Commentary

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Diagnosis of Immune-Related Adverse Events with Respect to Anti-Tumor Efficacy with Continued ICI Treatment

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Description

Among skull base chordomas, a pure intrasellar chordoma is uncommon and is thought to have originated from an ectopic embryological notochord in the Sella turcica. Considering its unique case and vague side effects, clinicians may misdiagnose intrasellar chordoma as pituitary adenoma in view of preoperative radiographic pictures. In this report, we present an intrasellar chordoma that clinically mirrored pituitary macroadenoma with hyper prolactinemia and hypopituitarism and was effectively resected by endoscopic endonasal transsphenoidal medical procedure. The radiographic characteristics of this case suggest chordoma in sellar lesions. While the high signal on T2-weighted images and heterogeneous enhancement typically suggested chordoma, the enlarged sellar with thinned remodeled bone and no clival destruction was the first thing that came to mind. This uncommon diagnosis must be taken into account when evaluating sellar lesions before surgery because it can affect how the neurosurgeon prepares for surgery and the goals of the surgery. A 60-year-old woman presented with a progressive visual disturbance that lasted for two years. Although a blood test reveals elevated prolactin and decreased free thyroxin levels, the patient exhibited no symptoms or signs related to pituitary hormone. A huge, cavernous, partially thrombosed right carotid aneurysm compressed the sella turcica significantly, according to neuroimaging. The right cervical internal carotid artery was ligated using double anastomoses of the right superficial temporal artery and middle cerebral artery to treat the aneurysm. On postoperative day 6, when aneurysmal mass effects were temporarily increased on neuroimages and associated with hypocortisolism and hyponatremia, the patient experienced headache, general fatigue, chills, and hypo activity. The aneurysm shrank and pituitary hormone values were normalized, with the exception of prolactin, eight months after surgery, which led to the tapering off of hydrocortisone, which improved the symptoms. ICA aneurysm-associated hypopituitarism is uncommon. Only seven of the 4087 hypopituitary patients had ICA aneurysms that extended to the sellar region.

Information of Glucocorticoid replacement therapy

The destruction or mechanical compression of the adenohypophysis, hypothalamus, or pituitary stalk by an expanding mass lesion and/or the disruption of the microvascular blood supply to the pituitary gland are thought to be the causes of pituitary endocrine derangement. ICA aneurysms in the parasellum. Systemic organs are affected by immune checkpoint inhibitor-related adverse events; Endocrine disorders are thought to affect 3.8–29% of people. However, the prevalence of pituitary disorders is lower than that of thyroid disorders. A 42-year-old male patient with recurrent oropharyngeal squamous cell carcinoma began receiving treatment with nivolumab. He experienced severe malaise after four months, and blood tests revealed decreased levels of cortisol and adrenocorticotropic hormone. Pituitary-adrenal insufficiency was diagnosed based on the aforementioned findings, and glucocorticoid replacement therapy was started. The symptoms immediately improved as a result. Glucocorticoid replacement therapy is still being used to treat the patient right now. All cancer patients experience malaise as a symptom; since it is not a typical symptom of endocrine disorders, we typically disregard it. However, the onset of endocrine disorders is always suspected when an ICI is used, and hormone tests should be quickly added if necessary. Even if anti-tumor efficacy with continued ICI treatment is poor, accurate diagnosis of immune-related adverse events and prompt treatment initiation are beneficial to the patient. Occipital neuralgia is a difficult condition influencing the back scalp in the dispersions of the more prominent occipital nerve, lesser occipital nerve, third occipital nerve or a mix of the three. Scalp masses that originate from neural components can cause occipital neuralgia, but their incidence is low and preoperative diagnosis may be challenging. There is a class of benign tumors of the peripheral nerves that derive from Schwann cells. We describe a rare occipital neuralgia-causing GON schwannoma. A 52-year-old Chinese woman presented with no other symptoms and six months of daily headaches, mostly in the left occipital region. The examination of the body was normal. She underwent surgery to remove a left occipital mass that was discovered on a CT scan.

The mass was found to be deep into the muscles that arise from a nerve during the procedure. The pre-operative scan revealed that this nerve was most likely the GON. Following that, histology revealed a schwannoma. This is probably the fifth case of occipital neuralgia caused by GON schwannoma that has been reported, to the best of our knowledge. Intraoperative bleeding was significantly reduced by embolization. There were no issues with the procedure or the operation. For better control of the bleeding that occurs in ossifying fibromas, which is similar to that which occurs in other tumors that are well-vascularized, preoperative embolization should be considered. Osteomyelitis of the skull base and neck is a rare but extremely dangerous infection. Most of the time, it makes persistent otitis externa worse. Because of the region's anatomical complexity, diagnosis and treatment are extremely challenging.

Chances for Healing to Prevent Potential Complications

It is uncommon to report instability of the head-neck junction following osteomyelitis. A 35-year-old man with otitis externa presented with osteomyelitis of the skull base and cervical vertebrae. Clinical and biological improvements were achieved through adapted ant biotherapy. The head-neck junction was found to be significantly unstable on subsequent imaging. The patient underwent an instrumented occipital-neck arthrodesis and required fixation surgery. There was no recurrence of the infection and no reparative bone changes during follow-up. The presence of bone lesions and soft tissue infiltration may raise concerns about a lingering malignant process. The biopsy sample must always be sent for microbiology and histology testing. Although surgical arthrodesis is uncommon in the literature, it was recommended in our case after complete healing due to the head-neck junction's instability. Osteomyelitis of the skull base and cervical vertebrae is a serious condition. To offer better chances for healing and to prevent potential complications, it is desirable to receive an appropriate antibi therapy and a diagnosis at an earlier stage. In light of the clinical and radiological findings, surgical arthrodesis was recommended; however, due to the possibility of infection recurrence, additional supervision is required. Exophytic haemorrhagic-appearing lesions were found to be very similar under flexible. The husband and wife's pathology reports were nearly identical: polypoid granulation tissue that is inflamed and has a high degree of dysplastic epithelium. Periodic acid-Schiff stain revealed no organisms. The patients reviewed no natural openness in the home, dietary changes, or sicknesses requiring anti-toxins. Neither of them had ever had vocal fold dysplasia or another vocal fold pathology in their past. An elderly couple presented with vocal fold pathology that was nearly identical, including high-grade dysplasia and polypoid granulation tissue. Age may be a risk factor for the coincidence; however, shared dietary or environmental factors should be taken into account.