana Ferreira, Thelma Martinez, Nestor Cardozo, Jose Paez
OBJECTIVE: Description of a patient with aural bruising literature review.
CASE REPORT: Patient, male, 30 years old, coming from Lambaré, Paraguay under 7 days of evolution that begins with damage to the ear-type granite that was increasing in size and become painful, so the demand to a doctor three days before the ticket and performed drainage, returning to rescind the tumor for so returned to service. No fever. If palpates the right auricle tumor float, smooth, soft, fuzzy boundaries, painful and red approximately 2 cm in diameter which is in the upper helix. CONCLUSION: The aural bruising is a frequent complication of trauma to the Pinna, is the accumulation of blood in the space between the cartilage and mucoperichondrium, which cannot drain abscedarse, convirtiendose in a perichondritis, so good drainage and placement of a dressing appropriate, setting points with an option to consider for their good results. With this case report emphasizes the importance of early drainage and adequate dressing avoiding a recurrence of the same.

PILOMATRICOMA OF AURICULAR PAVILION. CASE REPORT
MAIN AUTHOR: Adriana Ferreira
CO-AUTHORS: Sandra Toso, Ta Ju Liu, Diego Doldan, Magali Gonzalez, Thelma Martinez
OBJECTIVE: Description of a patient with pilomatricoma of Pinna and literature review.
REPORTING THE CASE: A female patient 57 years of age with signs of tumor of the auricular pavilion with three months of evolution, progressive growth, violaceous in color, without pain. She denies other symptoms. Patient known hypertensive on regular treatment with losartan 50 mg daily. CONCLUSION: Originally calcifying epithelium of Malherbe, is a benign adnexal type, which derives from the hair follicle structures. It is most common in the first decades of life, and female, can find it anywhere in the body, but more than 50% of the lesions appear on the head, neck and upper extremities. Slow-growing, out of danger in case of bleeding, inflammation or malignancy.

PERICHONDRTIS IN A PREGNANT WOMAN, A CASE REPORT
MAIN AUTHOR: Martínez Thelma
CO-AUTHORS: Alarcón Leticia, Cardozo Nestor, Vicenty Alvaro, Doldan Diego, Mena Carlos
OBJECTIVES: To review a case of perichondritis in pregnant women, treatment and analysis of the literature review.
CASE REPORT: A.C 18 years of age, consult a table of swelling and pain in the right ear of 2 months. Gestation of 35 weeks for FUM. The case begins two months before, with severe pain in right ear, and then adds to the picture, swelling, deformity and reddish. Feeling febrile with chills did not graduate. She denies trauma. Interrogation refers to injury to the back of the right ear, which starts as a boil. If you decide to surgical drainage and later washed the wound through the chest tube drainage with SF0, + 9% povidone iodine and sodium heparin 5000 IU also, besides parenteral antibiotic therapy for 15 days, taking into account the patient’s pregnancy status for selection thereof. CONCLUSION: Early surgical treatment should be in addition to antibiotic therapy. In mild cases can be treated with drainage and compresses. In severe or recurrent cases with drainage and debridement. In the case of pregnant women should take account of the risk of antibiotic therapy and surgical procedures.

PAPILLOMATOSIS IN THE EXTERNAL AUDITORY CHANNEL - A CASE REPORT
MAIN AUTHOR: Thelma Martinez
CO-AUTHORS: Jorge Roig, Ta Jiu Liu, Jose Paez, Nestor Cardozo, Diego Doldan
OBJECTIVE: To describe a case of the external auditory channel Papillomatosis in front of the rarity of the case. Case Study: adult, 40 years for injury to query the external auditory canal, no other data of value where it was held computerized axial tomography of the ear and mastoid, the lesion is located in the external auditory channel, middle ear infection without internal or was performed biopsy pathology whose returns squamous lesion with Papillomatosis, acanthuses and changes suggestive of HPV infection is benign all evaluated. Analysis is carried out via low endaural injury and treated with methyl cresuleno, with a good outcome to the present without recurrence. CONCLUSION: There is a lot of data Papillomatosis in the treatment of external auditory channel.
ACUTE OTOMASTOIDITIS IN FOUR-YEAR OLD CHILDREN. CASE REPORT

MAIN AUTHOR: Adriana Ferreira
CO-AUTHORS: Cesar Franco, Carlos Mena, Diego Doldan, Tao Ju Liu, Thelma Martinez

OBJECTIVE: Description of a patient with acute otomastoiditis and literature review. Case Study: Patient, male, 4 years old with a picture of one month of evolution of febrile purulent otorrhea in moderate quantity in the right ear that did not give antibiotics or optical care, short to the table retroauricular swelling, pain when moving the Pinna, accompanied by inflammatory signs, and occasional fever spikes a week of evolution; observed on otoscopy polyp CAE law that leaves no see MT, CT with contrast mastoid ear: swelling over the right retroauricular mastoid opacification and erosion of the ossicular chain the same side; proceeds to drainage emergencies and day-care later, no tumor relapses, long after classical radical mastoidectomy is performed with remarkable improvement of the framework or postoperative recurrences per year. CONCLUSION: Acute mastoiditis is a complication of OMA and the OMC, presenting as an acute latter, treatment with drainage of the tumor is more retroauricular myringotomy if the cause was a tumor under OMA and not to yield to an acute latter, treatment with drainage of the tumor is more retroauricular myringotomy if the cause was a tumor under OMA and not to yield to simple drainage retromastoideo; requiring OMC in cases of supplicative myringotomy if the cause was a tumor under OMA and not to yield to an acute latter, treatment with drainage of the tumor is more retroauricular myringotomy if the cause was a tumor under OMA and not to yield to simple drainage retromastoideo; requiring OMC in cases of supplicative Cholesteatomatous, simple or radical mastoidectomy for the elimination of the infectious and avoid complications.

HEARING LOSS AND FACIAL PARALYSIS AFTER VIRAL INFECTION, RAMSEY-HUNT SYNDROME, CASE REPORT

MAIN AUTHOR: Liu Ta
CO-AUTHORS: Martinez Thelma, Doldan Diego, Ferreira Adriana, Franco Martha, Páez José

OBJECTIVE: To describe the clinical rout of a case of facial paralysis after viral infection after medical treatment. Clinical report: Patient male 44 years of age coming from Ciudad del Este look for the service due to the demand of the left ear pain since 6 days, intense, continuous, which yields partially with oral analgesics. He observes three days of swelling in the left ear, with increased local temperature, redness, and pain of higher intensity located on the pavillion. Holocranial accompanied by intense headache, nausea and deviation from the right corner of the mouth. Consultation with a doctor who suggested looking for our service. Denies otorrhea, hearing, feeling feverish. Physical examination: evidence is limited in the blink his left eye, deviation of labial commissure to the right with the ability to move limited in closing the right eye. Deviation from the right corner of the lips without tone at rest, tears, low mobility of the eyebrows and forehead. Limitation on closing the right eye. Deviation from the right corner of the lips without changing the mobility of the tongue or soft palate. Investigates infection for STORCH. It is considered diagnosis of facial paralysis after viral infection vs. idiopathic House Brackmann Grade 3, begins Acyclovir Prednisone 40mg/kg/day 2mg/kg/day, Artificial Tears, physiotherapy, eye swab (eye patch). With proper controls in subsequent developments. CONCLUSION: Given an affection of the facial nerve in a patient who is breastfeeding less, diagnosis is attributed to a viral infection and / or idiopathic must be a discard, therefore we must seek antecedents, infectious or autoimmune pathologies associated congenital bad formations and abnormal hearing.

NECROTIZING MEDIA ACUTE OTITIS COMPLICATED WITH FACIAL PALSY IN A PATIENT WITH LLA - PURPOSE OF A CASE

MAIN AUTHOR: Jorge Roig
CO-AUTHORS: Rocio Piccardo, Esteban Espinola Duarte, José Ortiz, Alvaro Vincenty, José Quiroz

The Secondary facial paralysis to the media otitis is a known complication of acute and chronic infections. It is a pathophysiology unknown but the high pressure middle ear, the osteitis, bacterial invasion and neurotoxicity, could be involved. Lactating female patient greater than 1 year and 6 months old is not known carrier of the pathology consultation for febrile syndrome for 4 days of evolution. In the last 24 tours is added diversion of labial appearance of sharply to the right and followed by a slight fall of parapado left. On physical examination draws attention diversion of the right lip swelling, left eyelid ptosis parapados edematous, blunting of nasolabial folds with left deviation of labial commissure to the right with the ability to fully close the left eye, the parapados edematous. Otoscopy: OD: CAE with scaling MT integrates, illustrated. OD: CAE with abundant secretation that aspires total perforation of the tympanic membrane, is observed edge of the inner wall. Blood count was performed and showed pancytopeny. Analysis of peripheral blood of 40% blasts information. Tomography are viewing mastoids partially veiled in both ears with predominantly left impressions huesecillos preserved. Vested bilaterally posterior ethmoid cells. If you arrive at the diagnosis of Acute Necrotizing Otitis Media complicated by palsy in the context of an acute lymphoblastic leukemia. If you undertake a broad spectrum antibiotic coverage plus prednisone with the framework that overcomes infectious and improves facial paralysis.
WEPPING LABYRINTHS IN MEDIA ACUTE OTITIS

**MAIN AUTHOR:** Jorge Roig

**CO-AUTHORS:** Esteban Espinola Duarte, José Ortiz, Alvaro Vincenty, Nestor Cardozo, Ta Ju Liu

Labyrinths are an acute inflammation of the membranous labyrinth. Paparella classifies them as Labyrinths Circumscription Paralaberintitis or affection where there is the bony labyrinth and endosteum. The serous or sterile toxic or chemical irritation toxic of the inner ear with vertigo and hearing loss and supplicative or purulent bacterial infection where there is frank with deafness. Patient: 27 years old, male, occupation laborer. Consult for table for approximately 24 hours of evolution of the left ear pain that adds more otorragy vertigo, which decreased the otalgia. Developed nausea and vomiting on two occasions. On physical examination, it turns out the flag on the left ear normal external auditory canal with blood stains. Poster inferior tympanic membrane microperforations. It presents a complete blood count with 19,000 white blood cells and a neutrophilia of 86%. If one performs tomography heard where noted partial opacification of the left mastoid with trabecular net retained. Audiometry shows a sensorineural hearing loss deep left ear and the right side is normal. If antibiotic treatment carries with Ceftriaxone 4 g / day with torpid developments in the first 48 hours so that it adds vancomycin 2 g / day plus dexamethasone 24 mg / day and realized a myringotomy finding to large purulent discharge. With that subsequently presents good clinical laboratory. Very interesting case for...

LATERAL SINUS THROMBOSIS AS A COMPLICATION OF MEDIUM OTITIS. CASE REPORT

**MAIN AUTHOR:** Raul Latorre

**CO-AUTHORS:** Ta Ju Liu, Diego Doldan, Adriana Ferreira, Nestor Cardozo, Carlos Mená

**OBJECTIVE:** Description of a patient with lateral sinus thrombosis as a complication of otitis media and literature review; **CASE REPORT:** Female patient 17 years of age, from the Villa Elisa, Central Department, Paraguay, who consulted the service of Otolaryngology, Clinical School of Medical Sciences Hospital, National University of Asuncion with a one month history of evolution of otalgia on the left, still, that settles spontaneously and returns to the stage, accompanying framework difficulty moving the head a week ago and pain radiating the neck. Consultation with a doctor who performed a crop secretion indicates that Citrobacter antibiotics and anti-inflammatory and indicates that the patient does not know how to fix without improving the framework. **CONCLUSION:** The mainstay of treatment is nowadays ATB parenteral therapy, and alternative anticoagulation, corticosteroids and cx. The treatment of this rare pathology in our time, our service was held in place as the best reference centers in the world with excellent results.

NECROTIZING FASCIITIS POSTERIOR CERVICAL THE MASTOIDITIS OD MOURET: CASE REPORT

**MAIN AUTHOR:** Rocio Piccardo

**CO-AUTHORS:** Jorge Arias, Leticia Alarcón, Esteban Espinola, Jorge Roig, Hernán Ortiz

The Mastoiditis of Mouret as a collection of purulent deep beneath the digastric muscle in the space retrostilo. Is produced by the fusion of groups of deep subantral celda of Mouret, inside the digastic groove. A female patient of 35 years old, the otalgia in the right ear of one month of evolution, 15 days before the consultation is to prevent tumors in the posterior triangle neck, painful, slow growth with signs of inflammation, five days before it adds to the dysphagia solid so he consulted the hospital in your local hospital is treated with Ceftriaxone every 12 hours, four days before neck stiffness is added to accentuating dysphagia to liquids, so they sent to our service. Physical examination: right posterior wall of the oropharynx with excitation deep, pus, awesome extend toward the parapharyngeal region, ears, edematous cae which makes visualization of MT, otalgia; Neck: right posterior triangle of 6 cm fluctuating swelling, stiff neck lateralization and hyperextension, right facial palsy. Otomicroscopy: epithelial migration. Realize performs: it turns out great collection at the neck with hypocellular mastoids, single cavity, and a tumor in the mastoid region with density of soft parts. Held drainage set neck and a second time noting performs classical radical mastoidectomy is more caja epimerized migration epithelial behind 15 days of mastoidectomy is verified improvement of paralysis.

MEDIUM CHRONIC OTITIS, CHOLESTEATOMATOUS SURGERY OF BONDY. CASE REPORT

**MAIN AUTHOR:** Raul Latorre

**CO-AUTHORS:** Ta Ju Liu, Diego Doldan, Adriana Ferreira, Nestor Cardozo, Alvaro Vincenty

**OBJECTIVE:** Description of a patient with chronic Medium Otitis cholesteatomatus surgery of Bondy and review bibliographic; **CASE REPORT:** Female patient 35 years of age coming from Assumption, Paraguay, who consults for big picture of evolution (since childhood) characterized by acute tinnitus in the left side, intermittent purulent left ear with intervals of less than 3 months ear dry, treated with ear drops (ciprofl oxacin-hydrocortisone), amoxicillin-clavulanate and ciprofl oxacin V.O. later, and feeling left ear blocked. Showed sudden facial paralysis on the contralateral side, characterized as Hause Brackman IV a month ago, treated with prednisone, acyclovir, calcium, vitamin D, B1, B6, B12 and physiotherapy. **CONCLUSION:** Presents the case of a patient with consistent clinical chronic medium otitis and facial paralysis, Bell data from physical examination and imaging compatible with cholesteatomatous apical why it chose to treat the modified of Bondy radical mastoidectomy successfully and good postoperative recovery.
June 2, 2012

**FRACTURE OF THE TEMPORAL BONE WITHOUT MACROSCOPIC TRACE OF FRACTURE**

**MAIN AUTHOR:** Esteban Espinola  
**CO-AUTHORS:** Jorge Roig, Ta Ju Liu, Alvaro Vincenty, José Ortiz, Nestor Cardozo  

The injuries that come to fracture the temporal bone usually occur in polytraumatized patients with various brain lesions. According to Paparella, accepts the Diagnosis of temporal bone fracture in a patient with a history of head trauma and facial paralysis; however, one cannot establish any temporal bone fracture using more sophisticated imaging techniques, or included by surgical exploration. We present a case of a 14-year-old who came to our service with a staff of 28 days of evolution, skull trauma by traffic accident on a motorcycle. During transport to the hospital to see the facial paralysis on the right. He was in intensive care unit for 3 days. By the fifth day you realize right ear hearing loss. It is added vertigo purpose with regard to the change in position and tinnitus right acute. On physical examination the otoscopy is normal. Right facial palsy House - Brackmann 4. + Rinne right side, left lateral Weber. There are notes nistagmus spontaneous or provoked. Computerized tomography without fracture traces. Tone audiometry there is deafness in his right ear. We can get to the clinical diagnosis of post traumatic facial paralysis for bone fracture. He established the full doses steroids with partial improvement of facial palsy only.

**OBJECTIVE:**

**CO-AUTHORS:** Jorge Roig, Ta Ju Liu, Alvaro Vincenty, José Ortiz, Nestor Cardozo

**MAIN AUTHOR:** Esteban Espinola

**INCIDENCE OF POINTERS FOR AUDITORY DEFICIENCY: CORRELATIONS WITH SELECTION NEONATAL AUDITORY**

**MAIN AUTHOR:** Jair Cortez Montovani  
**CO-AUTHORS:** Jorge Roig, Ta Ju Liu, Alvaro Vincenty, José Ortiz, Nestor Cardozo  

To verify the incidence of the risk pointers auditory deficiency and to correlate the presence of these pointers with the results of the universal neonatal auditory selection. **METHODOLOGY:** They had been part of these study neonates born in a university hospital that had carried through examination of transient otoacoustic emissions as part of the program of universal neonatal auditory selection. **RESULTS:** 3122 born neonates had been evaluated of January of 2010 to November of 2011. The pointer for risk of auditory deficiency was present in 14% (n=444) of the neonates and of these we observe the incidence of 43% of permanence drawn out in UTI, 38% had had low Apgar, 26% had needed mechanic ventilations, 24% had been born with lesser weight of 1500g, 18% had made ototoxic medications use, 6% had had hemorhage to peri-intraventricular, 5% had had syphils, toxoplasmosis, congenital malformations and children of using mothers of drugs, 4% had had meningitis and familiar history of auditory disabilities, 3% had had hyperbilirubinemia and genetic syndrome, 2% of union with consanguinity and 0.2% had had cytomegalovirus and herpes. The risk pointers that had caused more alterations in the neonatal selection had been cytomegalovirus (100%), congenital hyperbilirubinemia (75%) and bad formations (60%) whereas toxoplasmosis (14%), syphils (12.5%) and use of mechanic ventilations (12%) had been the pointers that had less caused alterations. **CONCLUSION:** Although some pointers of risk auditory deficiency to present low incidence, when they occurs the effect on the hearing are bigger. Between most important them they had been cytomegalovirus, the congenital hyperbilirubinemia and bad formations, with more alterations in the otoacoustic emissions.

**OBJECTIVE:**

**CO-AUTHORS:** Jorge Roig, Ta Ju Liu, Alvaro Vincenty, José Ortiz, Nestor Cardozo

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**OBJECTIVE:**

**CO-AUTHORS:** Jorge Roig, Ta Ju Liu, Alvaro Vincenty, José Ortiz, Nestor Cardozo

**MAIN AUTHOR:** Jair Cortez Montovani
NASOPHARYNGEAL CARCINOMA IN A TEENAGER PATIENT ATTRIBUTED TO HPV 16

MAIN AUTHOR: Alvaro Vincenty

CO-AUTHORS: Jorge Arias, Esteban Espinola, Martha Franco, José Ortiz, Hernán Ortiz

The malignant neoplasm of nasopharynx, corresponding to 2% of malignant tumors of head and neck and 0.25% of all tumors is rare in the world except China and the Asian region. Is characterized by its invasive nature, symptoms and delayed by the difficulty in the examination of the nasopharynx. It presents a female patient 19 years of age without previous medical history. Basic query frame by 3 months of development, characterized by left ear feeling stuffy and uncomfortable in the throat like an occasional rhinorrhea, epistaxis occasional self-limiting. On physical examination, a normal anterior rhinoscopy, posterior rhinoscopy: vegetative lesion with crusts, which affects the soft palate and uvula. That does not leave to see the Eustachian tube or the left choanae. For oroscopy hemitaesthesia bombardment of soft left. It is realized tomography with contrast is performed, where it is observed tumor imaging with density of soft parts occupying the nasopharynx and oropharynx descends, with little contrast enhancement, without invasion of skull base, prevertebral fascia or great vessels. Realizes recession carries lower endoscopic lesions. Pathology reports: malignant epithelial neoplastic proliferation of high degree, consisting of small cell nuclei. Takes place inmunohistochemistry which states: poorly differentiated squamous cell carcinoma, HPV type (p16 +) before nasopharyngeal type (EBV). It Refers to a patient for radiotherapy.

NASOPHARYNGEAL CARCINOMA. A CASE REPORT.

MAIN AUTHOR: Ta Ju Liu

CO-AUTHORS: Carlos Men, Raul Latorre, Diego Doldan, Adriana Ferreira, Cesar Franco

OBJECTIVE: To describe a patient with nasopharyngeal carcinoma and bibliographic review, CASE REPORT: Male patient 16 years of age coming from Ciudad del Este, Paraguay, who consulted the department of otolaryngology at the Hospital of Clinics, College of Medical Sciences, National University Assumption in November of 2009 with a one year history of nasal obstruction on the left with intermittent epistaxis in several opportunities, the latest episode of two days, accompanied by clear rhinorrhea, progressive decrease in olfaction, feverish sensation in various opportunities. Migraine intermittent bilateral hearing loss at three months of development and weight loss of approximately 10 kg in one year. CONCLUSION: For the correct diagnosis of nasopharyngeal carcinoma is essential a high degree of suspicion and a proper assessment. Notwithstanding the laboratory analysis of the Epstein-Barr virus, particularly the plasma DNA of Epstein-Barr virus stock, demonstrated their usefulness for distribution, prognosis and further post-treatment. It would help carry out this study to all patients with diagnosis of nasopharyngeal carcinoma, in this way to establish a distribution more correct and right and bring in the same way, one THERAPY prognosis the basis of each patient, since it is a tumor that affects patients at a time very early in life.
June 2, 2012

PC-021 11:30 a.m. DOI: 10.7162/S1809-977720120S1PC-021

CHONDROSARCOMA IN NASAL CAVITY. CASE REPORT

MAIN AUTHOR: Raul Latorre

CO-AUTHORS: Ta Ju Liu, Hernan Ortiz, Diego Doldan, Adriana Ferreira, Jorge Arias

OBJECTIVE: To describe a patient with chondrosarcoma in nasal cavity and literature review. CASE REPORT: A female patient of 43 years of age coming from Villa Elisa, who is consulted by a frame of 5 years of development of mouth breathing and snoring, at first intermittent, then permanent, accompanied by watery rhinorrhea and casual feel ears plugged. 5 months is added to the framework of taste progressive bombment growth in the painful, accompanied by holocranial headache intermittent heavy feeling face that subsides with common analgesics. CONCLUSION: although there are predictive factors for the development to the treatment of chondrosarcoma, many publications match the difficulty of predicting the same, largely due to the diversity of histological grade of the case described in the indicated treatment was applied, although the results were not the most desirable. It is imperative to find alternatives more specific and effective treatment of this disease and put as in many other cases our hope in genetic medicine to mediate a solution in the future.

PC-022 11:30 a.m. DOI: 10.7162/S1809-977720120S1PC-022

SUBPERIOSTEAL ABSCESS OF THE RIGHT ORBIT. CASE REPORT

MAIN AUTHOR: Adriana Ferreira

CO-AUTHORS: Enrique Perez, Diego Doldan, Carlos Mena, Ta Ju Liu, Raul Latorre

OBJECTIVE: To conduct a former patient of the right orbit subperiosteal abscess. CASE REPORT: teenager, male, 14 years old, Lambaré, Paraguay, a student with a picture of 72 hours of developing swelling at the level of the upper eyelid and lower right of insidious onset, progressive growth, to reach completely close the eye on the same side. Accompanying table with fetid purulent rhinorrhea, in moderate quantity both anterior and posterior and fever peaks and alternations of visual acuity by referring the Ophthalmology Clinic, from which they arise to our service. CONCLUSION: postseptal cellulite is a disease most common in children older than 5 years, is characterized by ocular proptosis, decreased vision and eye movements, fever. Presents numerous complications, described in this report constitute the subperiosteal abscess, a complication feared by the ignorant possible eye damage, which will progress if it does not drain on time and effectively. The treatment service is Functional Endoscopic Surgery. In this case it was effective, with good development of the patient, reducing ocular proptosis, and improving eye movements and visual acuity to reach normality.

PC-023 11:30 a.m. DOI: 10.7162/S1809-977720120S1PC-023

SUBPERIOSTEAL ABSCESS OF ORBIT ROOF. A CASE REPORT

MAIN AUTHOR: Diego Doldan

CO-AUTHORS: Adriana Ferreira, Ta Ju Liu, Jorge Arias, Jose Morinigo, Thelma Martinez

OBJECTIVE: To conduct before a patient with subperiosteal abscess. CASE REPORT: Male patient, 12 years old, with 10 days history of swelling in the frontal region and right side bipalpebral after trauma in the region of progressive growth with accompanying signs of inflammation in his right eye secretions, feverishness not graduate. Background frame of bilateral nasal obstruction, watery bilateral rhinorrhea, sneezing, snoring mouth breathing. CONCLUSION: toso patient with suspected orbital abscess subperiostic should be hospitalized and receive antibiotics intravenously, and receive a strict control eye and should have imaging studies that allow visualizing the topography of the lesion. Before treatment of the table should be made to surgical drainage.

PC-024 11:30 a.m. DOI: 10.7162/S1809-977720120S1PC-024

LIT OF COMPLICATED NASAL BARRIER WITH THE NASAL BACK

MAIN AUTHOR: Diego Doldan

CO-AUTHORS: Sandra Toso, Adriana Ferreira, Ta Ju Liu, Thelma Martinez, Nestor Cardozo

OBJECTIVE: To describe a patient with nasal septum abscess complicated with cellulites of the nasal dorsum and rhinosinusitis maxilloetmoidal and literature review. CASE REPORT: A female patient, 10 years old, coming from Lambaré, Paraguay, who consulted the service Hospital of Clinics of FCM - UNA with a history of 7 days of development of front headache that exede to crouch more left periorbital pain, is added to the framework of the nasal dorsum swelling and facial signs of inflammation (redness, pain, heat) which was later increased in intensity with bipalpebral edema without visual changes is sent to our clinic for pediatrics. It denies nasal trauma and other injuries. CONCLUSION: The diagnosis of abscess of the nasal trabique should be considered in any child with acute onset of nasal obstruction and a history of trauma or inflammatory process in contiguous regions. It takes a high index of suspicion and clinical-surgical treatment early and appropriate to minimize the risk of complications and sequelae.
PC-025 11:30 a.m.  DOI: 10.7162/S1809-97720120S1PC-025

BILATERAL CHOANAE ATRESIA. PRESENTATION OF A CASE
MAIN AUTHOR: Páez José
CO-AUTHORS: Tosó Sandra, Martínez Thelma, Doldan Diego, Liu Ta, Ferreira Adriana

OBJECTIVE: To demonstrate the utility of Stens in patients with recurrent choanae atresia. CASE REPORT: Patient aged 13, male, with diagnosis of bilateral choanae atresia at birth, asked if emergency surgery via endoscopy to permeabilization of the choanae tissue extraction with posterior septum cartilage and bone portion thereof, from 4 years on he has bilateral nasal obstruction, rhinorrhea seromucous and mucopurulent where he received treatment with antibiotics with partial improvement of the framework, denies cyanosis. Nasal endoscopy is performed where notes total obstruction of the choanae bilaterally. Computerized tomography where plaque notes that obliterates both choanae atresia. Takes place opening choanae atresia endoscopically and placing more STENS, at 15 days post-operative notes that obliterates both choanae atresia. CONCLUSION: the main problem they are in, all the techniques in chirurgery choanae atresia is a tendency to reestenosis, which requires performing many interventions in the patient.

PC-026 11:30 a.m.  DOI: 10.7162/S1809-97720120S1PC-026

ENDOSCOPY DACRIOINOSTOMY. REPORT OF A CASE
MAIN AUTHOR: Doldan Diego
CO-AUTHORS: Martínez Thelma, Cardozo Nestor, Ferreira Adriana, Gomez Oscar, Tosó Sandra

OBJECTIVES: To evaluate a case of chronic dacryocystitis while (during) the endoscopic surgical treatment. Clinical case: patient 21 years of age with a history of epiphora on the right eye continuously nasoanfibioma post-surgery 6 years ago by degloving, held dacryocystography contacted where a stop of the contrast medium at lower nasolacrimal was held dacriinostomia endoscopy where they proceeded to tear the bag and found purulent discharge, did not put STENS. Currently the patient shows improvement in symptoms and not driving notes restenosis. CONCLUSION: The endoscopic sinus surgery is now preferred in treatment of obstruction of the nasolacrimal, STENS in the use of our service is null.

PC-027 11:30 a.m.  DOI: 10.7162/S1809-97720120S1PC-027

ORBITAL DECOMPRESSION – CASE REPORT
MAIN AUTHOR: Alarcon Leticia
CO-AUTHORS: Heinichen Julio, Gomez Oscar, Páez José, Martínez Thelma, Cardozo Nestor

OBJECTIVE: To describe the case of a child with tumor compromise orbital and bilateral proptosis. Clinical case: eye tumor of 3 months of development, bilateral, progressive growth, more pronounced in the right eye, double vision / false right eye Migraine front, moderate daily presentation, subsides with medication. TAC plain skull: collection amber orbs and signs of bilateral ethmoid and maxillary sinus law. Presence of small nodules related to acoustic nerves on both sides. Right side of the placement within the internal auditory via 5 mm and the other in angle cistern pointcerebellar 18 mm. On the left side to view an image within the internal auditory pathway, 5 mm in diameter. All the descriptive images to enhance with gadolinium after hiring. Attributable to neuromas. In the same way an image is displayed retro-orbit left smaller in intimate contact with the superior oblique muscle. If orbit decompression performed endoscopically with the conquest of biopsy with subsequent return of pathology: hemangioma, received treatment with corticosteroids with significant improvements in ocular symptoms and reduction in proptosis. CONCLUSION: mengioma eye is characteristic and suggestive of neurofibromatosis type 2.

PC-028 11:30 a.m.  DOI: 10.7162/S1809-97720120S1PC-028

LACK OF WIDTH OF THE PERFORM APERTURE. CASE REPORT
MAIN AUTHOR: Martínez Thelma
CO-AUTHORS: Franco Martha, Doldan Diego, Ferreira Adriana, Cardozo Nestor, Liu Ta

OBJECTIVE: To describe the therapeutic failure of the nostril wide as the clinic. CASE REPORT: newborn females by vaginal delivery (vaginal) with prenatal controls in order. By examining the permeability of the nasal cavities is clear that the K3S probe not farther than 1.5 cm, which feels the physical obstruction which is why it leaves the halo with 02 and comes into our referral service. Physical examination: general appearance: normosomic newborn, well nourished, active, reactive, calls attention to the nasal congestion, buccal breathing. Nose: normal configuration, clear rhinorrhea bilateral, bilateral nasal tank close to the vision right. Flexible endoscopy is performed where notes that lack of width does not allow passing the pediatric fiberoptic endoscopy. Once we confirm the patency of both nasal tank albeit at a lower flow is initiated breast feeding within 24 hours of life, after evaluation by otolaryngology, good suction, which does not hamper his breathing. CONCLUSION: The initial assessment should be focused on distinguishing between the perform aperture stenosis and choanae atresia, and this is achieved by means of tomography and endoscopic study. Need to investigate the associated anomalies. The appropriate diagnosis and management of the airway is essential to avoid complications, either surgical or conservative manner, both with good results. The treatment according to the clinic.
June 2, 2012

**ORO-ANTRAL FISTULA. CASE REPORT**

**MAIN AUTHOR:** Diego Doldan  
**CO-AUTHORS:** Sandra Toso, Hernan Ortiz, Raul Latorre, Adriana Ferreira, Ta Ju Liu

**OBJECTIVE:** To describe a patient with oro-antral fistula and a literature review. **CASE REPORT:** A male patient, 43 year-old farmer, residing in Caaguazú, Paraguay, who consulted the department of otolaryngology of the Clinical Hospital of the FCM with a history of seven months of development and decides for mercy / grace to follow the regular process. Dental extraction of three teeth contiguous to apical periodontitis chonic suppurative, which began after a pain that radiated the facial region, moreover drainage of purulent nasal cavity and the left area of fistula. **CONCLUSION:** oro-antral fistula should be treated with the establishment of a physical barrier to prevent maxillary sinus infection. The closing of communications or fistulas with autologous bone graft substitute is a valid alternative to techniques based on REMNANTS. Due to the constant need of rehabilitation with implants and the need for surgical procedures prior to implant such as increase of maxillary sinus; the closing of the usual soft tissue was converted into a major problem.

**MEDICAL TREATMENT IN EXPERIMENTAL VASCULAR TUMOR - PROPOSE OF A CASE.**

**MAIN AUTHOR:** Esteban Espinola Duarte  
**CO-AUTHORS:** Leticia Alarcón, Jorge Roig, José Quiroz, Jorge Arias, Ta Ju Liu

Hemangioma of infancy are common vascular tumors in children. Only 10 - 15% should be treated for any consequences vital, functional or aesthetic. Currently it is chosen as oral corticosteroids treatment. However, in the last two years was reported hemangioma of the excellent response to treatment with oral propanolol. Newborn male found a tumor in the left nasal cavity and progressive growth of multiple skin lesions, both present from birth are treated with prednisone 5 mg kp and is derived from the pediatric service of our hospital. It is noted tumor reddish wine occupying the entire left FN and move the partition to the opposite side. The level of skin, multiple lesions (approximately 15) on high and reddish wine, most of 3cm in diameter and less than 0.5 cm in diameter, the most notable are in the left shoulder and lower back. Progressive decline begins Prednisone; angiomatoses lesions disappear completely, in our consultation service and suggest angiography. Day 10: angiotac mass occupying the nasal cavity esqueredade, soft tissue density, heterogeneous RECEPTOR contrast, stunning expansive process of undetermined origin. Day 29: Joint Meeting: Dermatology - ENT - images - pediatrics. It is decided to therapeutic trial: propanolol 2mg/Kp + local infiltration with steroid (triamcinolone) 8mg – 2 doses. It presents excellent development as is not necessary to perform (get to) surgery.

**SCHWANNOMA OF THE NASAL TANK - A PURPOSE OF A CASE**

**MAIN AUTHOR:** Nestor Cardozo  
**CO-AUTHORS:** Oscar Gómez, Alvaro Vinceney, Esteban Espinola Duarte, Liu Ta Ju, José Quiroz

The schwannoma is a solitary lesion, which originates from benign sheath Schwann. Rarely is malignant, or never occurs. Approximately 25% of schwannoma arise in head and neck; a few are produced in the nose and sinuses. Patient 59 years old male with no underlying pathology with nasal obstruction on the right side with 6 months of development, accompanied by clear rhinorrhea unilateral continuous. For rhinoscopy is viewed with fibrin vegetating lesion occupying the entire right nasal cavity 1 cm from the nostril, solid, that does not ingurgitating with Valsalva maneuver. To the right shock posterior rhinorhinocoe occupied by vegetating lesion. If you make contact and contrast tomography lesion occupying the entire right nasal cavity, destroying the partition wall, crosses the midline, with calcium imaging inside, infiltrates the anterior wall of sphenoidal sinus, maxillary sinus. Ethmoid right sinus and front right abolished. Perform a biopsy pathlogy report with the following: spindle cell tumor of undetermined malignant potential. Not observed significant mitotic activity or necrosis. Morphological and immunohistochemistry reports immunohistochemistry compatible Neurilemmoma (Schwannoma). Excision is performed by endoscopic surgery and found that the tumor occupies sphenoid, ethmoid cells anterior and posterior right, inflating the septum and the medial wall of the right maxillary sinus. Patient has good post-operative development and decides for mercy / grace to follow the regular process.
DERMOCYST IN THE MIDLINE GLABELAR REGION, REPORT OF A CASE.

MAIN AUTHOR: Liu Ta
CO-AUTHORS: Martínez Thelma, Morínigo José, Doldan Diego, Cardozo Nestor, Caceres Vidalia

OBJECTIVE: To demonstrate the importance of a systematic study of the patient for proper patient management. CASE REPORT: A female patient with 17 years of age, the table for about 3 years of development characterized by the mass in the nasal-frontal region (glabellar) growth slow, painful at times, with no other accompanying symptoms. She denies difficulty breathing, weight loss and fever. On physical examination, turns out asymmetric nasal pyramid at the expense of a tumor on nasal-frontal region, solid, well-defined borders, is not painful or oscillating design with valsalva maneuvers. Remaining physical examination, without particularity. CONCLUSION: The systematic study of the patient through the semiological and radiological examination before performing removal is essential to manage these types of patients so as to avoid unnecessary complications.

WINDAL SYNDROME. REPORT OF A CASE.

MAIN AUTHOR: Nestor Cardozo
CO-AUTHORS: Oscar Gómez, Sandra Toso, Thelma Martínez, Diego Doldán, José Paez

INTRODUCTION: Nasal polypoid, asthma, intolerance to A.A.S and / or AINES are the Fernand Windal Syndrome. World statistics show that affects around 10% of asthmatics. Not exist or are mediated immunoglobulin antigen-antibody reactions. These patients have no family history of asthma. Diagnosis: Definitely this syndrome can be established by controlled challenge test with increasing doses of AAS and with a proper medical history. Clinical case: 67 years, female, known allergy to AINES, asthma treatment with salbutamol, DM II treated with hypoglycemic agents and hypertension treatment with antihypertensive drugs. Table of years of development of bilateral nasal obstruction with dominance to the left + bilateral watery rhinorhea, nasal spray and treated with antihistamines without improvement of the framework. WEIGHT occasional frontal headache and facial denies fever. On physical examination, RA: FND and FN: pink mucous, centered septum, turbinate cannot be assessed by reason of the presence of multiple masses polipoideas whitish in color occupying the two nasal cavities with a smooth surface that reaches the nasal vestibule. In the laboratory serum IgE 210mg/dl to 110mg/dl normal, rest in CLASS. Spirometry with an obstructive pattern. In TAC of SPN: centered septum slightly hypertrophic turbinate mucosa at the expense of all the paranasal sines busy. It is realized FESS + polypectomy is performed without complications in post-surgical controls; patients with good development. CONCLUSION: in all patients with nasal polyposis and late onset asthma should be suspected syndrome windal and thus achieve the correct diagnosis, treatment and inform the patient about its possible development / development.

GORDENIGO SYNDROME IN NASOPHARYNGEAL CARCINOMA

MAIN AUTHOR: Esteban Espínola Duarte
CO-AUTHORS: Jorge Roig, Jorge Arias, Patricia Amarilla, Adriana Ferreira, Hernán Ortiz

Nasopharyngeal carcinoma is usually an insidious rout of clinical disease manifestations and nonspecific in the early stages, so it is difficult to establish a diagnosis early. The most common presenting symptoms are the ontological type (serous medium otitis) and cervical adenopathy. Presents a case of Gradenigo syndrome due to tumor extension to the base of the skull. Patient 29-year-old deaf-mute who was consulted by ophthalmology more pain in his right ear with 8 months of development on several occasions treated by doctors as infectious. It was aggregated syndrome vertigo, facial pain, paralysis and paresis of the VII via the pair that refers to our service. The neurological recovery compatible with Gradenigo syndrome combined with unaffected couples rights cranial V and VI. Also there is engagement of pairs VII, IX and XI. It was realized recovery took place and found the existence of striking lesion occupying the entire external auditory pathway, was a squamous cell carcinoma moderately differentiated. A magnetic resonancecranial demonstrated the extent of tumor FELIZ the base of the skull and seicaverno"
June 2, 2012

**PC-037 02:30 p.m. DOI: 10.7162/S1809-977720120S1PC-037**

**POTT’S PUFFY TUMOR - PROPOSE OF A CASE**

**MAIN AUTHOR:** Marta Nez Thelma  
**CO-AUTHORS:** Franco Cesar, Liu Ta, Mena Carlos, Paez Jose

**OBJECTIVE:** To discover the uncommon complication of Pott’s puffy in a patient with chronic sinusitis. Clinical case: male patient of 59 years old, consulted by a tumor in front of 8 months of development of progressive growth painless, without inflammation, there are added 2 months inflammatory signs, fever, purulent rhinorrhea, and headache, in consultation to our service. Physical examination: tumor with inflammatory signs of about 4 cm in diameter, oscillating, not painful as the throbbing, pus scarce in the right nasal cavity. Takes place with surgical drainage and endoscopic Lynch entry. Patient with good development today.

**CONCLUSION:** Early diagnosis and timely treatment are still the best therapeutic tools, causing a decrease in the incidence of complications such as Pott’s Puffy tumor.

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**PC-038 02:30 p.m. DOI: 10.7162/S1809-977720120S1PC-038**

**POLYP ANTRCHOANAL. A CASE REPORT**

**MAIN AUTHOR:** Diego Doldan  
**CO-AUTHORS:** Oscar Gomez, Adriana Ferreira, Patricia Amarilla, Leticia Fanlia, Thelma Martinez

**OBJECTIVE:** To describe a patient with polyp antrochoanal and literature review.

**CASE REPORT:** A male patient, 11 years old, coming from Caazugu, Paraguay, who consulted the department of otolaryngology of the Clinical Hospital of the FCM - UNA with a history of 6 months of developing tumors in the left nasal cavity, insidious growth, painful bloody, on the occasion, as well as unilateral nasal obstruction, snoring, mouth breathing. He denies similar frames, adenoidectomy at 6 years old. **CONCLUSION:** The antrochoanal polyp is a benign disease of youth, its initial symptom is nasal obstruction, as noted in the patient, is characterized by a tumor that arises from the middle meatus maxillary sinus sometimes protruding in the nasal cavity and oropharynx: its diagnosis extension are carried out by TAC and RMN; treatment is endoscopic surgery, which was used in this case, sometimes it is combined with the Luc Caldwell in the case of larger tumoral masses.

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**PC-039 02:30 p.m. DOI: 10.7162/S1809-977720120S1PC-039**

**PRESENTATION STRANGE MUCOPYOCELES IN PEDIATRIC PATIENTS WITH SELF TANK - THE PURPOSE OF A CASE**

**MAIN AUTHOR:** Oscar Gomez  
**CO-AUTHORS:** Esteban Espinola Duarte, Ta Ju Liu, Jose Paz, Jose Ortiz, Alvaro Vincenty

The mucoceles are inflammation of the paranasal sinuses. Secretion is produced by a weight loss with increasing pressure and progressive destruction of the bone walls. Rated inflammatory tumors within the group. When it is called sobreinfect mucocele. Male patient of 10 years of age, coming from rural areas to consult our service for optional reference to a tumor of the right nasal cavity and hypertelorism. As part of 5 years of progressive development of hypertelorism, clear rhinorrhea from the right and then yellow, nasal obstruction ipsilateral to start flashing and then continues. On physical examination. For rhinoscopy: FDN: gray tumor in the nasal cavity, smooth and comes to the vestibule, septum shifted to the left. FNI: mucous pink partition moved to the left, the turbinate normotrophic, not displayed lesion. Eyes: hypertelorism importantly, preserved mobility, pupils equal and reactive. Nasofibroscopy gray tumor that fills the FDN that comes from the ethmoidal region. Computed tomography is verified pansinusitis and resonance is evident the nature of these liquid. Endoscopic sinus surgery is performed where it notes cortex average disturbance in the right nasal cavity and the mere contact breaks with purulent thick liquid output at all sines sinuses, with communication of all wells (auto tank). Pathological anatomy informs respiratory mucous with acute and chronic infiltrate and fibrin-clot red blood cells. Definitive diagnosis: mucopiocele fronto-ethmoidal maxillary forming a single cavity.

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**PC-040 02:30 p.m. DOI: 10.7162/S1809-977720120S1PC-040**

**NANOSSINUSAL POLYPOSIS. A CASE REPORT**

**MAIN AUTHOR:** Ta Ju Liu  
**CO-AUTHORS:** Raul Latone, Diego Doldan, Adriana Ferreira, Carlos Mena, Cesar Franco

**OBJECTIVE:** To describe a patient with polyposis nanossinusal and bibliographic review.

**CASE REPORT:** A female patient of 29 years of age residing in San Lorenzo, Paraguay, who consults for a frame of 10 years of development of bilateral nasal obstruction, most important on the left. Clear rhinorrhea, sneezing and nasal itchiness. Treatment with crotinize and mometazone nasal spray with partial improvement of symptoms. **CONCLUSION:** A table is a very common syndrome of nasal obstruction in a young patient who does not respond satisfactorily to medical treatment is established why the surgical endoscopic with findings consistent with sinonasal polyposis, septum deviation and turbinate hypertrophy, with marked improvement after surgery.
SEPPTAL PERFORATION AFTER THE FOREIGN BODY. REPORT OF A CASE AND LITERATURE REVIEW
MAIN AUTHOR: Diego Doldan
CO-AUTHORS: Sandra Toso, Adriana Ferreira, Raul Latorre, Nestor Cardozo, Thelma Martinez
OBJECTIVE: To describe a patient with foreign body PILA and management of this. CASE REPORT: A male patient, 2 years old, coming from San Antonio, Paraguay, who consulted the department of otolaryngology of the Hospital of Clinics of the FCM with a history of two weeks to develop fetid rhinorrhea, purulent unilateral left nostril obstruction nose, fever does not graduate, anorexia. CONCLUSION: we can say that inanimate foreign bodies in the nasal cavity is a very common situation in the early ages of life, however boring the level of the nasal septum is an uncommon situation. It is interesting to highlight the importance of good questions for the patient or family as well as a thorough physical examination, together with the relevant radiographs if you suspect that it is metallic. In general, the extraction of nasal foreign bodies takes place in outpatient and without requiring any type of anesthesia for the extraction of foreign bodies.

ANTROCHONNAL IN A GIRL OF NINE YEARS OLD
MAIN AUTHOR: Adriana Ferreira
CO-AUTHORS: Carlos Mena, Diego Doldan, Ta Ju Liu, Raul Latorre, Thelma Martinez
OBJECTIVE: To describe a patient with antrochoanal and literature review. Clinical case: a female patient, 9 years old with under nine months of development of unilateral nasal obstruction, purulent rhinorrhea accompanied by further growth of tumor fetid, grayish white protruding at the right nasal vestibule hanging from it, also on two occasions epistaxis and nasal voice for three months, physical examination noted aspect grayish white tumor arising in the right nasal cavity, fetid purulent rhinorrhea, both anterior and posterior soft bombed palate at the expense of polyloid tumor of descending from reaches the nasopharynx and oropharynx TAC nose and paranasal sines: maxillary sinus tumor occupying the left nasal cavity and left leaving the maxillary sinus apparently DESIGNS by middle meatus and oropharynx excerese is done the same with curettage of the walls of said sines, pathological anatomy confirms the suspicion antrochoanal, in controls later the patient presented a good clinical development without recurrence. CONCLUSION: The CAP is a tumor disease of youth, their main symptoms were obstruction, occasional epistaxis and nasal tumor, the treatment of choice is endoscopic excerese a more accurate extraction of base-level deployment of the affected sinus using the combined approach front of large tumors and recurrences.

PAPILLOME INVERTED IN EARLY AGE
MAIN AUTHOR: Liu Ta
CO-AUTHORS: Martinez Thelma, Doldan Diego, Mena Carlos, Cardozo Nestor, Páez José
OBJECTIVE: To describe the case of inverted papillome at an early age. Clinical case: a female patient with 16 years of age, who consulted for left nasal obstruction than a year developing the associated hyposmia, epistaxis and purulent rhinorrhea. Is evaluated endoscopically polyloid tumor occupying the entire left nasal cavity. Tomographically is hyperdense image occupying the entire left nasal cavity, ethmoid and sphenoid sines veiled. Maxillary sinus free. No evidence of osseous LISE. Undergoes endoscopic sinus surgery with left ethmoidectomy, maxillary and sphenoidectomy antromia with recession of the tumor and cauternization of the lateral wall of the nasal cavity. Pathological anatomy informs inverted papillome without atypical cells. The development of post operative period was satisfactory with no complications. CONCLUSION: The extremely rare presentation of inverted papillome in patients at an early age was the reason for the submission of this report, we describe with more frequency in patients over 40 years of age.

BILATERAL INVERTED PAPILLOME. THE PURPOSE OF A CASE
MAIN AUTHOR: Martinez Thelma
CO-AUTHORS: Gomez Oscar, Doldan Diego, Liu Ta, Mena Carlos, Toso Sandra
OBJECTIVE: To present a case report and surgical management. Clinical case: male patient 48 years old with under 2 years of development of bilateral nasal obstruction, purulent rhinorrhea with at times, appointment, where he finds bilateral nasal tumor, is performed with intravenous contrast tomography where no notes uptake by the same tumor, it proceeds to remove the tumor endoscopically on a bilateral basis with the commitment of all paranasal sinus return of pathology: bilateral inverted papillome without atypia. Currently patients with improvement without recurrence. CONCLUSION: The possibility that the inverted papillome affecting the nasal cavities bilaterally makes this clinical case is presented, and is of importance, especially in the post-surgery because, despite being a benign tumor is very aggressive.
NASAL HEMANGIOMA IN MEDIUM TAIL CORNETTE. A CASE REPORT

**MAIN AUTHOR:** Diego Doldan
**CO-AUTHORS:** Sandra Toso, Raul Latorre, Adriana Ferreira, Ta Ju Liu, Thelma Martinez

**OBJECTIVE:** To describe a patient with hemangioma of nasal TAIL cornette medium and literature review. **CASE REPORT:** A female patient, 20 years old, coming from Limpio, Paraguay, who referred to the otolaryngology department of the Hospital of Clinics of the FCM with a history of years of development of epistaxis in the right nasal cavity on several occasions, usually self-limiting in some important occasions. It was etched with trichloroacetic acid in various opportunities to use immediately. **CONCLUSION:** The vascular lesions are not uncommon within the nasal area involved. The chronic mucous inflammation is associated with obstruction of the natural drainage of the sinuses. This is a female patient 17 years old with a picture of the vertex headache that is transmitted by the neurologist for a otolaryngologic evaluation, consultation with several experts predicted without reaching any diagnosis that explains it. In 6 months of developing insidious onset, accompanied by minimal intermittent nasal congestion. Nasal endoscopy is carried out without major breakthroughs and later a computerized scan in which notes opacification of the right posterior ethmoid sinus. It holds an anterior and posterior ethmoidectomy right with which the inflammatory tissue is removed and overcomes the frame. Following a year with good development.

MALIGNANT MELANOMA IN THE NASAL CAVITY. CASE REPORT

**MAIN AUTHOR:** Martínez Thelma
**CO-AUTHORS:** Alarcón Leticia, Piccardo Rocio, Anias Jorge, Ortiz Hernán, Quiroz José

**OBJECTIVE:** To review a case of nasopharyngeal angiofibrome in a young patient operated without using embolization. **CASE REPORT:** Patient 21 years old, male, query by nasal obstruction and epistaxis on the right side ipsilateral applicant with 5 years of development. Last event of bleeding. **CONCLUSION:** This surgery is valid for centers that do not have methods of embolization, but must have certain level of complexity as an intensive care unit to monitor the patient after surgery.
Conventus Posters
June 2, 2012

PC-049 02:30 p.m. DOI: 10.7162/S1809-977220120S1PC-049
MUCOCELE OF THE RIGHT MAXILLARY SINUS. CASE REPORT
MAIN AUTHOR: Nestor Cardozo
CO-AUTHORS: Sandra Toso, Thelma Martinez, Diego Doldán, Adriana Ferreira, Jose Paez
OBJECTIVE: To describe a patient with uncommon presentation of mucoceles and literature review. CASE REPORT: JR 21 years old, male, single, with nasal obstruction on the right side and right unilateral fetid mucopurulent rhinorrhea. Reported nasal obstruction on the right side 3 months of development, with clear unilateral rhinorrhea, becoming fetid and purulent, anosmia is added to the table and face feeling heavy / slow. He denies fever, headache or other symptoms. It was presumed diagnosis of chronic sinusitis with probable mucoceles. Examination within normal parameters, computerized tomography with contrast is observed septum with a slight deviation to the left by mass of cystic aspect occupying the right nasal tank; it appears from the right maxillary sinus hypodense, heterogeneous. Nasal endoscopy is observed within cystic aspect mucous mass occupying the right nasal cavity with pus. It was decided to perform endoscopic surgery without complications. The patient COMING soon controls an improvement of symptoms without recurrence. CONCLUSION: mucoceles maxillary sinus, an uncommon variety of the same, but interesting to take into accounts the different diagnosis in diseases of the paranasal sinuses.

PC-050 02:30 p.m. DOI: 10.7162/S1809-977220120S1PC-050
LYMPHOMA OF MEDIUM LINE. CASE REPORT
MAIN AUTHOR: Adriana Ferreira
CO-AUTHORS: Oscar Gomez, Herman Ortiz, Diego Doldán, Rocio Piccardo, Thelma Martinez
OBJECTIVE: To describe a patient with Lymphoma of medium line online media and literature review. CASE REPORT: A male patient of 54 years of age with a picture of three months to develop swelling at the top and bottom eyelid accompanied by the right eye proptosis and progressive decrease in the order of fifteen days before admission, feeling feverish, there a week weight loss, patients who smoke and elitist; physical examination: the right eye proptosis accompanied by chemosis and conjunctival injection, eye movements abolished, decreased visual acuity, anterior rhinorhoea to: FDN: observed numerous scabs who retire, purulent rhinorhoea, nasal endoscopy, granulomatosis tissue at the tail of the right middle and inferior turbinate, leaving necrotic material at the level of the middle meatus; takes place excerese Cadwell Luck combined of the right middle and inferior turbinate, leaving necrotic material at the tail paranasal sinuses. Requires and literature review.

PC-051 02:30 p.m. DOI: 10.7162/S1809-977220120S1PC-051
RHINOSINUSAL MUCORMYCOSIS IN A PATIENT WITH ACUTE LYMPHOBLASTIC LEUKEMIA
MAIN AUTHOR: Adriana Ferreira
CO-AUTHORS: Leticia Alarcon, Diego Doldan, Raul Latorre, Carlos Peña, Thelma Martinez
OBJECTIVES: To describe a patient with rhinosinusal mucormycosis and literature review. Clinical case: male patient, 24 years old, suffering from acute lymphoblastic leukemia undergoing chemotherapy at regular frame of 7 days of development of nasal obstruction, purulent rhinorhoea unilateral left over both anterior and posterior and occasional fever peaks since the beginning frame, for rhinocopy observed purulent rhinorhoea in moderate quantity in FNI, is made up endoscopic finding described above that found at the middle left middle necrotic tissue and also designed the same, TAC nose and paranasal sinuses: left maxillary and ethmoid opacification, remaining free of the paranasal sinuses, endoscopic drainage is done the same with good development and remarkable improvement in the sinus, also with hematologic improvement without recurrence in postoperative controls. CONCLUSION: Mucormycosis rhinosinusal is characteristic of immunocompromised patients, antifungal treatment should be instituted as soon as possible, surgery eliminates the infection, the most widely used technique in uncomplicated cases as described endoscopic surgery, both must be accompanied by a good stabilization of the hematologic patients, observing a good development in the face of a correct treatment surgical clinical.

PC-052 02:30 p.m. DOI: 10.7162/S1809-977220120S1PC-052
DENTAL ABCESS IN PREGNANT WOMAN
MAIN AUTHOR: Nestor Cardozo
CO-AUTHORS: Leticia Alarcon, Esteban Espinola Duarte, Jose Quiroz, Ta Ju Liu, Alvaro Vincenty
Case of abscess in a pregnant woman is very interesting because of the risks and difficulty in handling. Patient 25 years old, female, married. 35 weeks pregnant. Consultation with that frame of 15 days to develop: sore molar on the right side, went to see dentist and gynecologist, who will prescribe paracetamol, with no improvement, by which aggregate 5 days later with no results prednisone and Ceftriaxone positive. 72 hours before the query are added to the table right masseter area of swelling, and difficulty in mouth opening. On physical examination draws attention in a region BOMBMENT right masseter. For it turns out oroscopy Trimo grade III, dentures in poor condition. Coated tongue is not observed drainage of pus from the mouth, pain to percussion of the second and third molars rights. Blood cell count 11,100 white blood cells are found with 78% neutrophil. PREVIOUS consultation with the Department of Gynecology begins antibiotic treatment with amoxicillin sulbactam, 45 g / day and dexamethasone 34 mg / day. Takes place with surgical drainage that shows good development. Three weeks after the patient has uncomplicated delivery.

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June 2, 2012

GORLIN GOLTZ’S SYNDROME
MAIN AUTHOR: José Quiroz
CO-AUTHORS: Hernán Ortiz, Jorge Arias, Esteban Espinola Duarte, Alvaro Vincenty, José Ortiz

Is presented the case a patient with Gorlin Goltz’s syndrome, a disorder clinicopathological hereditary autosomal dominant well recognized and variable expression. In most cases is manifested sooner or around puberty affecting more Caucasian men and women. It is characterized by multiple basal cell nevus associated with other abnormalities. If a patient is 18 years old, white race that has multiple basal cell carcinomas on his face from childhood, which is associated with other anomalies such as winged scapula, bifid ribs and fused, syndactyly, vertebral anomalies, calcification of the falx brain, associated with mild mental retardation. Mother with similar picture. It is arrived at the diagnosis of Gorlin Goltz’s syndrome. Conventional treatment was performed for carcinomas with favorable response. Following a year with good outcome. Very interesting case presentation by a flora of the warning signs and symptoms documented it.

PC-053 03:30 p.m. DOI: 10.7162/S1809-977720120S1PC-053

PAPILLARY CARCINOMA OF THYROID IN THYROGLOSSAL CYSTS WITH GANGLIONIC METASTASIS AND THE THYROID GLAND
MAIN AUTHOR: Esteban Espinola
CO-AUTHORS: Jorge Arias, Hernán Ortiz, Alvaro Vincenty, José Ortiz, José Quiroz

Presents a female patient, 26 years old, was consulted by the anterior and lateral cervical tumor. On physical examination, tumor earlier mobile, painless, without signs of inflammation at cervical media that ascends and descends with tongue protrusion as well as other tumor in jugular-carotid region median, mobile painless without signs of inflammation. If the patient underwent a fine needle aspiration of tumor cells that returns without atypia. Tomography was performed before surgery and showed heterogeneous lesions, well-defined. It is realized Sistrunk procedure performs more resection of suspicious adenopathy at YCM right and lower the drop of the same malignancy. Pathological anatomy informs papillary cancer thyroid tirogesous cyst channel with nodal metastasis. That’s why in a second place if total thyroidectomy and thyroid gland metastases notes that subsequently performs treatment with iodine 131. This is a type of cancer that is usually diagnosed after surgery, probably due to low incidence of this pathological condition less than 1% given the infrequency of cases of malignancy of OCT, is a controversial decision to complete the surgery with resection of thyroid gland.

PC-055 03:30 p.m. DOI: 10.7162/S1809-977720120S1PC-055

DESCRIBE THE CASE OF POLYP IN MIDLINE TONGUE BASE.
MAIN AUTHOR: Horst Knecht
CO-AUTHORS: Thelma Martinez, Jose Paz, Nestor Cardozo, Alvaro Vicenty, Vidalia Cáceres

A male patient, 13 years old, with a picture of about one year of evolution characterized by the tumor on the tongue with foreign body sensation in the throat, slow-growing, painless, with no other accompanying symptoms. He denies difficulty breathing, weight loss and fever. On physical examination finds tumor in the region base of the tongue midline, based on deployment in the same region, solid, well-defined edges, neither painful nor fluctuating. The rest of the physical examination without particularity. Scintigraphy is performed to rule out thyroid lingual. Excises a lesion with no fluctuating. The rest of the physical examination without particularity. Scintigraphy is performed to rule out thyroid lingual. Excises a lesion with foreign body sensation in the throat, slow-growing, painless, with no other accompanying symptoms.

PC-054 03:30 p.m. DOI: 10.7162/S1809-977720120S1PC-054

MEDULLARY CARCINOMA OF THE THYROID GLAND IN A YOUNG PATIENT. A CASE REPORT
MAIN AUTHOR: José Ortiz
CO-AUTHORS: Esteban Espinola, Alvaro Vincenty, Hernan Ortiz, Jorge Arias, José Quiroz

Medullary carcinoma of the thyroid gland is a neuroendocrine tumor-producing calcitonin and other substances such as serotonin, prostaglandins, carcinoembryonic antigen (CEA). It constitutes 8% of all thyroid cancers and is present in sporadic (80%) and family (20%) clinically presents as a painless hard and thyroid nodules, often with cervical lymphadenopathy. The surgery maneuver offers the only real chance of cure for medullary thyroid carcinoma since there is no firm evidence about the usefulness of adjuvant therapies. Male patient, 38 years old with a history of cervical tumor growth progressive, painless, intermittent dysphonia that subsides with anti-inflammatory. On physical examination palpates a tumor-producing calcitonin in the neck jugular right carotid high, painless, fixed approximately 4 cm in diameter and no increase of thyroid gland expansion right lobe. The indirect laryngoscopy is paretic right vocal cord notes It is realized PAAF of carotid high right jugular region that informs accumulations of epithelial cells without significant atypia in the context of metastatic lymph nodes. The tomography of the neck with contrast informs an expansive process in the right cervical region of probable thyroid origin more right cervical lymphadenopathy. Total thyroidectomy is performed over the right posterolateral neck dissection and control on the left. If the pathology shows that informs medullary thyroid carcinoma with lymph node metastases in levels II, III, IV, VII. Send the patient on oncology for radiotherapy.

PC-056 03:30 p.m. DOI: 10.7162/S1809-977720120S1PC-056

June 2, 2012

PC-057 03:30 p.m. DOI: 10.7162/S1809-977720120S1PC-057
PAROTID CYST VERSUS NASOPALATINE CYST - A CASE REPORT
MAIN AUTHOR: Hernán Ortiz
CO-AUTHORS: Esteban Espínola, Alvaro Vincenty, Hernan Ortiz, Jorge Arias, José Quiroz
Infections of the deep spaces of the neck (peritonsillitis, retropharyngeal, lateropharyngeal) may be secondary to pharyngeal infections, odontogencs and other structures that are close, as the salivary glands. They are usually caused by a flora multmicrobiane. The gram negative bacilli are isolated in critically ill patients. These processes are more common in young adults with poor dental hygiene, and Immunosuppressed in diabetics. Male patient, 28 years old patient with no known underlying disease, pre-hospital with a history of 48 hours of onset of pain at the lower right second molar and fever of 39 °C. In the table is added submandibullary swelling and difficulty opening the mouth. On physical examination turns out to level the right submandibullary swelling, with pain of inflammatory signs, grade III oroscopy trismus with mouth opening of 1 cm, teeth in fair condition, purulent discharge appears at the lower right second molar pressing the tumor neck. The patient presents with torticollis on the right side. No significant adenopathy is located. Is held tomography contrast neck and face where all notes in the region parapharyngeal, laterocervical, submandibular and retropharyngeal of approximately 4 cm in diameter. It is realized Computerized Tomography undertake treatment with amoxicillin sulbactam 4.5 g / day plus surgical drainage and sends material for cultivation, in which negative returns. Patient shows good postoperative evolution.

PC-058 03:30 p.m. DOI: 10.7162/S1809-977720120S1PC-058
RADICULAR CYST VERSUS NASOPALATINE CYST - A CASE REPORT
MAIN AUTHOR: Hernán Ortiz
CO-AUTHORS: Jorge Arias, José Ortiz, Esteban Espínola, Alvaro Vincenty, Rocío Piccardo
The radicular cysts represent the majority of all cysts maxillo-facial. It is nominate paradentais called cysts, periodontal, or apical root. The epithelium proceeds from epithelial rests of Malassez traces originated in the sheath of Hertwig. The transformation of these cells of epithelial cysts decay can occur with consequent necrosis pulp is formed as a defensive reaction granulomas hyperplastic front of a persistent inflammatory stimulus and not heavy. Treatment involves surgical enucleation. The rate decay can occur with consequent necrosis pulp is formed as a defensive reaction granulomas hyperplastic front of a persistent inflammatory stimulus and not heavy. Treatment involves surgical enucleation. The rate of occurrence is low. Female patient, 30 years old, with 3 days of illness in taste, painless, making it difficult to feed. On physical examination notes the oroscopy a partially toothed mouth, with teeth in regular waste condition. The bombardment the hard palate, approximately 2 cm in diameter, slightly painful, floating compatible with nasopalatine cyst. Rest of physical exam within normal parameters. Held tomography simple, where one finds the formation of cysts in relation to the medial left maxillary sinus, reaching the midline, over the posterosuperior central and lateral incisors, including the roots thereof. It is realized hold curettage drainage and cyst. It is sent material for cultivation, in which negative returns. It is sent material for pathology, which tells fibrous cyst wall partially covered by squamous epithelium without atypia. Getting to the final diagnosis of radicular cyst periapical over the left central and lateral incisors. It is realized undertake follow-up no signs of recurrence.

PC-059 03:30 p.m. DOI: 10.7162/S1809-977720120S1PC-059
VASCULAR LEIOMYOMA IN THE NECK, CASE REPORT
MAIN AUTHOR: Paez José
CO-AUTHORS: Arias Jorge, Ortiz Hernán, Doldan Diego, Martínez Thelma, Cardozo Nestor
OBJECTIVE: To describe the case as a condition uncommon in view of the differential diagnosis of other cervical tumor masses. CASE REPORT: Patient Z.J. 43 years old, consultation by a tumor in the left lateral surface of the neck of one year of evolution that began as a tumor of 2 cm on the left side of the neck region of insidious onset, progressive growth, not painful, without inflammation, not included motor or sensory deficits in the left upper limb. He denies other symptoms. On physical examination finds tumor 6 cm in diameter over the clavicle and subclavian confluent yoke, smooth, mobile, painless than pounds. It is solicited ultrasound cervical soft parts, computerized tomography and PAAF: amorphous tissue with cells of spindle cell appearance. Perform excision biopsy with good postoperative outcome. CONCLUSION: Vascular leiomyoma in the lateral region of the neck is an uncommon condition to be taken into account as differential diagnosis with other cervical tumor masses.

PC-060 03:30 p.m. DOI: 10.7162/S1809-977720120S1PC-060
CARCINOMA FORMER - PLEOMORPHIC ADENOMA OF PAROTID. REVIEW OF A CASE
MAIN AUTHOR: Adriana Ferreira
CO-AUTHORS: Hernan Ortiz, Diego Doldan, Thelma Martinez, Raul Latorre, Jorge Arias
OBJECTIVE: To describe a patient with carcinoma former - pleomorphic adenoma of right parotid and literature review. Case Study: Patient, female, 54 - year – old - boy with 5 months of painful retroauricular tumor evolution, not accompanied by signs of inflammation and incomplete closing of the right eye more labial diverted to the left and weight loss; examination physical observed tumor approximately 5 cm in diameter, painful, polylobulated, hard, fixed to deep planes, without inflammation, eroding the bone, lesion described as vascular lesion with hemorrhagic phlegmonous. Suspicious lymphadenopathy in N III and N IV and incomplete closing of the left eye, tearing and conjunctival preserved, TAC retroauricular tumor that invades the parapharyngeal space and reaches the base of the skull, without affecting vital structures if the proceeds total parotidectomy without conservation Nerve facial more high emptying jugular-carotid, material returns parotid Carcinoma former - Pleomorphic adenoma, the patient is referred to the oncology department, currently with a good outcome without recurrence. CONCLUSION: The CEAP is an uncommon tumor, usually derived from the malignant transformation of a Pleomorphic Adenoma, is characterized, like other parotid carcinomas by parotid tumor more facial paralysis, the treatment is surgery plus postoperative radiotherapy in some cases in which yet it is not resectable, the latter treatment is purely palliative radiotherapy.
PC-061 03:30 p.m. DOI: 10.7162/51809-977720120S1PC-061

TONSILLAR CYST, REPORT OF A CASE
MAIN AUTHOR: Liu Ta
CO-AUTHORS: Toso Sandra, Doldan Diego, Páez José, Caceres Vidalia, Martínez Thelma

OBJECTIVE: To describe the case of tonsillar cyst infection with actinomycosis as a diagnostic to be taken into account for the same therapeutic treatment. Correct report case: Male patient 41 years of age, being consultation by 4 months of evolution mild odynophagia, foreign body sensation mobile. Tumor can be seen in the amygdala left for 4 months, 1 cm in diameter, painless, which does not vary in size, and it has frames pharyngotonsillitis 1 - 2 times per year. Denies weight loss, fever, dysphagia, and dyspnea. The notes oroscopy normotrophic tonsils, interwar. Viewing rounded tumors in the lower pole of left tonsil, aspect of the cyst, pink, smooth, smooth, painless 1.5 cm, without lymphadenopathy. Classical dissection tonsillectomy performed bilaterally. Returns pathology, right amygdala mild follicular hyperplasia, observed colonies of actinomycosis in the tonsil crypts, left amygdala, and mild follicular hyperplasia with colonies of actinomycosis. CONCLUSION: The actinomycosis infections in head and neck, even though it is rare, it is important that otolaryngologists capable of handling it. A confusing clinical presentation combined with the characterization of the microorganism is difficult to difficult diagnosis. Need a high index of suspicion to make an accurate diagnosis to apply exact treatment.

PC-063 03:30 p.m. DOI: 10.7162/51809-977720120S1PC-063

PAPILLARY THYROID CARCINOMA IN THYROGLOSSAL CYSTS OF THE CHANNEL, A CASE REPORT
MAIN AUTHOR: Martínez Thelma
CO-AUTHORS: Piccardo Rocio, Arias Jorge, Ortiz Hernán, Cardozo Nestor, Liu Ta

OBJECTIVE: To describe a case of papillary carcinoma of thyroid cysts in the channel thyroglossal to evaluate the surgical approach. CASE REPORT: A female patient of 45 years old, consulted by the anterior and lateral cervical tumor. On physical examination, tumor earlier movable, not painful, inflammatory signs at cervical media that rises and falls with tongue protrusion and another tumor in the region yoke moving average carotid painless without signs of inflammation. Thire adenopathy. Rest of the physical examination was normal. If the patient underwent a fine needle aspiration of tumor cells that returns without atypia. Sistrunk procedure was performed with subsequent return to tell pathological anatomy of papillary carcinoma of the thyroid cyst thyroglossal channel and subsequently performs thyroidectomy total. CONCLUSION: Given the infrequency of cases of malignant cysts thyroglossal channel, it seemed interesting to expose the case for controversy the decision to complete the surgery with recession of the thyroid gland.

PC-062 03:30 p.m. DOI: 10.7162/51809-977720120S1PC-062

RESIDUAL FISTULOUS ROUT OF BRANCHIAL ARC ROOM
MAIN AUTHOR: MAIN AUTHOR: Esteban Espinola Duarte
CO-AUTHORS: Hernán Ortiz, Jorge Arias, José Quiroz, Rocio Piccardo, Nestor Cardozo

Crack branchial cysts, described by Von Ascherson in 1932, are lateral cervical masses coming from the abnormal development of a gill arch. Cysts of the 3rd and 4th branchial arch are extremely rare. Cysts of the third arch are related to the larynx and thyroid. Male patient of 14 years of age who is consulted by frame, which has provided nursing, consisting of the secretion of liquid with a characteristic mucous, the left lateral surface of the neck, presenting herself spontaneously and intermittently, without accompanying symptoms. On physical examination draws attention neck asymmetric expansion of the lesion in punctiform third anterior and lower sternoclidomastoid, which is palpable nodules in 5 mm, elastic solid consistency, rounded, subcutaneous, clear liquid with release of compression, is not to find significant adenopathy. Held notes and fistulography fistula with 3 cm medial and deep. Proceeds to the same surgical recessions and finds a fornix blind to the thyroid and larynx. Anatomical pathology reports cyst lined by stratified columnar epithelium ductal type associated with the glandular acini mucouserosous compatible with cysts. Performs follow-up was uneventful...

PC-064 03:30 p.m. DOI: 10.7162/51809-977720120S1PC-064

PLEOMORPHIC ADENOMA - A CASE REPORT
MAIN AUTHOR: Paez José
CO-AUTHORS: Arias Jorge, Ortiz Hernán, Quiroz José, Liu Ta, Martínez Thelma

OBJECTIVE: To describe the therapeutic approach in a case of recurrent pleomorphic adenoma of large size. Case Study: frame of 5 years of evolution of tumor growth in the left parotid region without signs of inflammation that has been worsening over the past two years, following the voice is nasal, mild dysphagia to solids rather than liquids. Operated in 1978 from the same tumor smaller, partial parotidectomy with sequelae of facial paralysis which improved after treatment with diagnosis of pleomorphic adenoma. Physical exam: mild facial paralysis at the level of the left oral commissure. Oroscopy: it turns out tumor displacing the left lateral wall of the mouth, the anterior pillar and tonsillar bed to the middle line, a tumor in the parotid region that extends to the left sub maxillary region of stony consistency, approximately 11 x 9.5 x 6.5 cm with micro calcifications without apparent alteration of cranial nerves. Incisional biopsy was performed which returns pleomorphic adenoma. Given the size and extent of the tumor has decided to radiotherapy provided, surgery to decrease tumor size and post-surgery. CONCLUSION: Pleomorphic adenoma is the most common benign tumor of major salivary glands; treatment is surgical and should be made to the same total extirpation to prevent recurrence.
PLEOMORPHIC ADENOMA IN TASTE BLAND. CASE REPORT

MAIN AUTHOR: Alvaro Vyncenti
CO-AUTHORS: Carlos Mena, Diego Doldan, Adriana Ferreira, Ta Ju Liu, Raul Latorre

Description of a patient with a pleomorphic adenoma in the palate soft and literature review. CASE REPORT: A female patient, 24 years old, coming from Tobati, Paraguay, who sought the service of Otolaryngology, Hospital of Clinics of FCM with a history of 4 months of evolution, diseases in the region of the soft palate, (foreign body sensation) without swallowing disease, without pain or weight loss. CONCLUSION: We must keep in mind that before a painful mass, firm on the palate, it can treat minor salivary gland neoplasm and among the most frequent, the pleomorphic adenoma. Knowing it is important to conduct a full and complete diagnosis, thus preventing recurrence.

LARYNGOTRACHEOPLASTY WITH INTERPOSITION OF POSTERIOR AND ANTERIOR CARTILAGE THROUGH AUTOLOGOUS COSTAL CARTILAGE GRAFT IN A PEDIATRIC PATIENT WITH SUBGLOTTIC STENOSIS. CASE REPORT

MAIN AUTHOR: Paez José
CO-AUTHORS: Arias Jorge, Ortiz Hernán, Martinez Thelma, Liu Ta, Ferreira Adriana

OBJECTIVE: To describe a therapeutic option for subglottic stenosis in children. CASE REPORT: A male patient, 4 years old. Mother says that the patient had peritonitis of appendicle origin for four months in which require admission to the Intensive Care Unit Pediatric Respiratory Mechanics with assistance for 10 days, once extubation has severe difficulty breathing, which was held by an emergency tracheotomy, outside service. NFC is held, mobile vocal cords, there is a 1 cm stenosis subglottic laryngeal light of 10%. Performs up Laryngotraceoplasty with interposition of cartilage through the posterior and anterior autologous costal, with good postoperative outcome. CONCLUSION: laryngotracheal reconstruction with autologous costal cartilage is a valid option as a treatment for subglottic stenosis. The meticulous postoperative care is essential, particularly to prevent accidental extubation.

LEFT VOCAL CORD POLYP. CASE REPORT

MAIN AUTHOR: Diego Doldan
CO-AUTHORS: Adriana Ferreira, Sandra Toso, Jose Morinigo, Nestor Cardozo, Raul Latorre

OBJECTIVE: Description of a patient with left vocal cord polyp and literature review. CASE REPORT: Patient, male, 28 years old. Profession: police, with a picture of two months of evolution of persistent dysphonia with insidious onset, progressive, related to the misuse of the voice work of necessity, not accompanied by other symptoms. Patient smoked two cigarettes a day, for 6 years who quit smoking six years ago, drink socially. CONCLUSION: The polyps on the vocal cords up and insist on presenting patients with dysphonia, with a history of voice misuse and smoking habit is more frequent in males in an age group 30 - 50 years of age. The auxiliary diagnostic methods are of great help in time to guide the diagnosis and therapy. The treatment chosen is the laryngeal microsurgery. The pathology is essential for definitive diagnosis.