AANP Slide Session 1970

## CASE 5

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The patient, a male, first seen at 15 months with what appeared to be a left middle ear infection. This was treated for over a year. At age 2-1/2, a tumor presented as a mass involving the left middle ear, with invasion of surrounding tissue including Eustachian tube and external auditory meatus. Biopses of nasopharynx, Eustachian tube and a polypoid mass protruding from the middle ear, all showed typical features of an embryonal rhabdomyosarcoma. The tumor was not responsive to chemotherapy or irradiation. The boy was treated as an outpatient with codeine, and with ineffective chemotherapeutic drugs. He was readmitted at the age of three, unable to swallow anything but liquids and displaying difficulty in breathing. A tumor mass, 3 cm in diameter, was present in the left external auditory canal, and another mass of similar size had broken through the skin below the ear. The left side of the pharynx was almost occluded by tumor and the soft palate was depressed.

Other positive physical findings included a respiratory rate of 28, a pulse of 140, a dullness at the base of each lung, with expiratory and inspiratory rales on the left. The liver protruded 4 cm below the costal margin. Laboratory findings were not remarkable. The boy's course worsened progressively, and he developed increasing respiratory difficulty. He was heavily sedated with morphine, and died on the tenth day of his final admission.

Significant <u>autopsy findings</u> were restricted to the <u>head</u>, <u>brain</u>, and <u>lungs</u>. The latter displayed single metastatic nodules 3 cm in diameter, in each lower lobe. Examination of the head revealed a polypoid tumor projecting from the auditory canal, and contiguous tumor masses as noted in the physical examination of the patient. The mass beneath the left ear was  $5 \times 4$  cm in size. The mass protruding from the ear was 1.5 cm in diameter. In the brain a small arteriovenous malformation, a few mm in diameter, appeared as an incidental finding in the left parietal cortex. The major finding was an oval mass in the left cerebellopontine angle. This mass was continuous with the malignant tissue invading the skull, occupying the middle ear and protruding through the skull above the ear.

Submitted are: 1 slide stained with H and E and 1 stained with azan.