

CLINICAL SNAPSHOT



Microscopy of the right ear showing a polypous mass

A Rare Cause of Hearing Impairment

A 54-year-old woman presented with a 3-week history of sinistral hearing impairment and left-sided tinnitus. Ear microscopy showed a polypous tumor in the right auditory meatus and an identical obliterating tumor in the left ear. The patient also complained of back pain and hyperhidrosis.

Histological processing of samples from the left and right auditory meatus pointed to infiltrates of small-cell neuroendocrine carcinoma. FDG-PET whole-body computed tomography (FDG, fluorodeoxyglucose; PET, positron emission tomography) showed a metabolism typical of malignancy at multiple sites throughout the body with no demonstration of a primary lesion. We therefore diagnosed disseminated small-cell neuroendocrine carcinoma with an undetected primary location (CUP, cancer of unknown primary).

Chemotherapy (platinum + etoposide) was swiftly initiated, but the patient died 7 months after diagnosis from liver failure due to progressive metastasization.

This case report illustrates why it is always advisable to carry out histological analysis of unclear tumors of the auditory meatus to rule out malignancy. Besides benign neoplasia and

cholesteatoma, the possible findings include squamous cell carcinoma and basal cell carcinoma. As we found, even an apparently simple impairment of hearing may have a complex cause such as neuroendocrine CUP.

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Abdominal Cocoon Syndrome

A 37-year-old Iraqi man presented with increasing abdominal pain and weight loss over a number of months. Despite exhaustive diagnostic efforts, the cause of his sonographically confirmed subileus with mild ascites and moderately elevated inflammatory markers had not been found. A new computed tomography scan showed mechanical small intestinal ileus that arose from encapsulation of loops of small intestine by a membrane (arrow). Exploratory laparotomy confirmed this finding. Adhesiolysis and resection of the various portions of the membrane were carried out. This rare phenomenon is known in the literature as sclerosing encapsulating peritonitis or abdominal cocoon syndrome. The cause may be a chronic infection, e.g., in tuberculosis. Surgical restoration is always necessary.

Despite unspecific histological findings and negative microscopy and polymerase chain reaction (PCR) for tuberculosis (but a positive interferon-gamma release assay [Tbc-Elispot]), we initiated quadruple tuberculostatic treatment. This fully relieved the patient's symptoms in a matter of weeks, and follow-up sonography and clinical chemistry showed normal findings.

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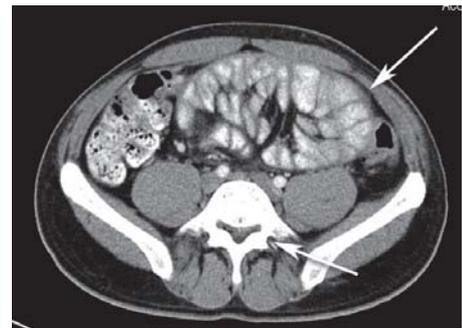
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Axial reconstruction: Abdominal computed tomography with contrast medium and oral contrast enhancement, showing encapsulated loops of small intestine surrounded by a coarse membrane (arrow) resembling a cocoon. This indicates the presence of sclerosing encapsulating peritonitis (abdominal cocoon syndrome). The small intestinal loops upstream are greatly enlarged due to the resulting blockage.