

Rare case of breast adenoid cystic carcinoma: Radio pathological correlation

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ABSTRACT

Summary: A 61-year-old lady presented with a right breast lump for two years, associated with worsening pain for two months. Lump was not increasing in size. On palpation, tender swelling at right breast 9 o'clock periareolar region noted, no skin changes. Mammogram and ultrasound done two years apart showed no significant interval change. Latest mammogram showed a well-defined, low-density, non-calcified lesion at the right breast periareolar region. Ultrasound demonstrated well-defined, hypoechoic, ovoid, noncalcified solid lesions measuring 0.7 x 0.7 x 1.2cm. No axillary lymphadenopathy. No suspicious sonographic feature. In view of persistent pain, ultrasound-guided biopsy was performed. Histopathological examination (HPE) with immunohistochemical stains confirmed salivary gland tumor favoring adenoid cystic carcinoma (ACC) with triple negative status. Staging CT revealed no distant metastasis. Wide local excision with axillary clearance was performed, no axillary lymph node involvement. Patient subsequently completed radiotherapy, currently well. ACC is a rare tumor of the breast, accounting for less than 1 % of all breast carcinomas. It has indolent nature, with lymph node involvement and distant metastases rarely described. Majority of the patients presented with palpable breast mass. Despite their triple negative status (negative for estrogen (ER), progesterone (PR) receptors and HER-2neu(c-erb2)), majority of ACC cases rarely involve regional lymph nodes and are associated with high survival rate. ACC is a rare breast carcinoma with indolent nature and good prognosis. The mammographic and sonographic appearance of ACC is non-specific thus biopsy is recommended for definitive HPE diagnosis.

Nasogastric tube entanglement in a nine months old Down's syndrome child: A case study

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ABSTRACT

Summary: We present a case of a spontaneously tangled nasogastric tube (NGT) in a nine months old Down's Syndrome child which is related to the suboptimal insertion technique. This incident was identified during the routine NGT exchange and subsequently removed with no complication. The confirmation of type and level of entanglement was done using X rays. The purpose of this case report is to highlight the importance of avoiding excessive NGT insertion as it is associated with tangling or knotting of a nasogastric tube.