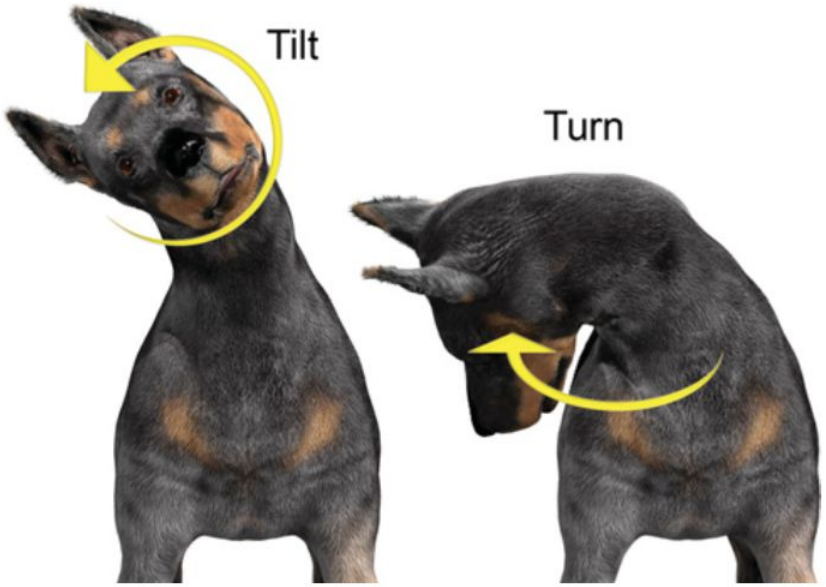
Клинический случай вестибулярного синдрома

Плоскоклеточная карцинома (SCC) слюнной железы у кошки

Что такое вестибулярный синдром?

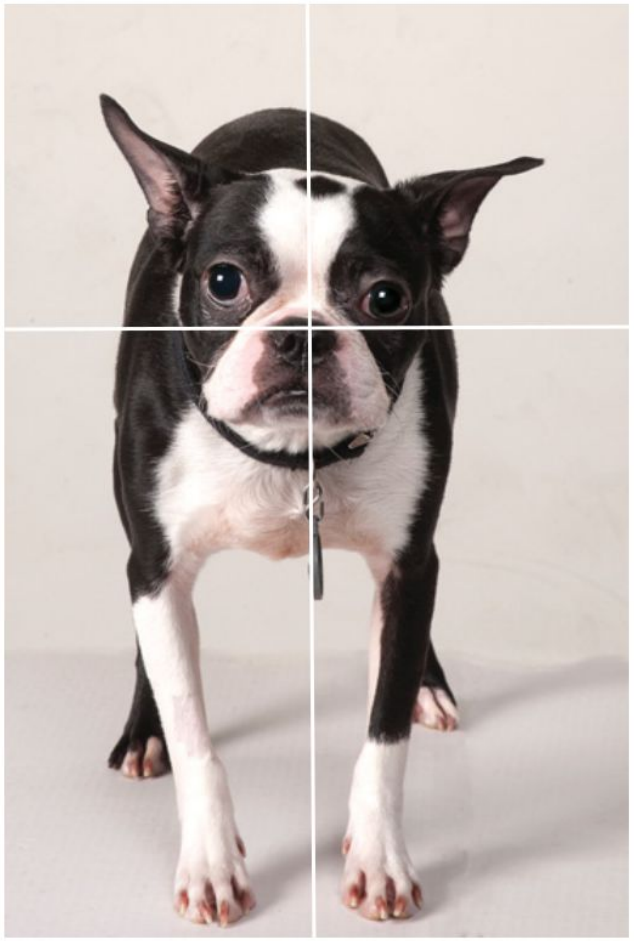


Оценка вестибулярного дефицита. А есть ли он?

а

а

- Сила наклона головы не может указывать на степень поражённости вестибулярного аппарата
- Интенсивность наклона головы не имеет отношения к локализации поражения (центральный вестибулярный дефицит, периферический вестибулярный дефицит)



Дифференциация вестибулярных дефицитов периферического и центрального

Neurologic sign	Peripheral	Central
Proprioceptive deficits	No	Usually
Altered mentation	No	Possible
Head tilt	Yes	Yes
Deficits other than CN VII or VIII	No	Possible
Nystagmus	Yes	Yes
Horizontal	Yes	Yes
Rotary	Yes	Yes
Vertical	No	Yes
Positional	No	Yes
Spontaneous	Yes	Yes
Conjugate	Yes	Yes
Dysconjugate	No	Yes
Strabismus	Yes	Yes

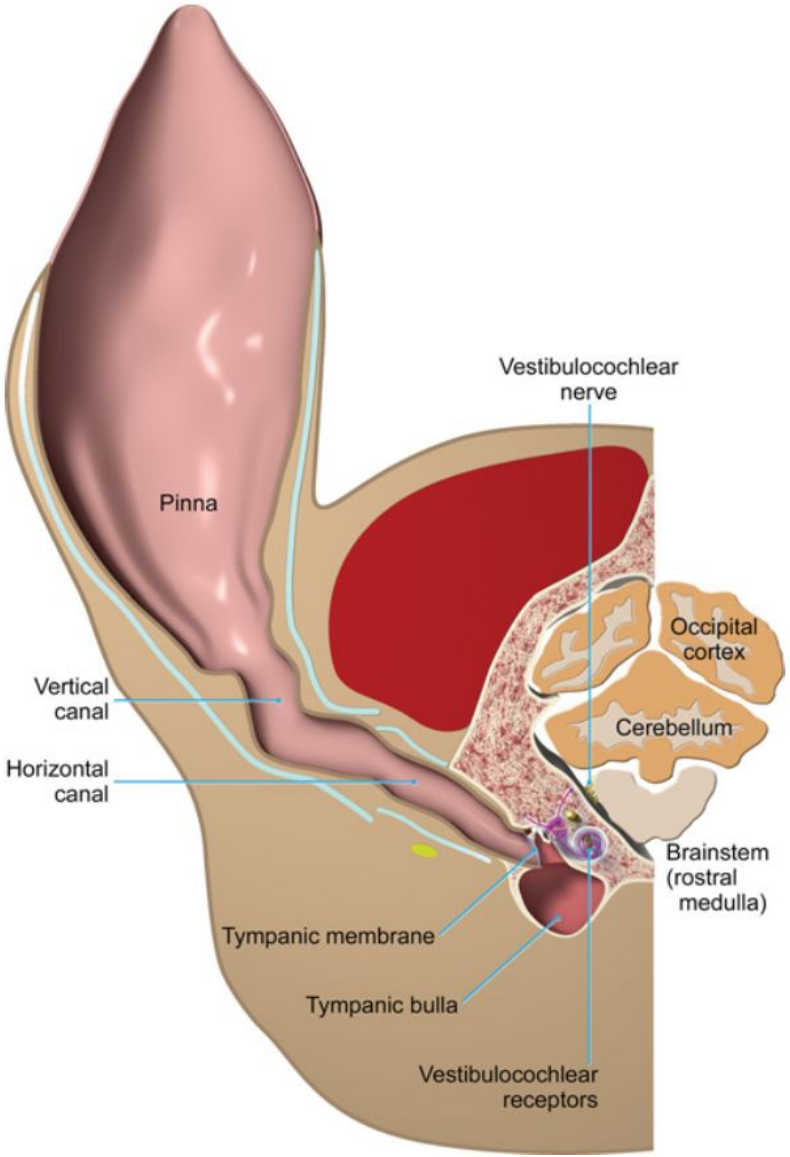
Причины вестибулярного дефицита (центрального):

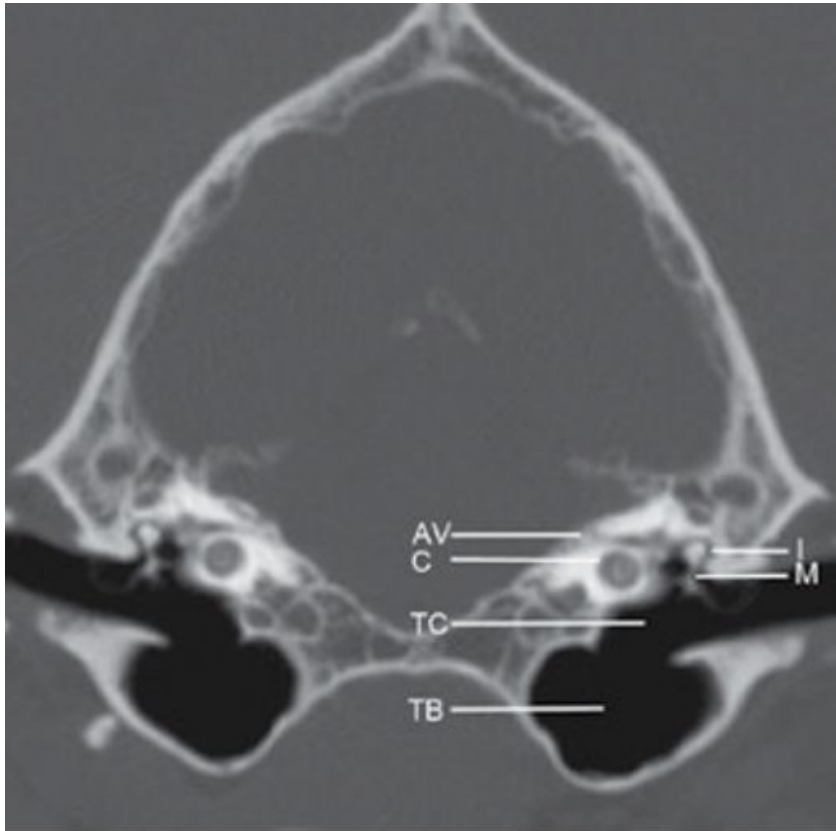
- Любой процесс, вовлекающий в себя структуры головного мозга может приводить к центральному вестибулярному дефициту
- Новообразования
- Воспалительные процессы/инфекции
- Токсическое воздействие
- Другие причины

Причины вестибулярного дефицита (периферического):

- Дегенеративные/аномалии развития
- Метаболические
- Новообразования
- Идиопатические
- Воспаление/инфекции
- Токсическое воздействие
- Травма

Клинический случай





Анамнез на момент поступления

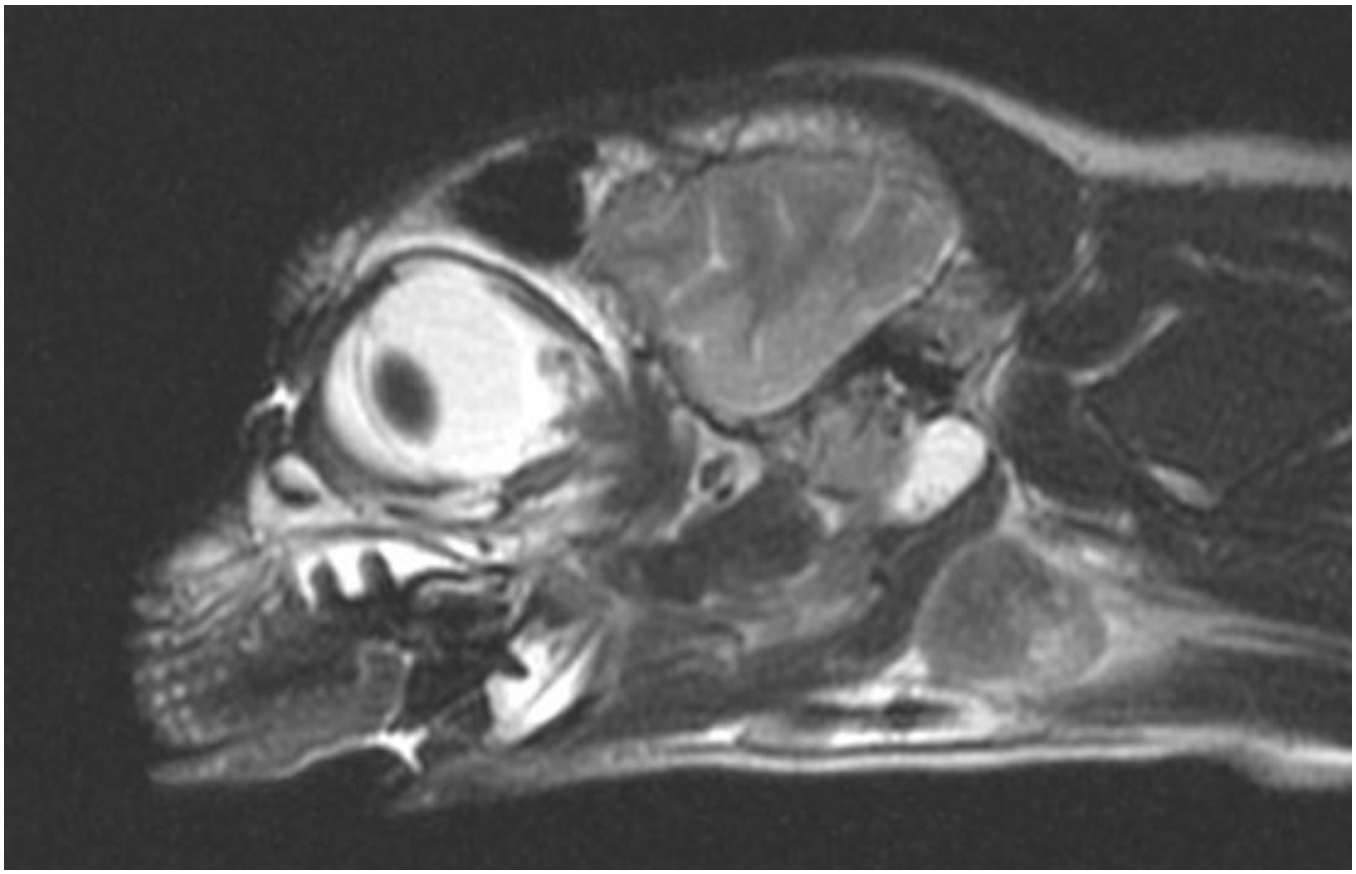
- 12.2017 - 01.2018 (Лечение отита)
- 01.2018 - 02.2018 (Лечение отита, проведение ЯМРТ\МРТ и проведение отоскопии)
- 02.2018 - 03.2018 (проведение ТИБ, ТИАБ, CORE)

Проведенные исследования

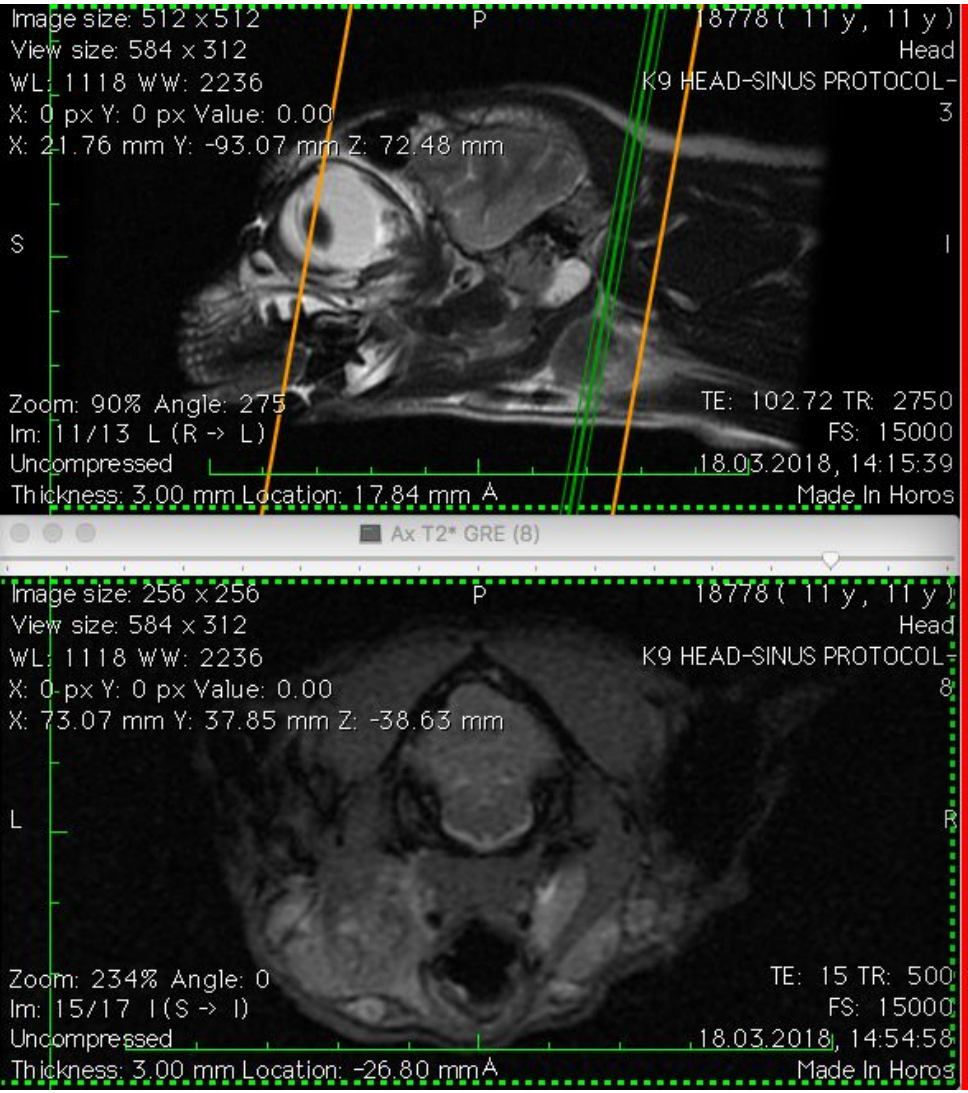
- Осмотр
- Неврологический осмотр
- Рентген головы
- ЯМРТ/МРТ головы (Ядерная магнитно-резонансная томография)
- Отоскопия
- ТИБ (Тонкоигольная биопсия)
- ТИАБ (Тонкоигольная аспирационная биопсия)
- КТ (Компьютерная томография)
- CORE-биопсия под контролем КТ

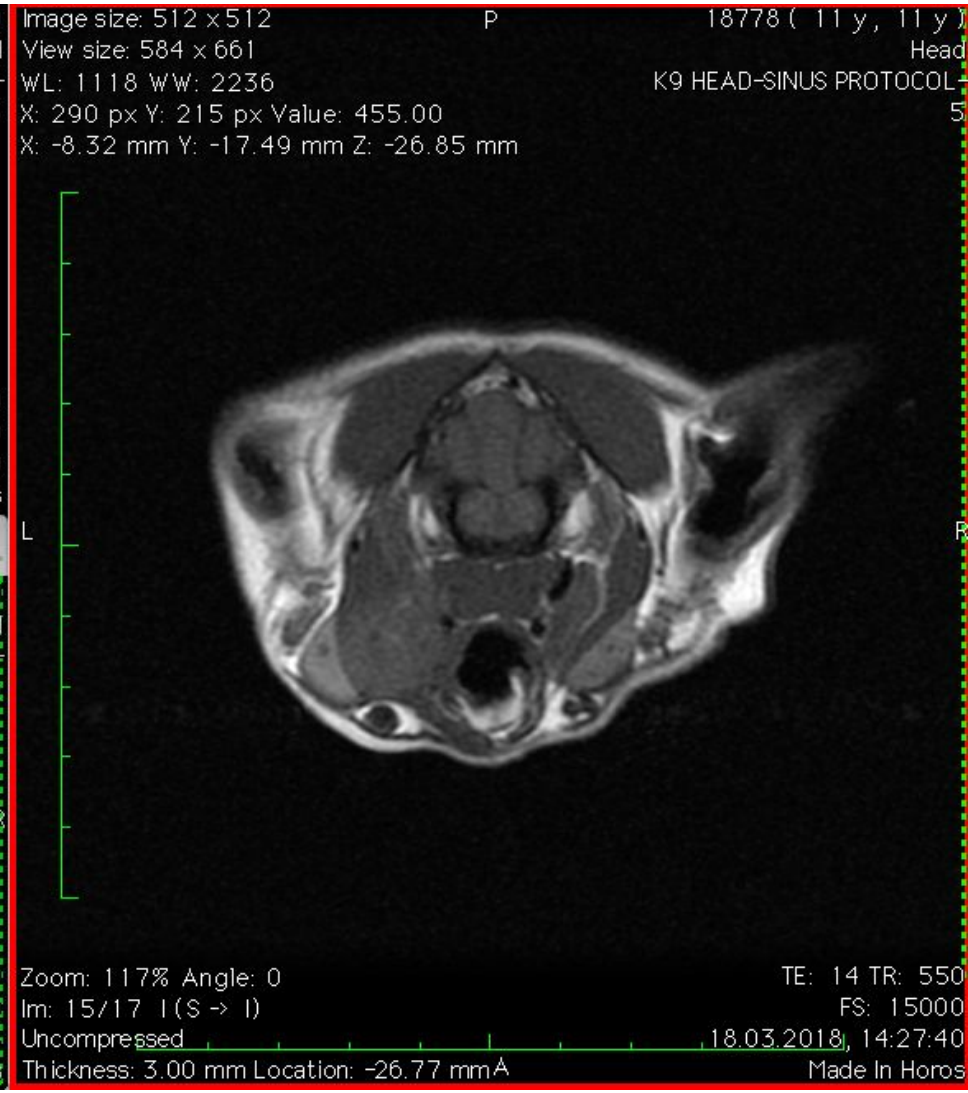
Результаты исследования

- ЯМРТ/МРТ SAG T2 ВИ



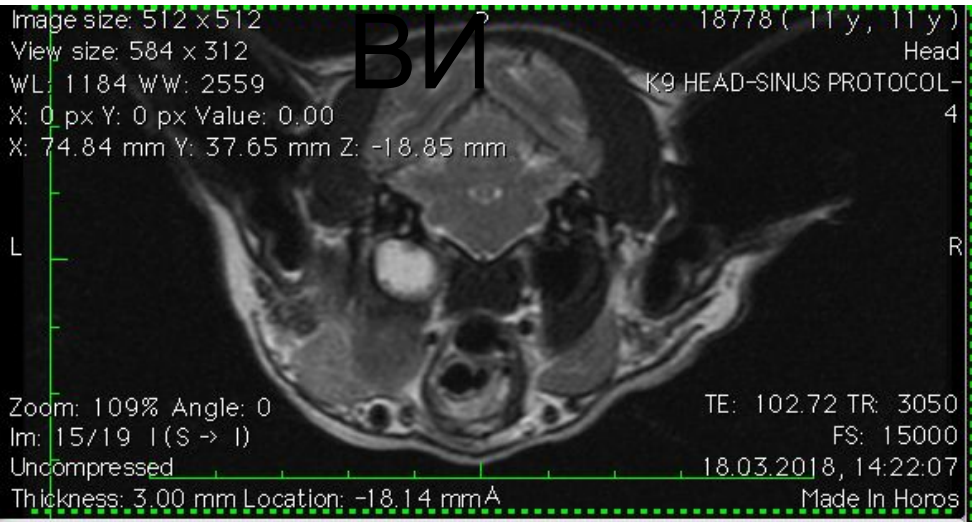
Оценка МРТ-исследования

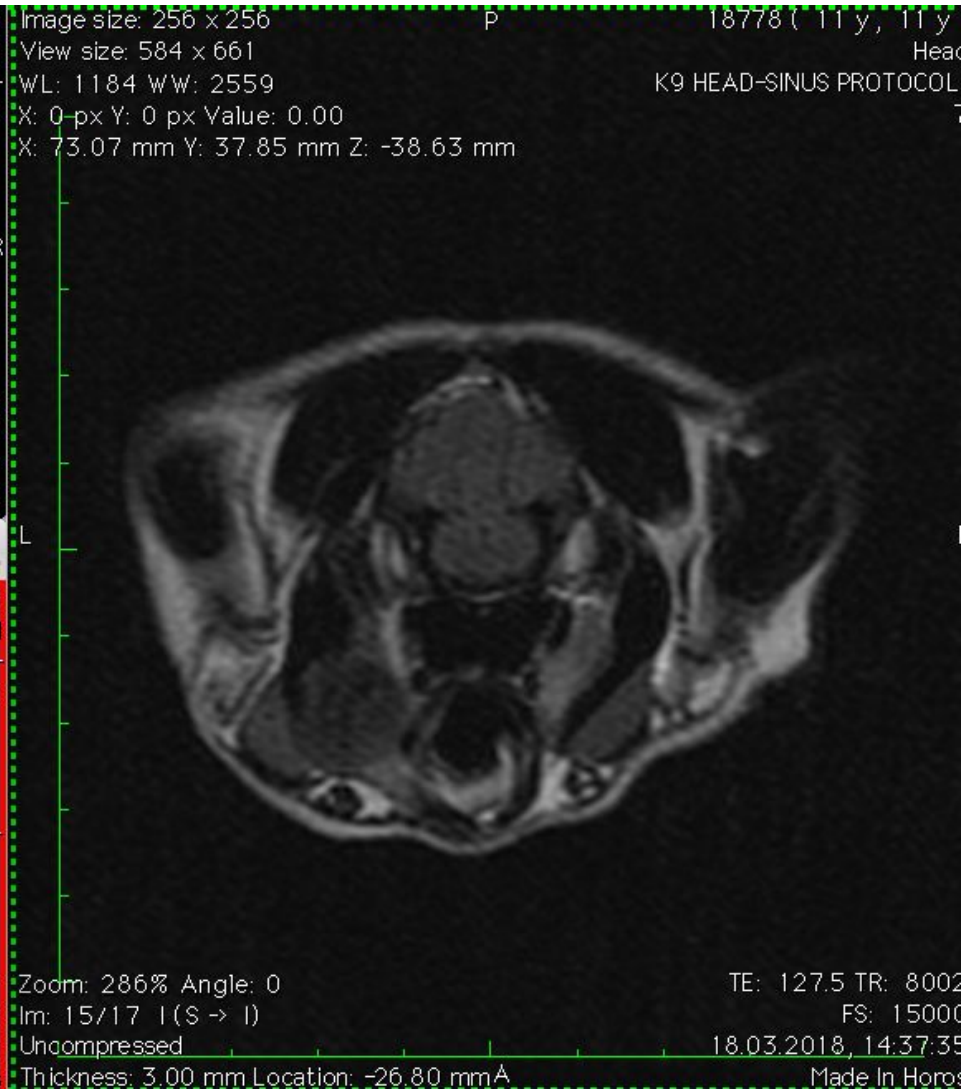




T2

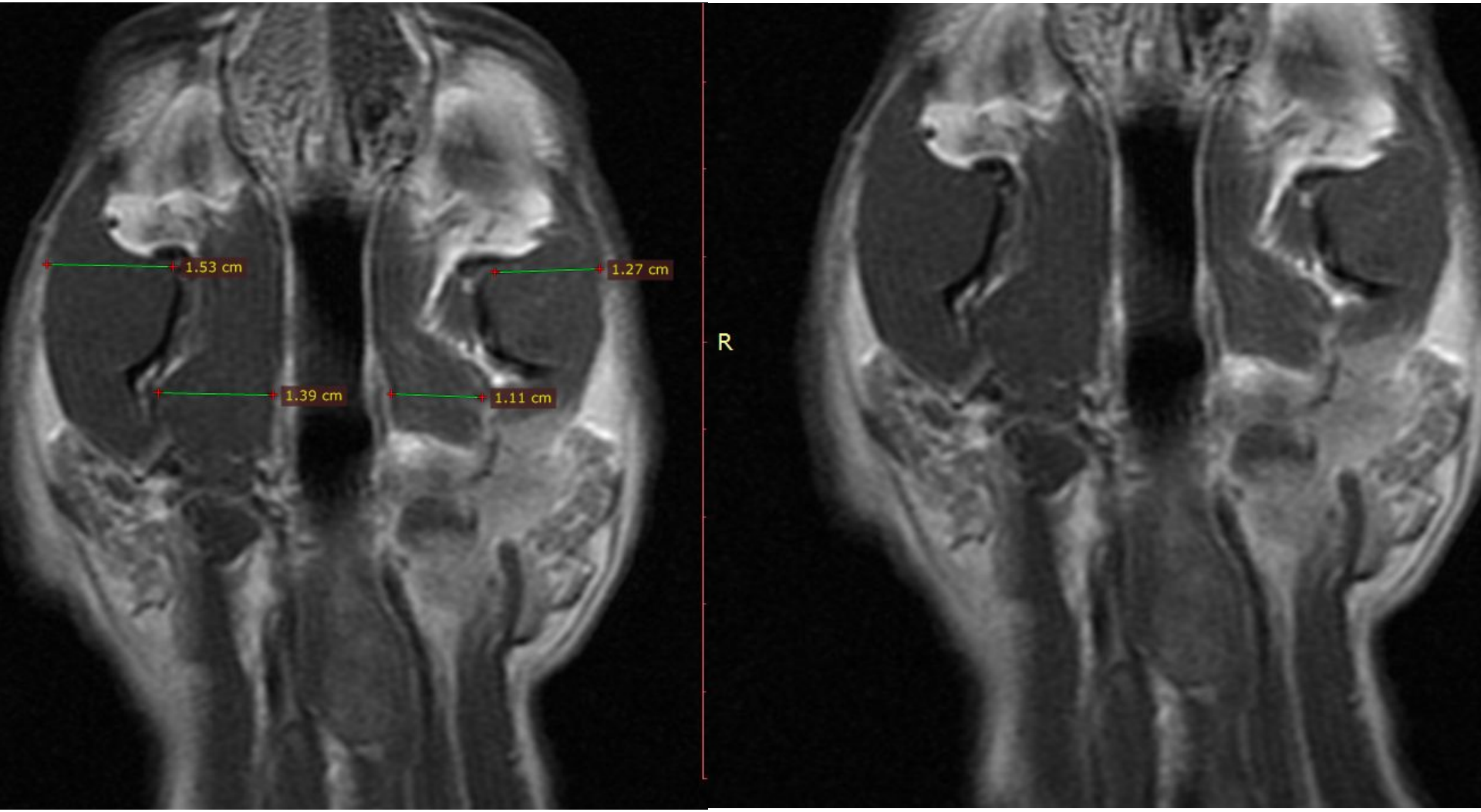
FLAIR

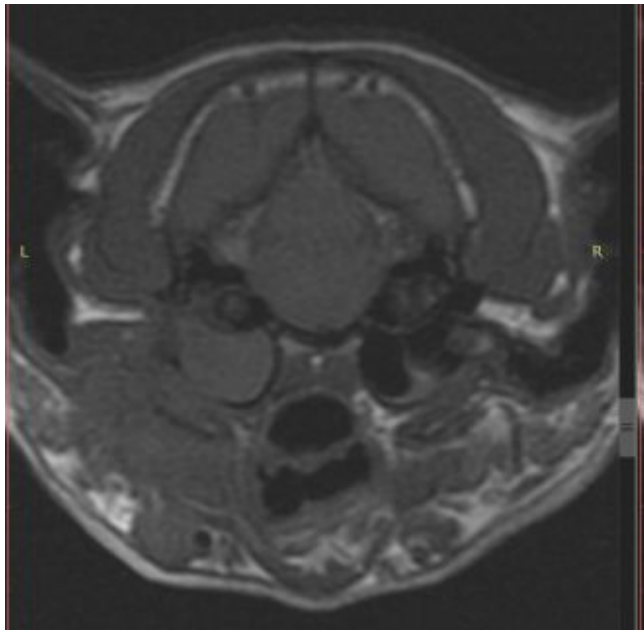




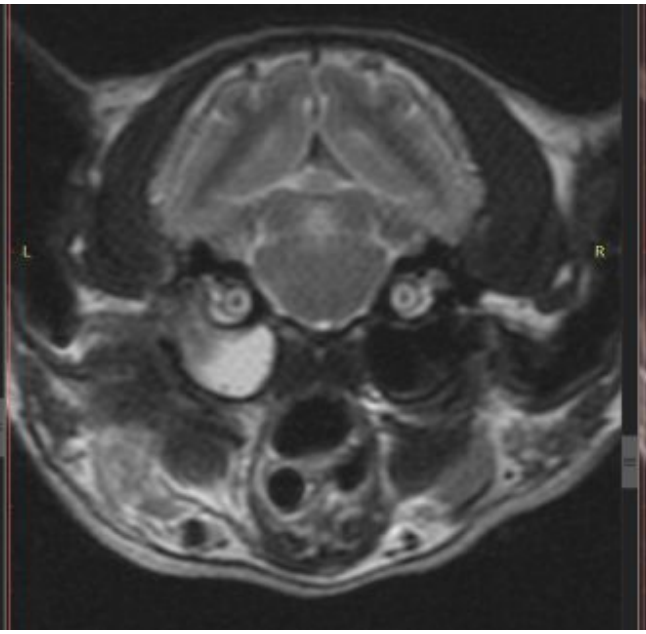
T1 ВИ +

Односторонняя атрофия височной мышцы





T1
ВИ



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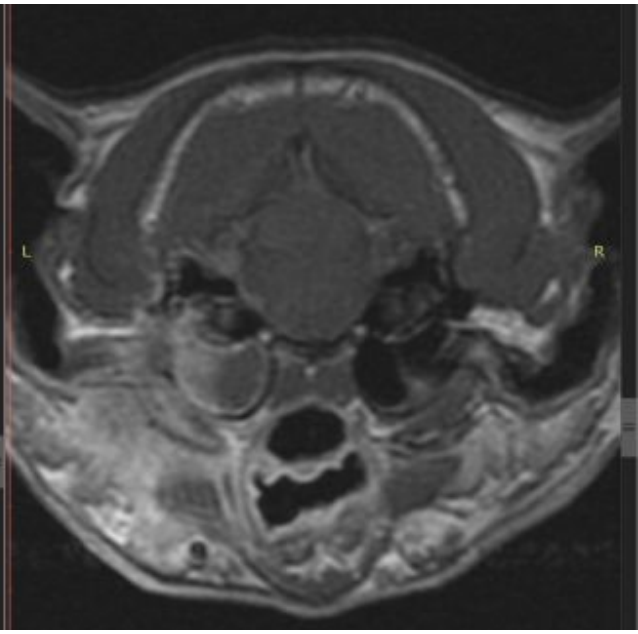
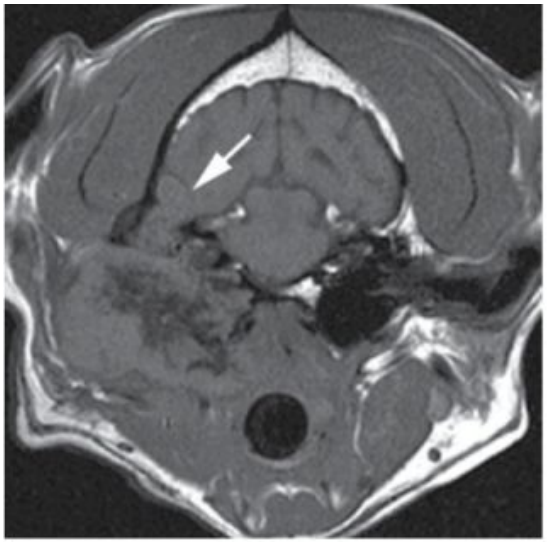
ВИ

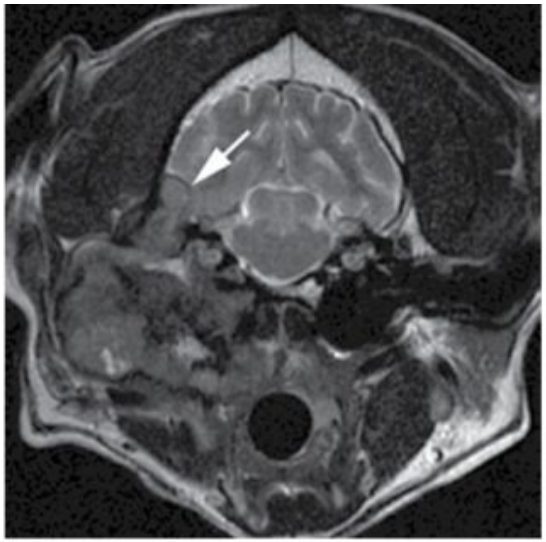


T1
ВИ+contr

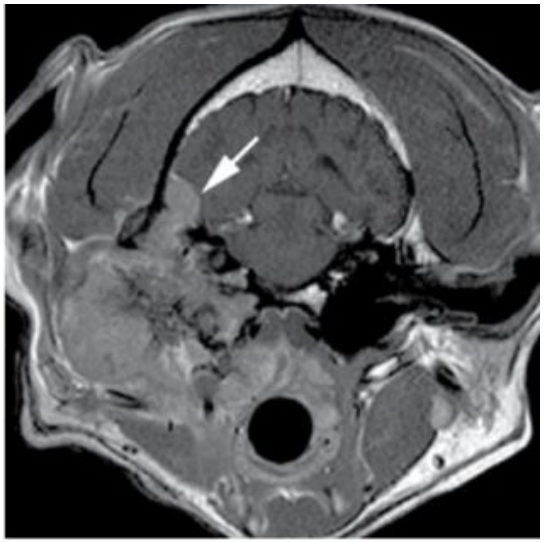
SCC слюнной железы собаки (ЯМРТ/МРТ)



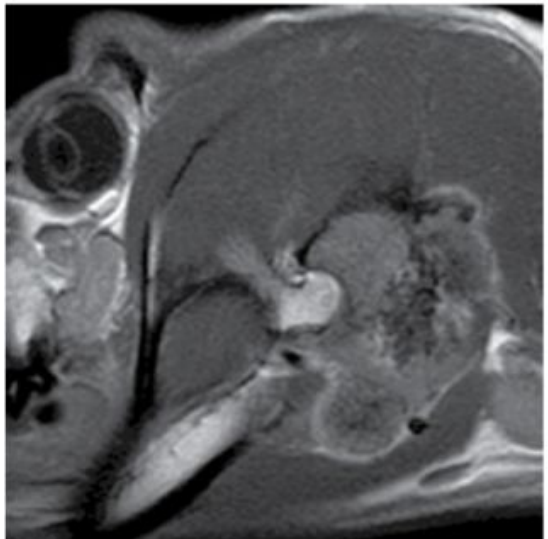
(a) T1, TP

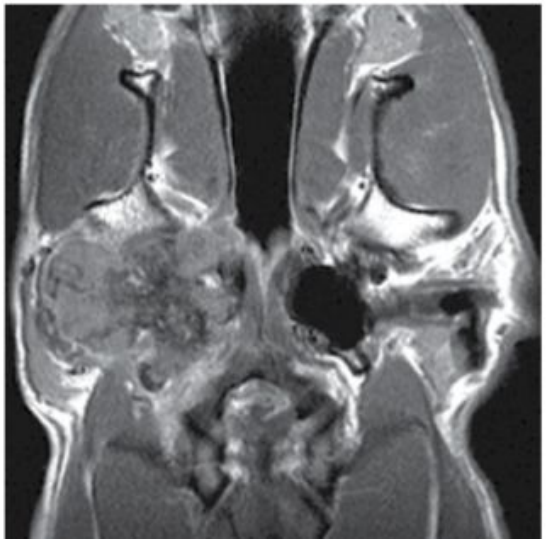


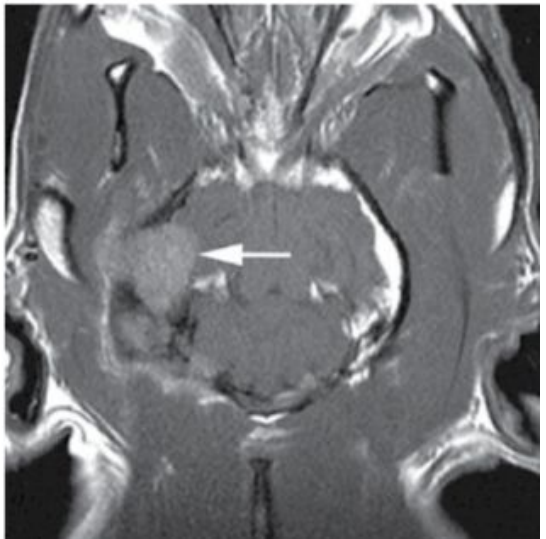
(b) T2, TP



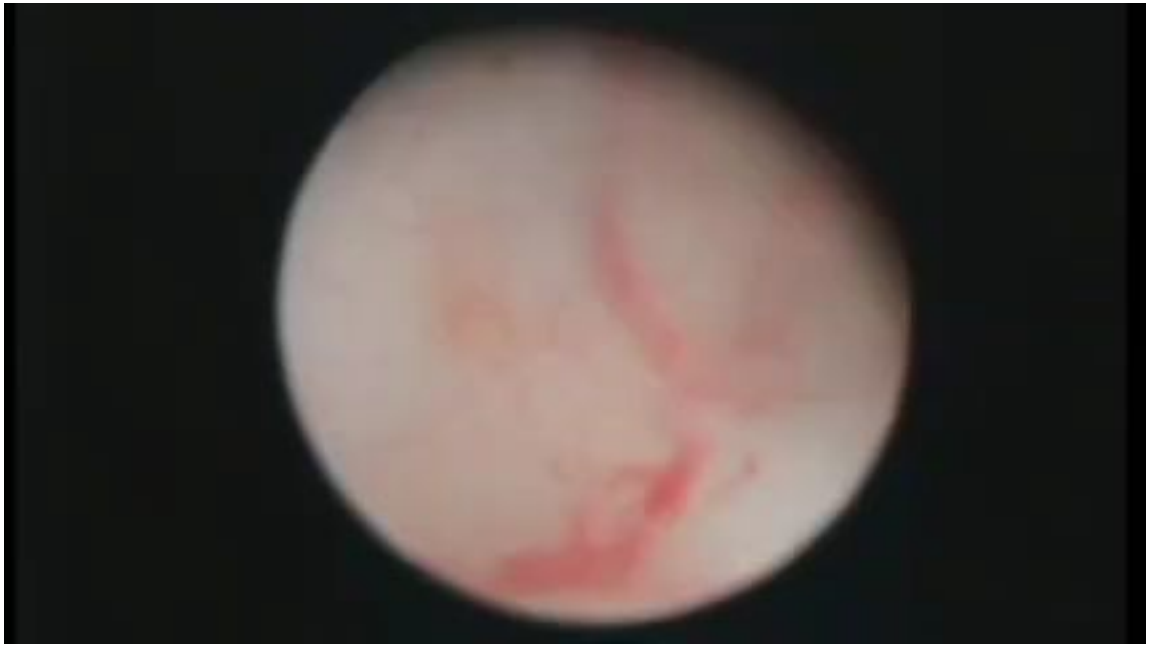
(c) T1+C, TP







Видеоотоскопия



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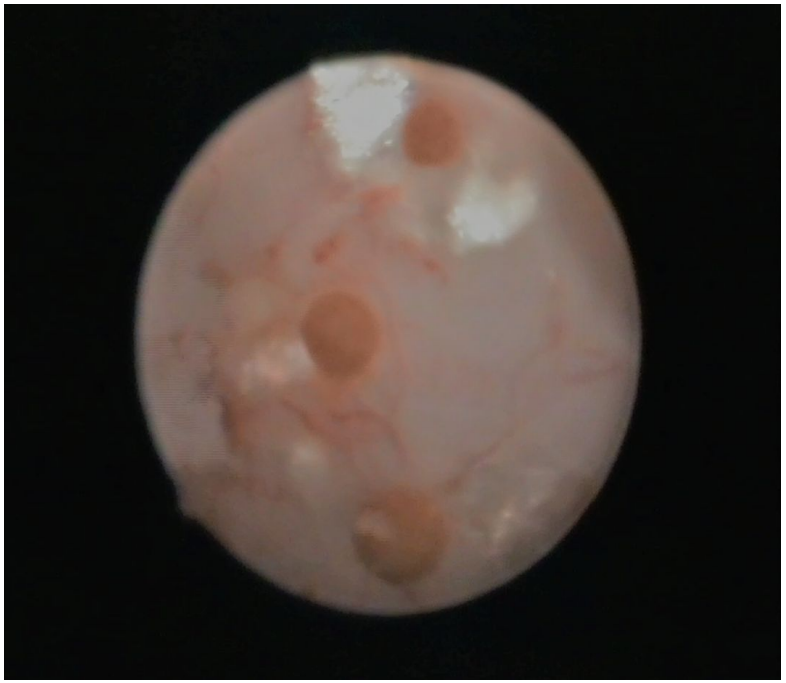
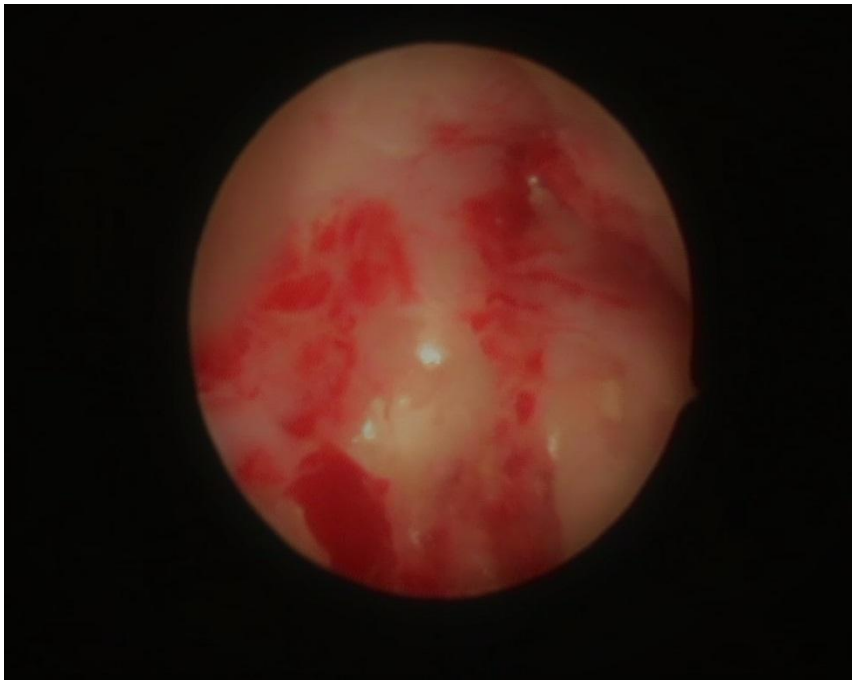
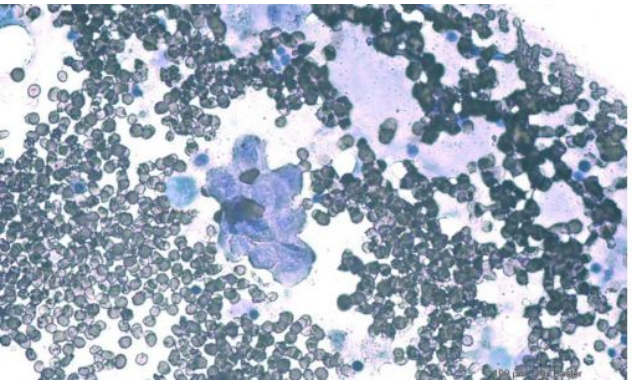
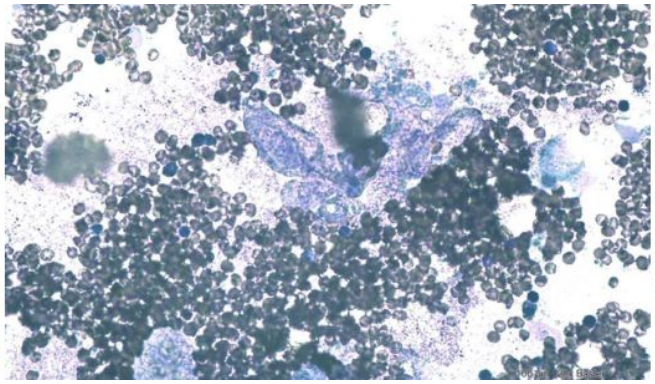
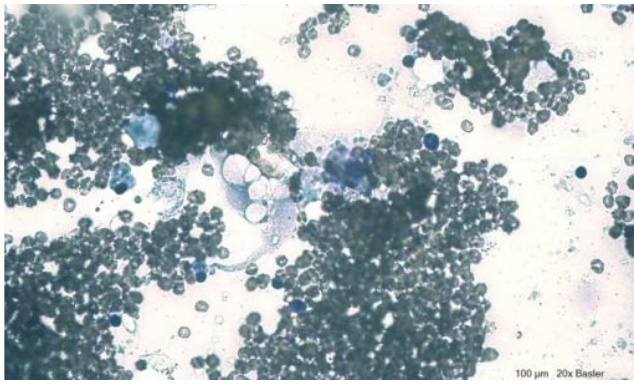


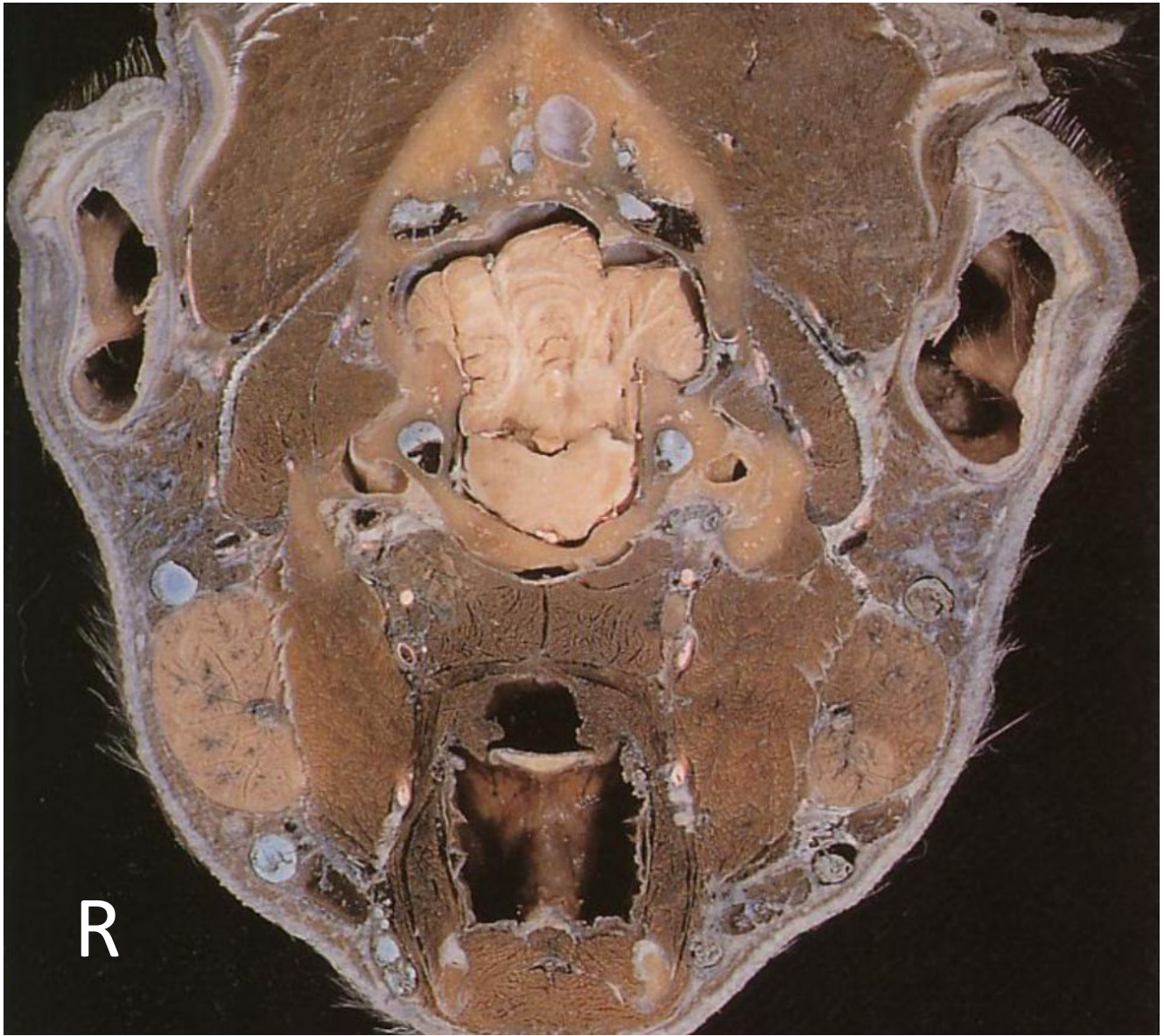


Проведённые исследования

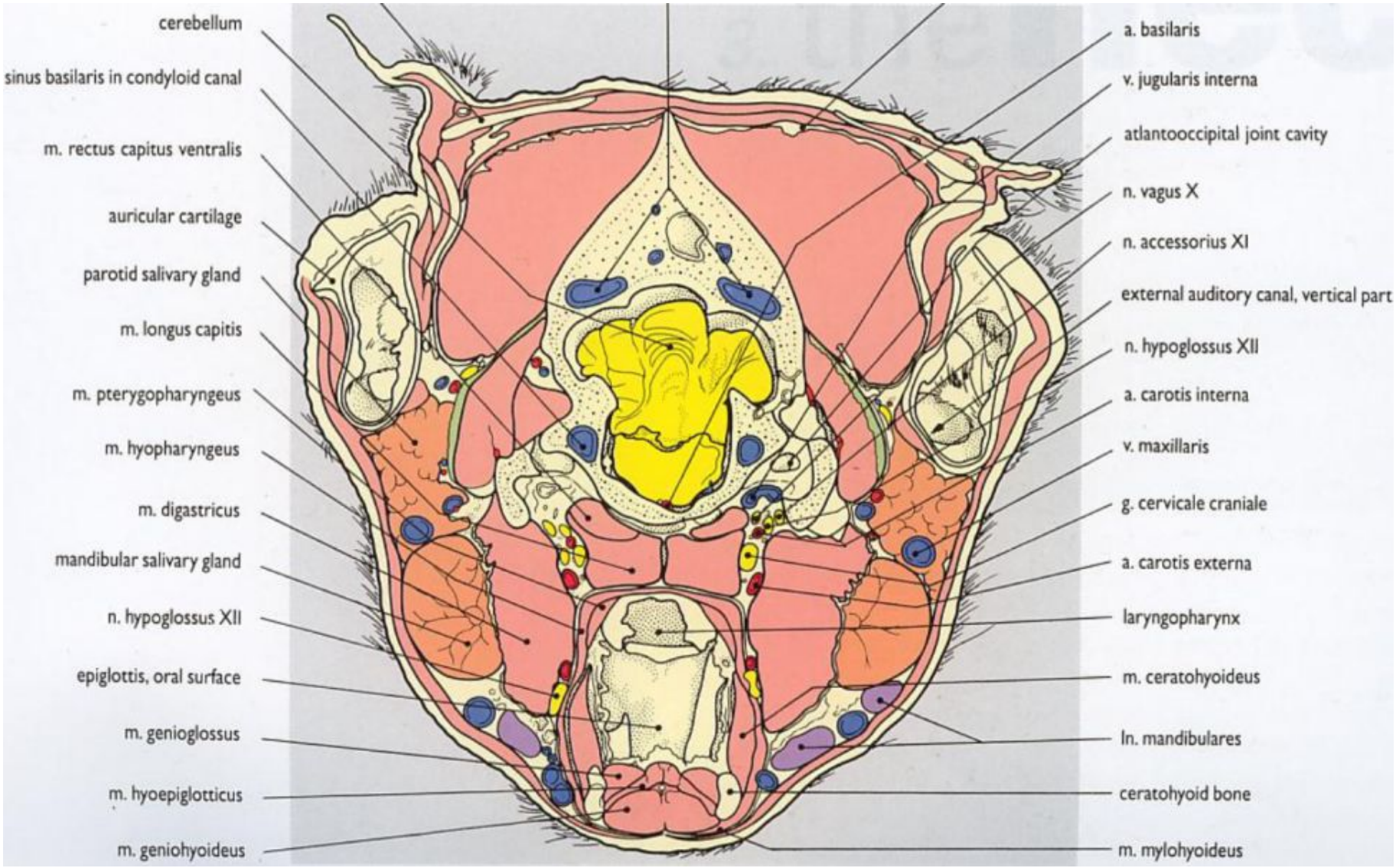
- ТИБ
- ТИАБ

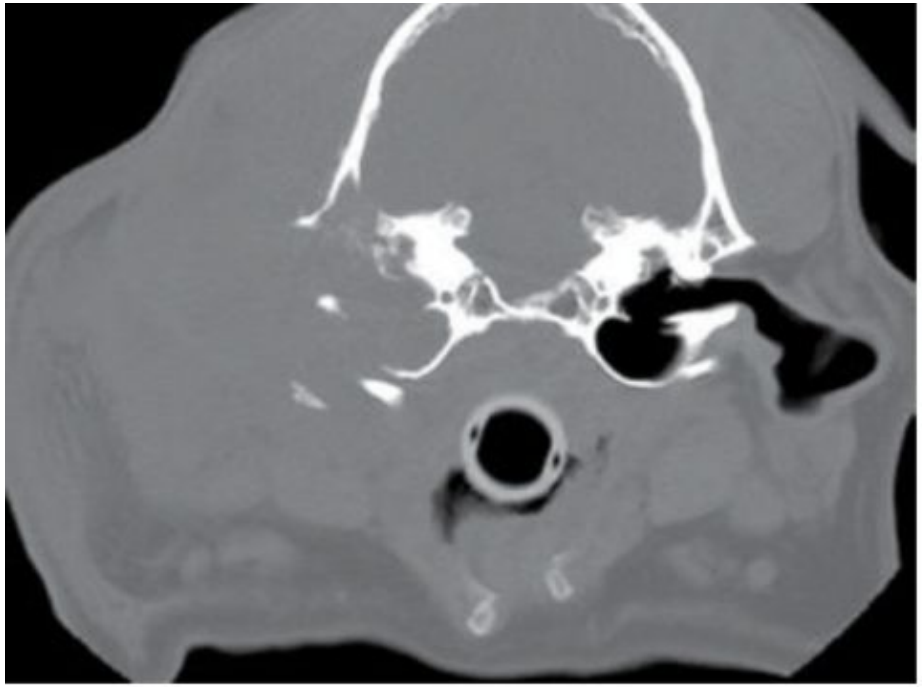
Анатомия



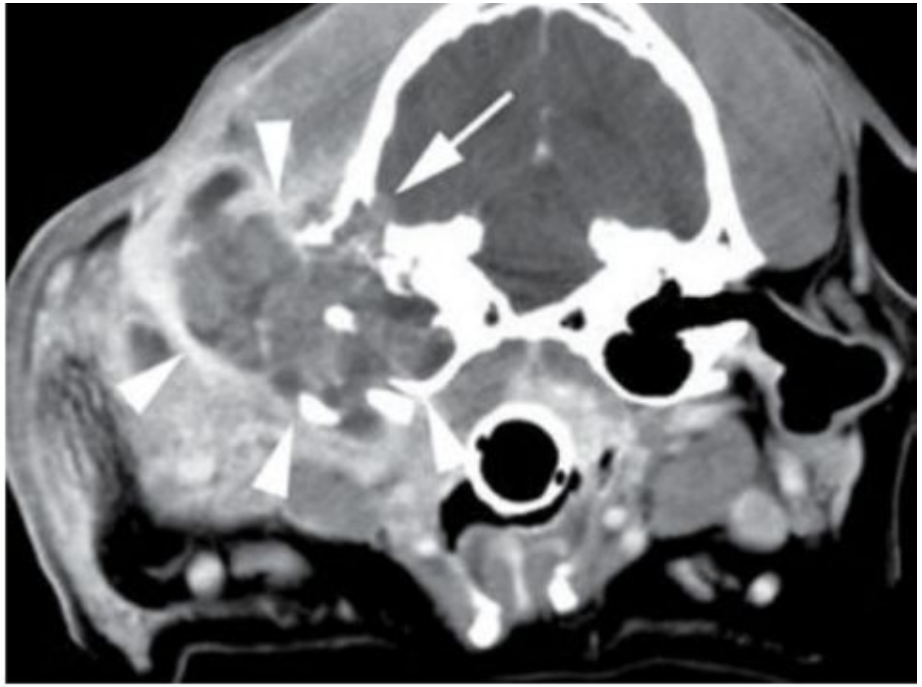
Анатомия


cerebellum
sinus basilaris in condyloid canal
m. rectus capitus ventralis
auricular cartilage
parotid salivary gland
m. longus capitis
m. pterygopharyngeus
m. hyopharyngeus
m. digastricus
mandibular salivary gland
n. hypoglossus XII
epiglottis, oral surface
m. genioglossus
m. hyoepiglotticus
m. geniohyoideus
a. basilaris
v. jugularis interna
atlantooccipital joint cavity
n. vagus X
n. accessorius XI
external auditory canal, vertical part
n. hypoglossus XII
a. carotis interna
v. maxillaris
g. cervicale craniale
a. carotis externa
laryngopharynx
m. ceratohyoideus
ln. mandibulares
ceratohyoid bone
m. mylohyoideus

SCC слюнной железы собаки (КТ)



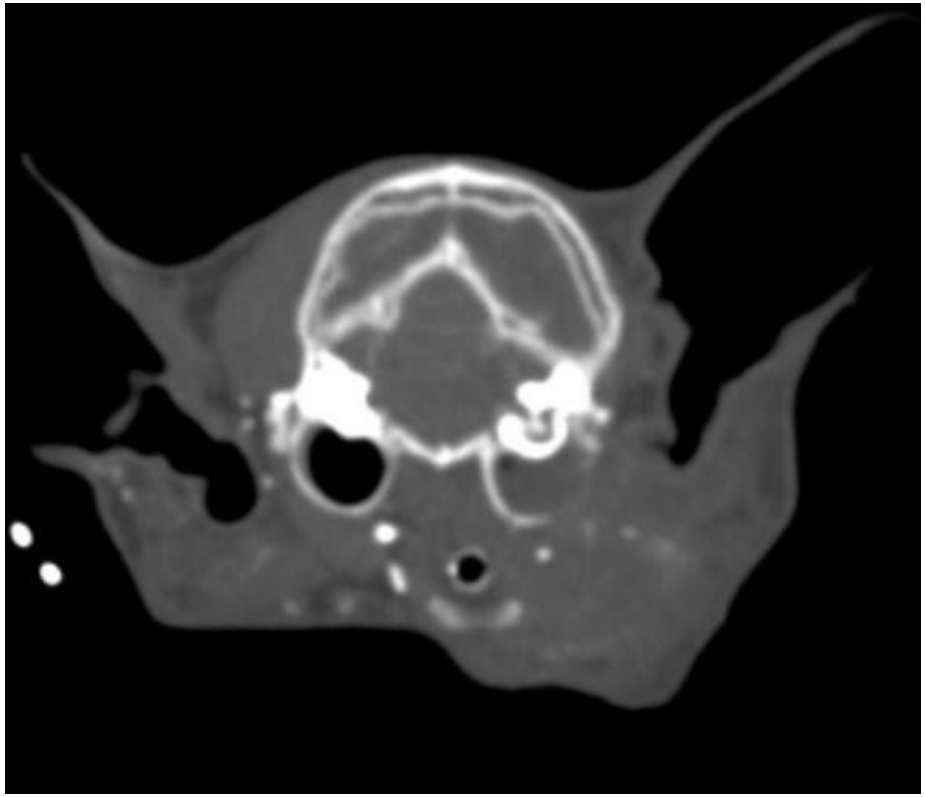
(a) CT, TP

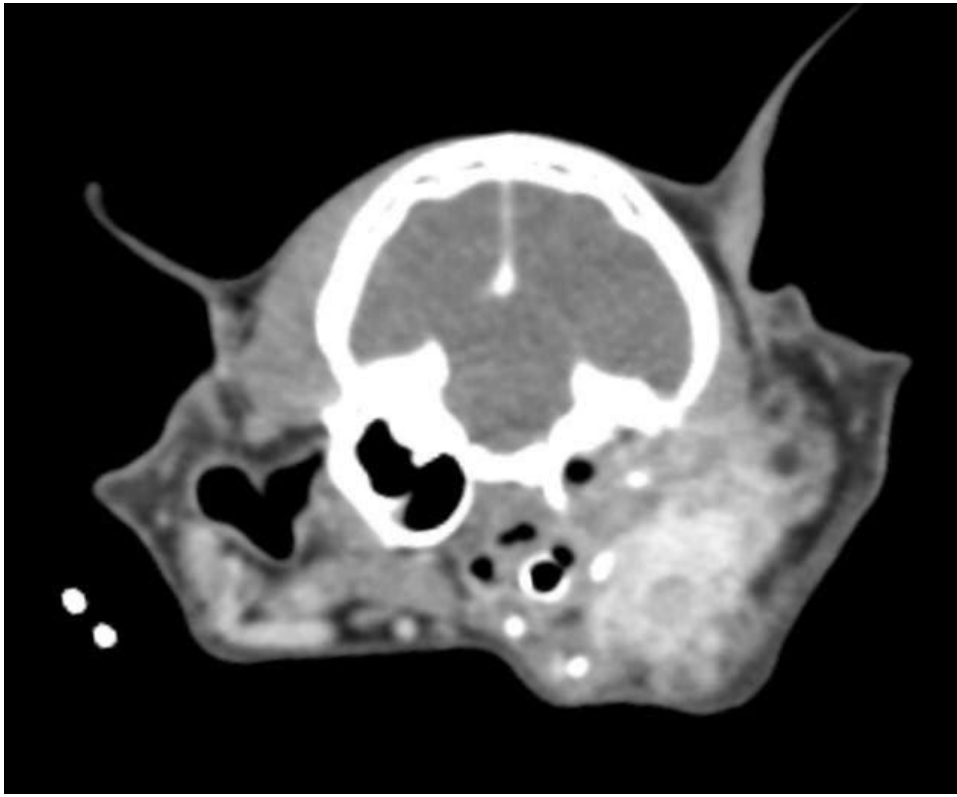


(b) CT+C, TP

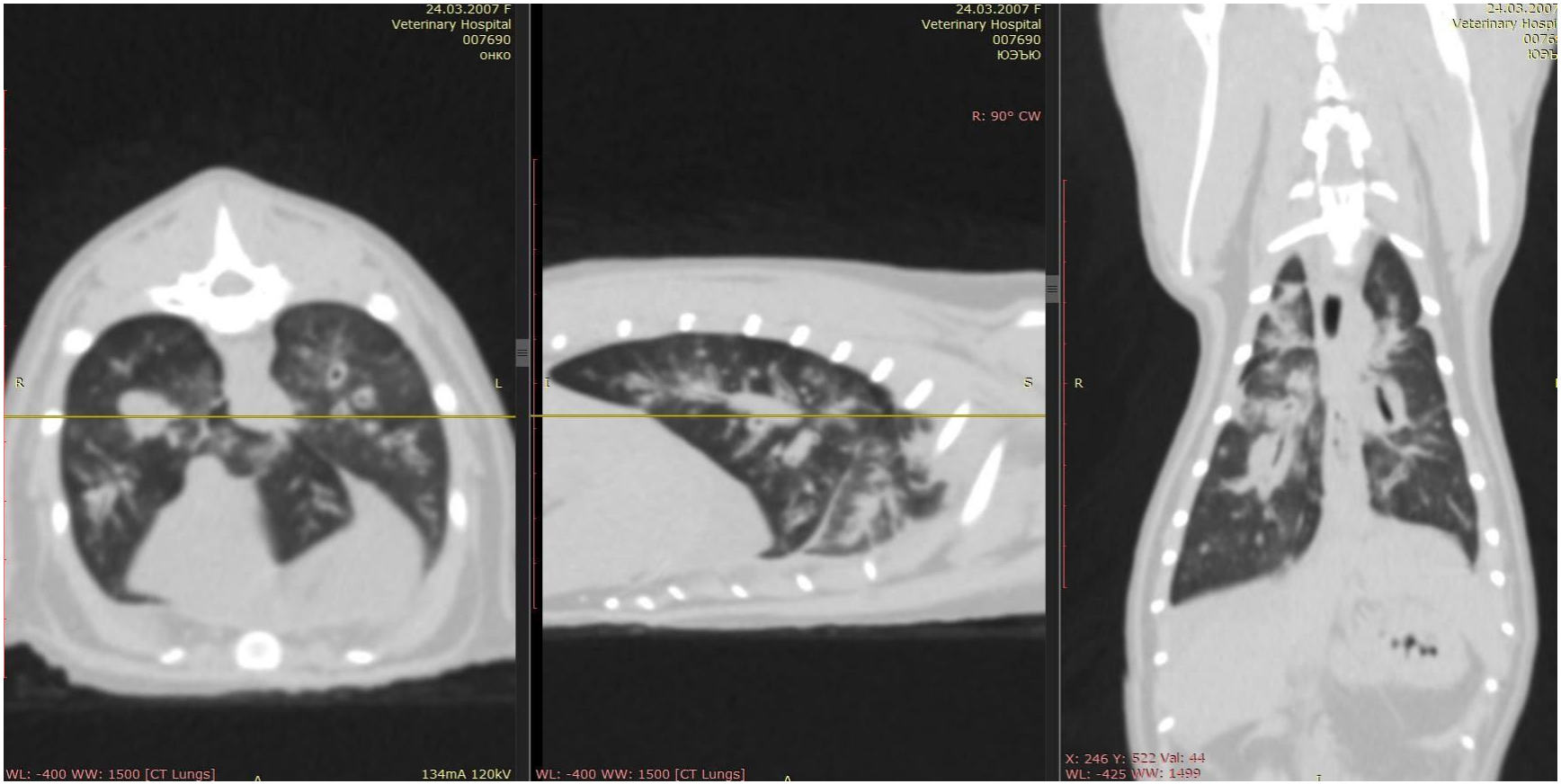
Проведённые исследования

- КТ

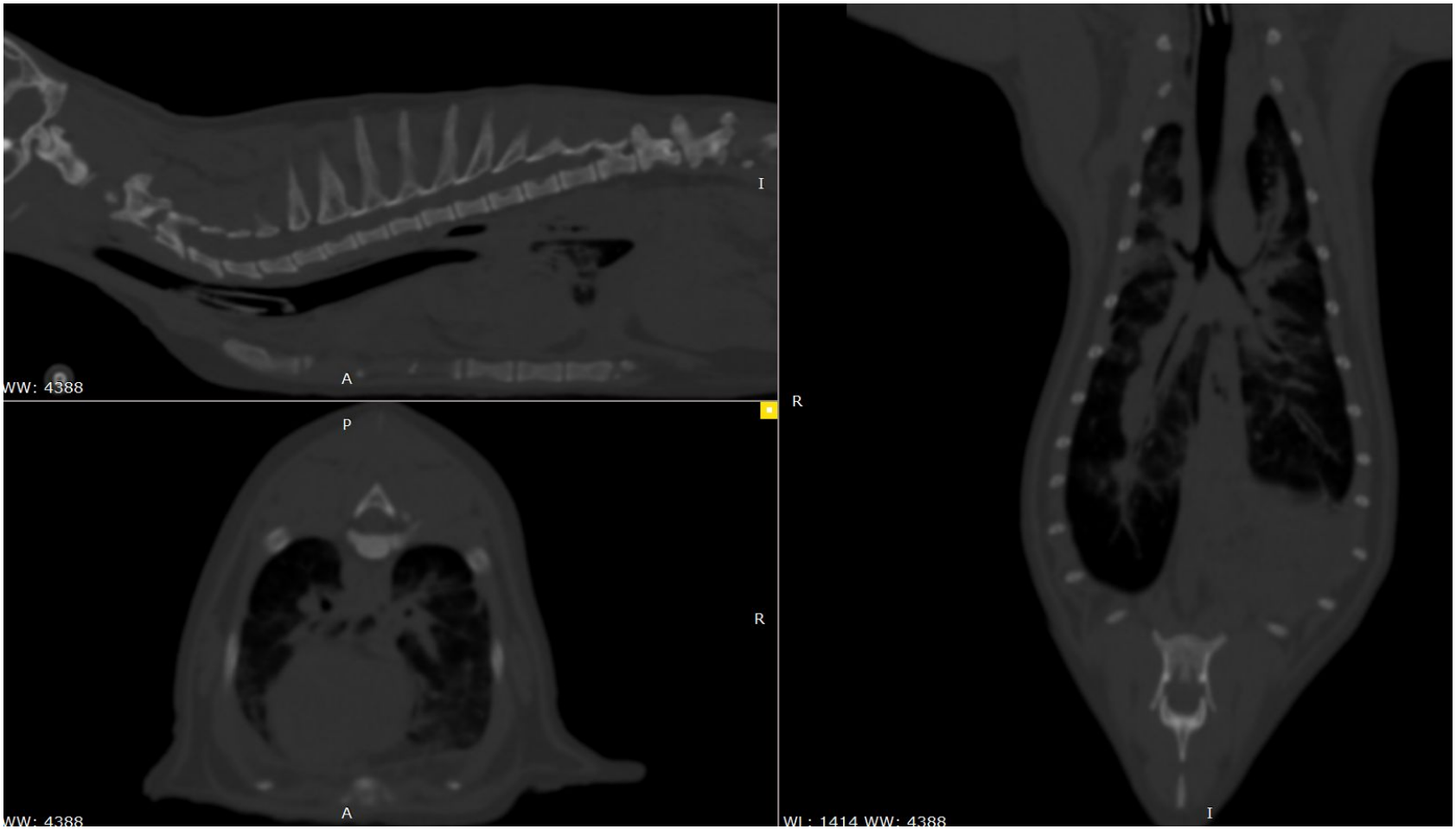


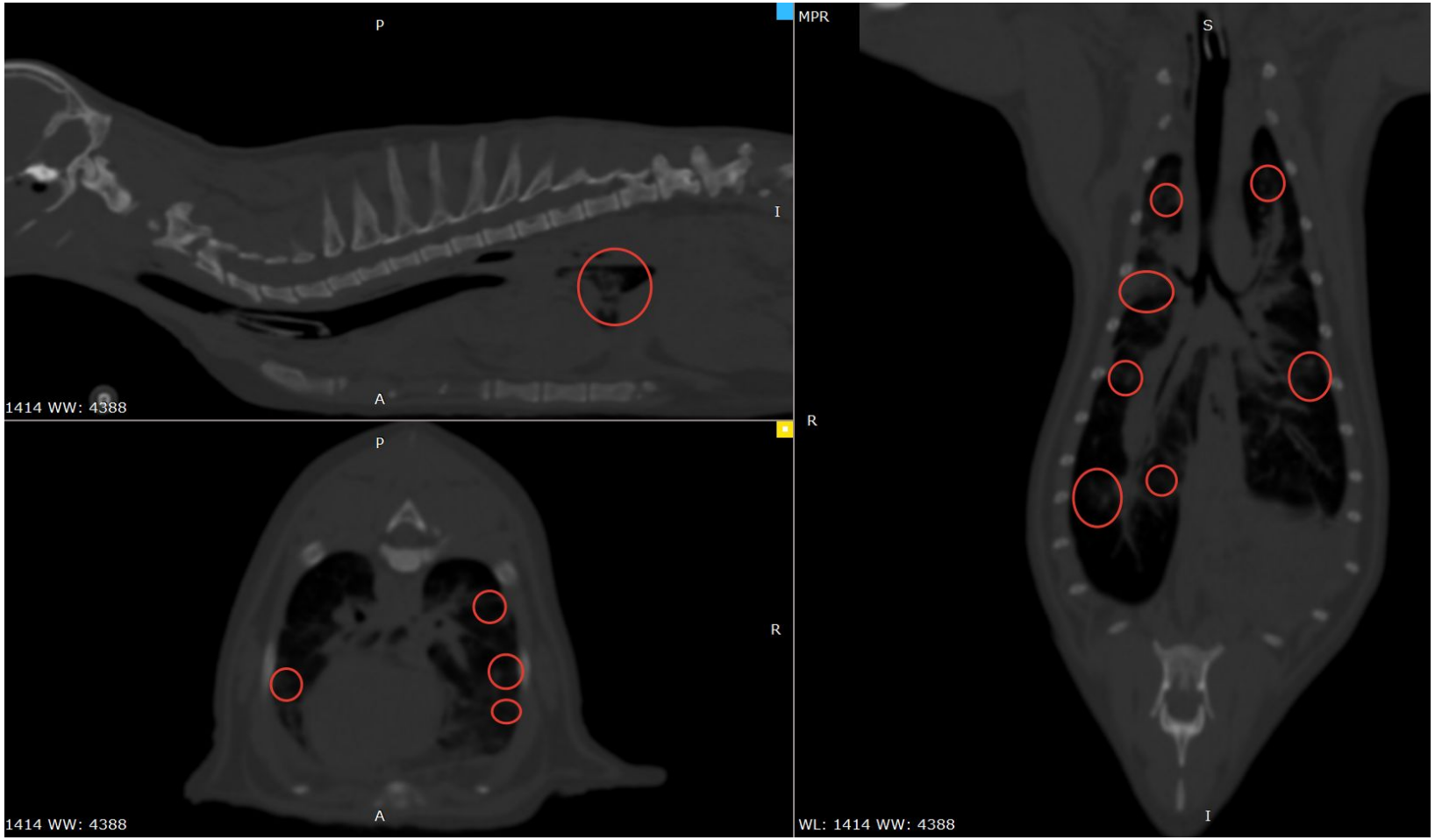


КТ грудной клетки



Диффузный метастатический карциноматоз легочной ткани




P
I
A
1414 WW: 4388
MPR
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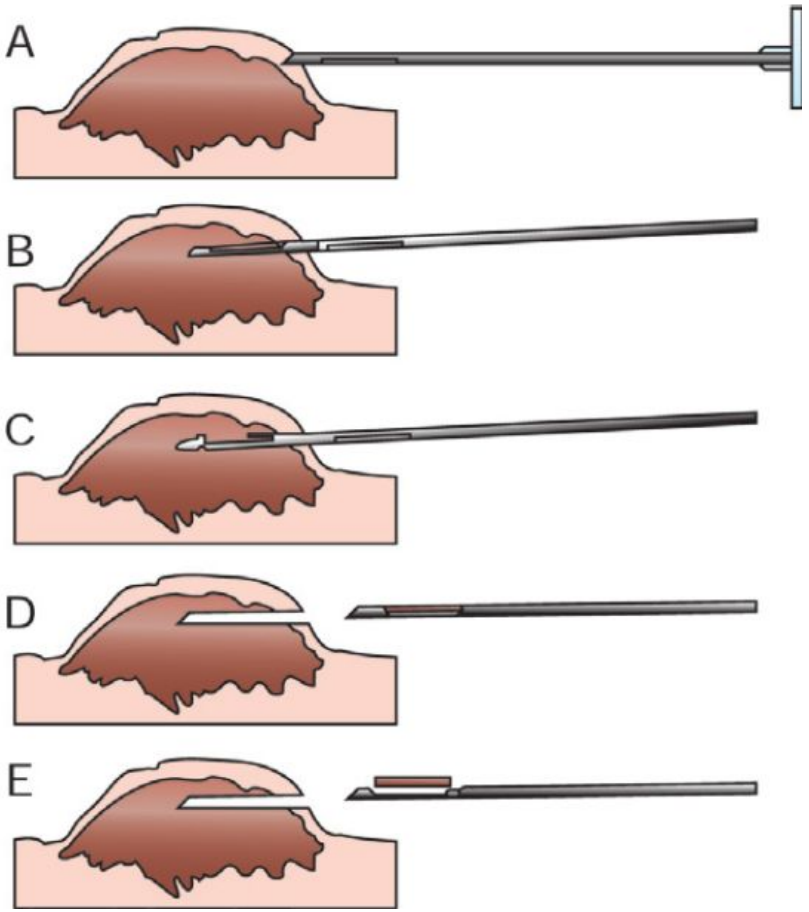
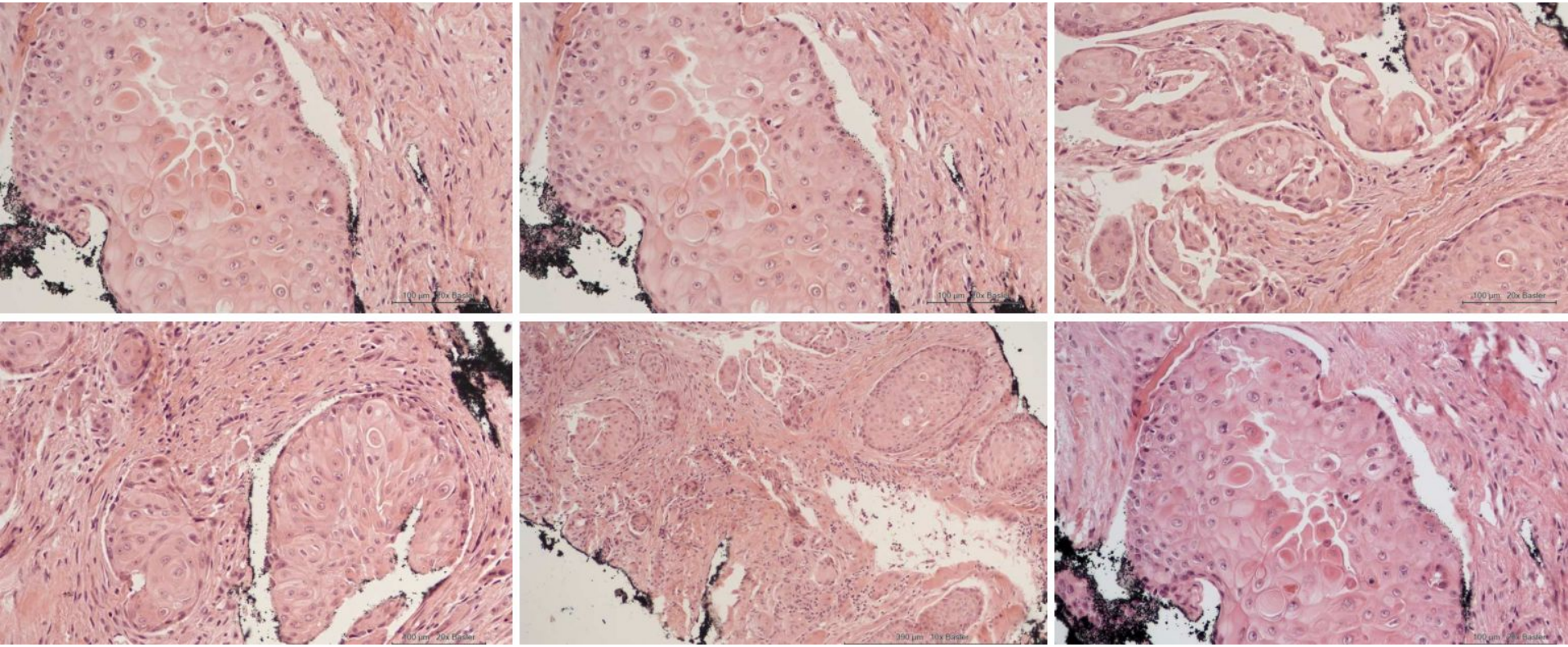
1414 WW: 4388
WL: 1414 WW: 4388
I

Взятие биопсийного материала

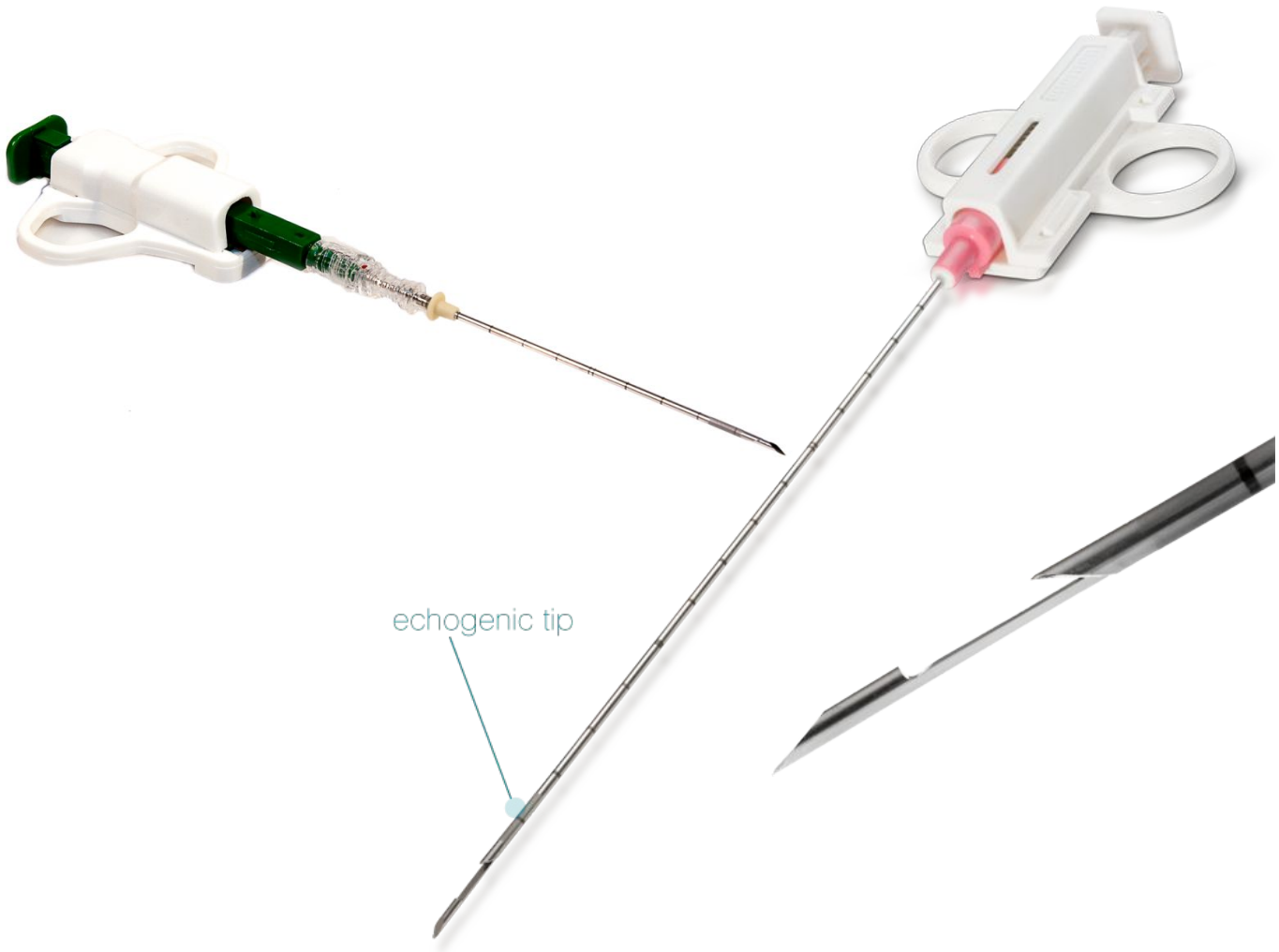
TRU-cut



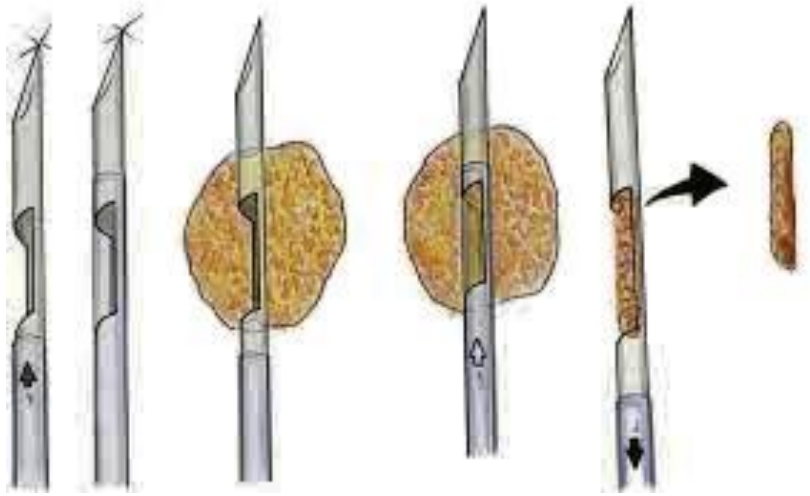
Гистологическое исследование CORE-биоптата

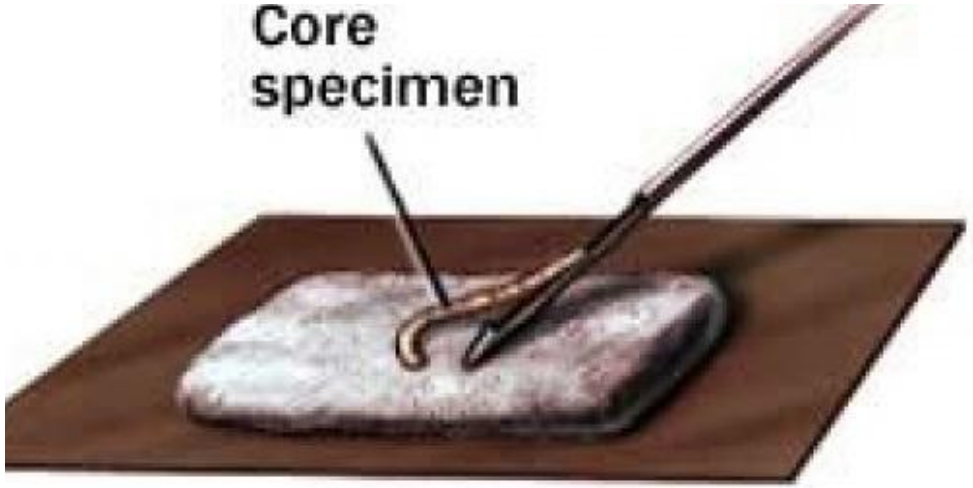


Что такое CORE-биопсия



Что получаем?





Salivary Gland Neoplasia in the Dog and Cat: Survival Times and Prognostic Factors

Twenty-four dogs and 30 cats with histopathologically confirmed salivary gland neoplasia were retrospectively reviewed in a multi-institutional study. The predominant presenting complaint for animals with salivary gland neoplasia was that of a mass being noted by the owner; other common complaints included halitosis, dysphagia, and exophthalmia. Siamese cats were overrepresented, indicating a possible breed predisposition. The most common histopathological type was simple adenocarcinoma. Cats had more advanced disease at diagnosis than did dogs, and clinical staging was prognostic in dogs. The median survival times for dogs and cats were 550 days

Стадирование (TNM)

Table 1

Tumor Node Metastases (TNM) Staging of Salivary Tumors in Animals[12]

T_1: <2 cm in greatest dimension
T_2: 2-4 cm in greatest dimension
T_3: >4 cm in greatest dimension
N_0: No nodal involvement
N_1: Nodal involvement
M_0: No distant metastases
M_1: Distant metastases

Stage I: $T_1N_0M_0$
Stage II: T_2 or T_3, N_0M_0
Stage III: Any N_1, M_0
Stage IV: Any M_1

Локализация первичного неопластического процесса у собак и кошек

Table 2

Distribution of Salivary Gland Tumors in the Dog and Cat

	Dog	Cat
Mandibular	30%	59%
Parotid	50%	19%
Sublingual and Minor Glands	12%	6%
Zygomatic	4%	3%
Indeterminate	4%	13%

Гистопатологические характеристики неоплассического процесса локализованные в слюнных железах

Table 3

Histopathological Features of Salivary Gland Tumors in 24 Dogs and 30 Cats

Histopathological Feature	Dogs (n=24)	Cats (n=30)
Differentiation		
Well	8%	10%
Moderate	33%	60%
Poor	59%	30%
Mean mitotic index (Average number of mitotic figures per high-power field)	1.4	1.7
Mean percent necrosis	42%	42%
Number of animals with vascular embolization	10	17
Number of animals with desmoplasia	15	24

Выводы

Не своевременно и не верно оцененное исследование замедлило постановку верного диагноза, что сократило медиану выживаемости (516 суток (J Am Anim Hosp Assoc 2001;37:478–482.)) до 180 суток.

Подход к любому онкологическому пациенту должен быть комплексным.

Литература

1. NEOPLASTIC DISEASE Oral Papillary Squamous Cell Carcinomain Twelve Dogs A. Nemec, B.G.Murphy, R.C.Jordan, P.H.Kassx and F.J.M.Verstraetek

2. Color Atlas of Veterinary Anatomy, Volume 3, The Dog and Cat, 2nd Edition Stanley H. Done BA BVetMed PhD DECPHM DECVP FRCVS FRCPath, Peter C. Goody BSc MSc(Ed) PhD, Susan A. Evans MIScT AIMI MIAS, Neil C. Stickland BSc PhD DSc

3. Atlas of Small Animal CT and MRI Erik R. Wisner, DVM, Dipl. ACVR Professor of Diagnostic Imaging School of Veterinary Medicine University of California Davis, CA

4. Allison L. Zwingenberger, DVM, MAS, Dipl. ACVR, Dipl. ECVDI Associate Professor of Diagnostic Imaging

5. School of Veterinary Medicine University of California Davis, CA

6. Britton PD. Fine needle aspiration or core biopsy. The Breast 1999;8:1-4.

7. National Breast Cancer Centre. Breast fine needle aspiration cytology and core biopsy: a guide for practice [online]. 2004 [cited 2007 February 16th]. Available from: http://www.nbcc.org.au/bestpractice/resources/FNA_fineneedleaspir.pdf

8. National Breast Cancer Centre. 2001. Clinical practice guidelines for the management of early breast cancer: Second edition. National Breast Cancer Centre, Camperdown, NSW. [online] Available from: http://www.nhmrc.gov.au/publications/synopses/cp74syn.htm

9. National Breast Cancer Centre. The investigation of a new breast symptom: a guide for General Practitioners [online]. 2006 [cited 2007 February 16]. Available from: http://www.nbcc.org.au/bestpractice/resources/IBS172_theinvestigationofan.pdf

10. Murtagh J. General Practice 3rd ed. Sydney, McGraw-Hill, 2003.

11. Carberry CA, Flanders JA, Harvey HJ, et al. Salivary gland tumors in dogs and cats: a literature and case review. J Am Anim Hosp Assoc 1988;24:561-567.

12. Spangler WL, Culbertson MR. Salivary gland disease in dogs and cats: 245 cases (1985-1988). J Am Vet Med Assoc 1991;198:465-469.

3. Karbe E, Schiefer B. Primary salivary gland tumors in carnivores.

14. Koestner A, Buerger L. Primary neoplasms of the salivary glands in animals compared to similar tumors in man. Vet Pathol 1965;2:201-226

15. Brunnert SR, Altman NH. Canine lingual acinic cell carcinoma (clear cell variant) of minor salivary gland. Vet Pathol 1990;27:203-205.

16. Buyukmihci N, Rubin LF, Harvey CE. Exophthalmos secondary to zygomatic adenocarcinoma in a dog. J Am Vet Med Assoc 1975;167:162-165.

17.Ratto A, Peiffer RL, Peruccio C, Rossi L. Zygomatic salivary gland adenocarcinoma in a dog. Prog Vet Comp Ophth 1991;1:59-62.

19. Wells GAH, Robinson M. Mixed tumour of salivary gland showing

histopathological evidence of malignancy in a cat. J Comp Path

1975;85:77-85.
20. Brown PJ, Lucke VM, Sozmen M, *et al*. Lipomatous infiltration of the canine salivary gland. J Sm Anim Pract 1997;38:234-236.

21. Bindseil E, Madsen JS. Lipomatosis causing tumor-like swelling of a mandibular salivary gland in a dog. Vet Rec 1997;140:583-584.
22. Thackray AC, Sobin LH. Histopathological typing of salivary gland tumours. In: World Health Organization, international histopathological classification of tumours. Geneva. 1972.
23. Molulsky H. Intuitive biostatistics. New York: Oxford Univ Press, 1995:272-276.
24. Muscat JE, Wynder EL. A case/control study of risk factors for major salivary gland cancer. Otolaryngol Head Neck Surg 1998;118:195-198.
25. Horn-Ross PL, Ljung BM, Morrow M. Environmental factors and the risk of salivary gland cancer. Epidemiology 1997;8:414-419.
26. Swanson GM, Burns PB. Cancers of the salivary gland: workplace risks among women and men. Ann Epidemiol 1997;7:369-374.

27. Habin DJ, Else RW. Parotid salivary gland adenocarcinoma with bilateral ocular and osseous metastases in a dog. J Sm Anim Pract 1995;36:445-449.

28. Burek DA, Munn RJ, Madewell BR. Metastatic adenocarcinoma of a minor salivary gland in a cat. Zentralbl Veterinarmed A 1994;41:485- 490.

Спасибо коллегам

- Меркулова А.С. – анестезиологическое обеспечение

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