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Intraoral buccal mass as the manifestation of testicular choriocarcinoma: A case report

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Metastatic tumors to the oral cavity are extremely rare lesion that represents 1% of all oral and maxillofacial malignancies. It is invariably associated with a widespread disease and a poor prognosis. Such metastasis occurs mostly in the jaw bones than the soft tissues of the mouth. Metastasis to the oral soft tissues most prevalently affects the gingiva and alveolar mucosa. We present an unusual case of a testicular choriocarcinoma metastasized to the buccal mucosa mimicking a reactive lesion. An 18 year old male patient presented with a right sided intraoral buccal mass for one month in the department of oral & maxillofacial surgery department of NICRH. Intraoral physical examination detected a nodular tumor, sessile and bleeds when manipulated. Clinically it was diagnosed as pyogenic granuloma. In addition there was right sided non-tender testicular swelling which he noticed eight months earlier. His beta HCG level was 225000 mIU per ml and alfa fetoprotein level was 2.23 ng / ml. Ultrasonography shows right testicular mass, para-aortic lymphadenopathy and multiple hepatic SOL. CT scan shows soft tissue mass in the right hemimandible area. Excision of the right sided intraoral buccal mass and right sided hemimandibulectomy was done. Histopathological examination reveals testicular choriocarcinoma. The primary lesion must be removed by orchiectomy. In patients with metastatic illness, the disease must be controlled with cytotoxic chemotherapy, which results in complete regression of the metastasis in 60% to 90% of patients.

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Acute appendicitis due to metastasis of prostatic adenocarcinoma: A case report

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A cute appendicitis due to metastasis of prostatic carcinoma is very rare and only five cases of metastasis of prostatic carcinoma are described in the literature. We report the case of a 73 year old man with a history of an adenocarcinoma of the prostate with multiple bone metastases. The patient was admitted to the emergency department with symptoms and signs of an acute appendicitis which was confirmed by computed tomography (CT). Laparoscopic surgical exploration was performed, affirming an acute appendicitis with a suspicious lesion in the appendix base. Due to the location of the lesion, an ileocecectomy was performed. Histopathological and immunohistochemical examinations of the specimen showed an extrinsic infiltration of the appendicitis caused by metastasis of prostatic adenocarcinoma.

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