

**MEETING OF THE
BRITISH DIVISION OF THE
INTERNATIONAL ACADEMY OF PATHOLOGY**



**Head and Neck Pathology
November 26-27th 2010, Royal College of Physicians, London**

SLIDE SEMINAR CASE HISTORIES

1. Female, 65 years. Previous OR, PR negative grade 3 ductal breast carcinoma 1999. Now ?malignant otitis externa with facial nerve palsy. Left external auditory canal biopsy.
Mary Toner
2. Female, 17 years. Large swelling of right mandible. Extends from symphysis to ascending ramus. Radiology: ground glass appearance, ?Pindborg tumour.
Mary Toner
3. Female, 47 years. Smoker. Incidental 11 mm mass left parotid found whilst under investigation for sinusitis and gum pain.
Ivan Robinson
4. Male, 80 years. Bilateral parotid masses. On ultrasound, multiple malignant nodules within and around the parotids. ?Lymphoma.
Ivan Robinson
5. Male, 55 years. Presented with left nasal cavity mass and diplopia. Clinical symptoms developed over a period of weeks. Radiologic evaluation showed a large destructive mass extending to the left orbit and into the brain. The mass was biopsied.
Bruce Wenig
6. Female, 49 years. Presented with complaints of airway obstruction, epistaxis and headaches. Clinical and radiologic evaluation revealed a sphenoid sinus mass. The mass was biopsied.
Bruce Wenig
7. Male, 10 years. Swelling of right parotid gland for about one year, gradually increasing in size.
Roderick Simpson
8. Male, 52 years. Epistaxis. MRI scan showed a large mass involving most of the right nasal cavity.
Roderick Simpson
9. Male, 59 years. Right parotid tumour, ?malignant.
Silvana Di Palma
10. Male, 52 years. Deep parotid tumour, ?malignant. Radical parotidectomy with facial nerve resection and selective neck dissection level 1B-3
Silvana Di Palma