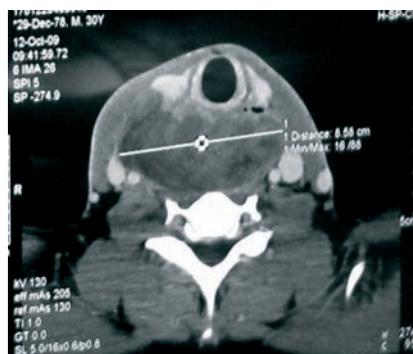
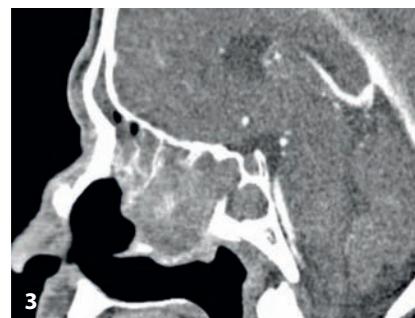


**CLINICAL PHOTOGRAPHS****Thyroid chondrosarcoma**

*Thyroid chondrosarcoma* is an extremely rare malignant tumor of the thyroid gland. In most of the cases the tumor is primary to the thyroid, sarcomas giving rarely metastasis to the thyroid gland. Patients usually present with large primary cervical tumors, with the invasion of the local structures and lymphatic spread. In most of the cases, the prognosis is poor and the preferred treatment is surgical resection. The histopathologic examination shows well-differentiated chondroid or cartilaginous foci among the pure cellular areas. Because of the large types of sarcomas the immunohistological markers may play an important role in the correct diagnosis of the lesion. Local control with radiotherapy seems advisable in those patients who are clinically stable after surgery. Chemotherapy is of little value. Unfortunately, because of the destructive evolution of this tumor, the majority of the patients die from aggressive local or metastatic disease.

**Fungal rhinosinusitis**

*Fungal rhinosinusitis* (FRS) have raised a lot of controversies regarding the most suitable diagnostic methods needed for these diseases, so similar in terms of symptoms with other forms of chronic rhinosinusitis (CRS), but so different in what it concerns the therapeutic protocol. Unfortunately, misdiagnosis is common, recurrence rates are high and proper treatment remains elusive.



**Figure 1, 2, 3** Craniocervical CT scan (axial, coronal and sagittal slices) – pseudotumoral aspect with right pansinusal involvement with areas of osteolysis within the ethmoid and posterior nasal septum; heterogeneous aspect with areas of hyperattenuation and multiple calcifications at the level of the involved sinuses

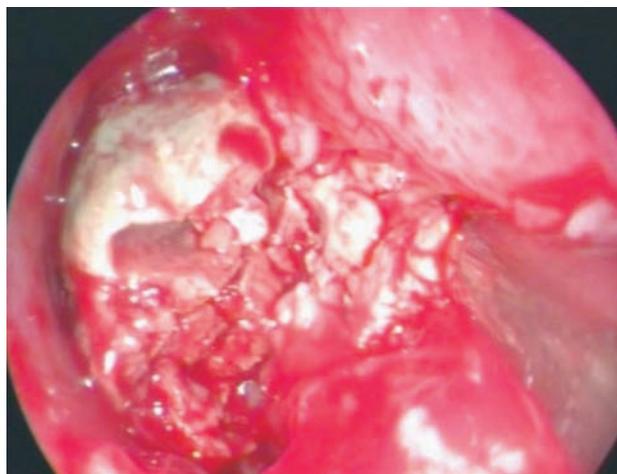
CT scan remains a key-part of the diagnosis algorithm, the radiological aspects being part of the diagnostic criteria recognized by the majority of authors.

The characteristic CT appearance of FRS include areas of hyperattenuation, presence of an image of „metal tone“ at the sinusal level, with aspects of foreign body; one or multiple calcifications at the level of the sinus opacity; a heterogeneous content, unilaterally or in multiple sinuses. Recognition of sinus bone erosion on imaging studies was thought to be reflective of an invasive pathologic process such as malignancy or invasive fungal sinusitis. There is a general consensus in the current literature, however, that bone erosion alone should not be interpreted as evidence for fungal invasion, this aspects being present even in non-invasive forms of FRS, probably due to prolonged pressure exerted by the fungal material on the bony walls.

All this characteristics can give sometimes a radiological pseudotumoral aspect for these forms of rhinosinusitis with consequences regarding the therapeutic planning.



**Figure 4** Endoscopic preoperative examination showing a middle turbinate hypertrophy and a pseudo-polypoid mass behind it.



**Figure 5** Intraoperative aspect: fungal conglomerate at the level of the right ethmoidal cells

**AERIUS**®  
desloratadină

