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Recurrent meningitis in frontoethmoidal encephalocele

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An 8 years old boy presented to the casualty with severe headache, fever and persistent vomiting. He was diagnosed as H. I. Meningitis which was confirmed by lumbar puncture. The patient had history of same diagnosis 6 months ago. He has completed his treatment course and received vaccination with all his contacts. No systemic diseases were found as sickle cell disease or immune deficiency. MRI brain and sinuses revealed a small defect in frontoethmoidal bone and a small encephalocele. After completion of treatment and follow up lumbar puncture which was sterile, the child underwent operation to correct the defect. Follow up for 2 years showed non recurrence of the case and complete resolution of any symptoms as headache. Local causes of recurrent meningitis, in spite is rare, but should be excluded.

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A rare case of renal cell carcinoma tumor seeding along a needle biopsy tract

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Percutaneous biopsies have been found to be useful in the diagnosis and management of renal masses and have a very low complication rate. However, one possible hazard of this is tumor seeding along the tract but this is so rare in renal cell carcinoma (RCC) that its frequent use in the assessment of indeterminate renal masses has been warranted. We report a case of tumor seeding caused by percutaneous biopsy of a papillary renal cell carcinoma detected on pathological assessment of the partial nephrectomy specimen in a 50-year-old male. A review of the literature found that up until 1991, there were only 5 reported cases of RCC tract seeding and in 2013 there were a further 3 cases reported. In general, tract seeding relates to the amount of disruption of the tumor capsule (needle caliber, number of punctures), pressure of egress at the puncture site (for example, cystic masses or escaping hematoma), whether tumor cells are dropped from the needle on its withdrawal (failure to maintain negative pressure, burred needle tip) and the ability of tumor cells to survive when deposited into a scar. This is one of only a few contemporary case reports of RCC seeding along a percutaneous biopsy tract. Whilst this complication is so rare that it does not merit a need to discontinue the use of percutaneous biopsy of renal masses, it certainly highlights the possibility of tract seeding as a potential hazard. As such, certain considerations such as appropriate patient selection, the use of correct equipment and suitable biopsy technique should be made to minimize the risk of this complication.

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