

Case of successful combined treatment of giant paraganglioma of neck

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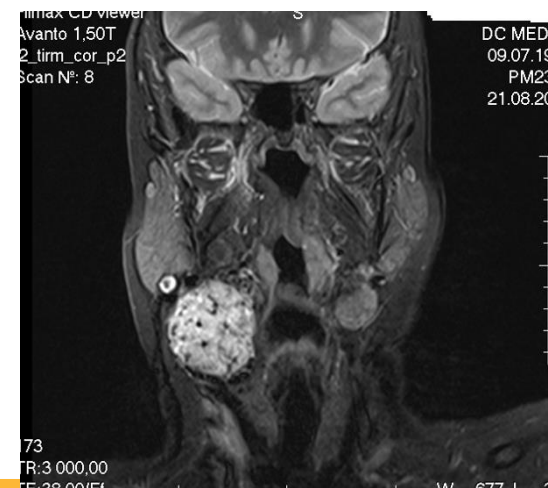
Disclosure

Speaker name: Iryna Shevchenko

I do not have any potential conflict of interest

Case history

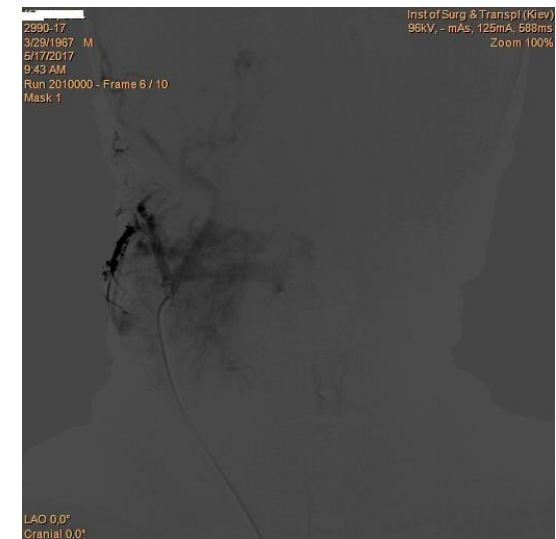
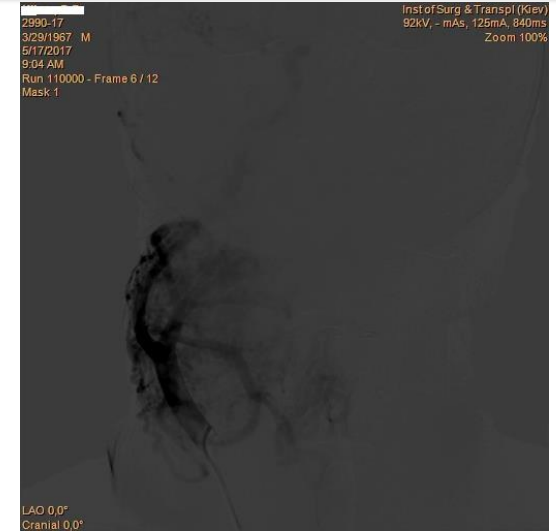
- 50-year-old male with a big mass on the right part of his neck
- The patient had resection of some node in the same location 23 years ago
- MRI angiography showed the 80x100 mm tumor in the right pharyngeal/carotid space of the neck
- Tumor had a big amount of arterial and veins branches with “salt and paper” symptom and without ‘wash out”
- The main branches were a.thyroidea sup et a.laryngea sup, and venous plexus
- Carotid arteries were not involved
- Laboratory analysis (including cotecholamin tests) and other clinical examinations were within a norm
- No presence of neurological disorders



Diagnosis : Carotid body tumor, Shamblin grade II-III

Combined strategy of treatment. Embolization

- Endovascular embolization of a. carotis communis branches was the first stage of treatment
- Metal occluders and PVA particles were used



Combined strategy of treatment. Surgery

- Second stage - open surgical removal of tumor
- It was performed the following day
- There were no acute inflammatory signs
- The big branches (6-7 mm) were occluded
- Small collateral branches still supplied blood flow, which led to some blood loss
- Pathohistological examination revealed neuroendocrine paraganglioma
- Postoperative period was without any complication.



Conclusion

- In patients with Shamblin grade II-III of carotid body tumor preoperative embolization benefits may exceed the risks.
- Embolization and devascularization of these tumors can reduce blood loss during surgical resection
- Embolization and devascularization of these tumors can improve visualization of the surgical site
- We stand for open surgery in 1-2 days after endovascular embolization of carotid body tumor, which gives the opportunity to escape inflammatory response

Thank you for your attention!