

Citelli abscess: A rare case

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SUMMARY

Citelli abscess is a complication of otitis media which is rarely encountered nowadays due to the availability of antibiotics. Clinical features include mastoid and occipital swelling, pain and fever. High resolution computed tomography (HRCT) scan of the temporal region can aid in the diagnosis. Early surgical intervention can improve the outcome. A 11-year-old girl presented with a 1 month history of painful right post auricular swelling without any other otological symptoms. On examination, a huge, erythematous and tender swelling involving the post auricular and occipital region was noted. The otological examination was unremarkable. HRCT scan showed right occipital collection with fluid in the mastoid air cells and mastoid wall erosion. The patient underwent a mastoid exploration and right cortical mastoidectomy which revealed copious pus and necrotic tissue at the soft tissue layer overlying the mastoid bone with associated erosion of the mastoid air cells and the bony covering of the transverse and sigmoid sinus. Post operatively, the patient recovered uneventfully after completing 5 days of intravenous antibiotics. At the outpatient clinic visit one month after surgery, the patient was well. Citelli's abscess is rare and may present without any otological clinical features. A high index of clinical suspicion with radiological assessment are essential in arriving at the diagnosis. Early surgical intervention produces good outcomes.

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Malignancy mimicking as benign neck lesion

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SUMMARY

Thyroglossal duct cysts (TDC) are usually located in the midline of the neck. The coexistence of malignancy in TDC is extremely rare, with the most being papillary carcinomas. Usually, the diagnosis is an incidental finding postoperatively through histopathological examination. Hereby, we report a case of a 30-year-old man presented with painless midline submental swelling for a month. He denies any constitutional symptoms and had no family history of malignancy. A firm swelling measuring around 5 x 4cm in diameter was palpable and there were no cervical lymphadenopathies. Computed tomography of the neck findings were suggestive of TDC although calcification was identified within the cyst. Subsequently he underwent Sistrunk procedure in which intraoperatively the mass was found to be adhered to the surrounding muscles without clear demarcated capsule. Therefore, a cuff of surrounding tissue was removed during the Sistrunk procedure (wide local excision). The histopathological examination was reported as papillary carcinoma. He was then referred to the endocrine surgeon for further management of TDC papillary carcinoma. The patient was not planned for a total thyroidectomy as yet because he is young (less 45 year old), the tumour size is less 5 cm and margin is negative. To date, which is 4 months postoperative, the patient has been well without evidence of residual disease. TDC malignancy is a very rare tumour which often is only diagnosed postoperatively as an incidental finding on histopathological examination. The initial symptoms of TDC malignancy are indistinguishable from a benign thyroglossal duct cyst. A rapid increase in growth or presence of firm, palpable mass may be signs of malignancy. Computed tomography (CT) or magnetic resonance imaging (MRI), and ultrasound may show a solid mass with invasive features. Surgery remains the cornerstone of treatment. Currently, there are no evidence based consensus clinical guidelines that have been established on the optimal surgical approach and further management of such malignancy. In conclusion, a malignant TDC may mimic a benign neck swelling, hence clinicians should be aware of this disease. The presence of calcification on CT should raise the suspicion of malignancy hence fine needle aspiration cytology is recommended prior to surgery. Currently, there are no evidence based consensus clinical guidelines that have been established on the optimal surgical approach and further management for TDC papillary carcinoma. A multidisciplinary approach should be considered to safely identify high risk patients who require a more aggressive treatment approach and follow up.