Neuro-otological symptoms in Bruns syndrome

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Aim: The aim of the study was to present clinical neuro-otological symptoms in the case of early stage of the fourth ventricle tumor diagnosed finally on the base of MRI.

Methods: The battery of otoneurological tests was performed to explain the clinical signs described in 1902 by L. Bruns. Tonal and speech audiometry, tympanometry, supravalevel audiological tests (SISI, Carhartt), brain stem auditory evoked responses (BAEP), electro and videoystamgraphy (ENG-VNG), craniocorpography (CCG), Freys' stabilometry, cervical vestibular evoked myogenic potentials (cVEMP), somatosensory evoked potentials (SEP), visual evoked potentials (VEP) were analyzed. MRI finished the diagnosis.

Results: The disturbances of visual-oculomotor, vestibular-oculomotor, vestibulo-spinal and other electrophysiological signs of the brainstem damage were noted. There were: Paresis of the sixth nerve unilaterally, prolonged latency of III-V waves on brain stem auditory responses (BERA), asymmetry of the fusion limit of optokinetic nystagmus (OPK), bilateral areflexia of the caloric and kinetic labyrinth reaction, abnormal Unterberger's test in craniocorpography (CCG) and the presence of gaze nystagmus.

Conclusion: The study stressed the value of the wide and careful neuro-otological examination in Bruns syndrome. The electrophysiological diagnosis was finally confirmed by the MRI, showing the tumor (4×2 mm) of fourth ventricle.

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Oral cancer presentation in the south Indian context and treatment availability in dental colleges

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Oral cancer in south India is a major health concern and due to the rampant habit of usage of tobacco and its allied products majority of patients present with oral cancer but in an advanced stage. The common presentation being stage-IV lesions in the gingivobuccal sulcus is due to the use of quid, a form of tobacco mixed with betel leaf, slaked lime and areca nut. The lesion frequently involves buccal mucosa and the sulcus jutting the alveolus, leading to mandibulotomy. Majority of the patients living in the rural areas and inaccessibility to the specialist and longer distances, economic status are few problems faced in reaching out to the specialty care of Oral and Maxillofacial Surgery (OMFS). This paper presents a series of cases presented during 2009-2014 including the demographic data, habits, TNM and treatment result analysis. The author wishes to create an Oral Cancer Forum to invite likeminded people to serve the oral cancer patients to deliver the state of art treatment to them. The smile train delivers the financial assistance to cleft patients including the doctor and assistant fees. Why not for patients with oral cancer? The Arogya Shree Scheme though in place, an oral surgeon has to depend on the oncologist to admit the patient and to provide assistance. Because of the paucity of time and lack of Occupational Therapy (OT) availability, treatment is delayed. If an oral cancer fund is established and OT is made available, it is possible to completely give importance to oral cancer patients' which in turn helps us to spread the surgical skills to trainees.