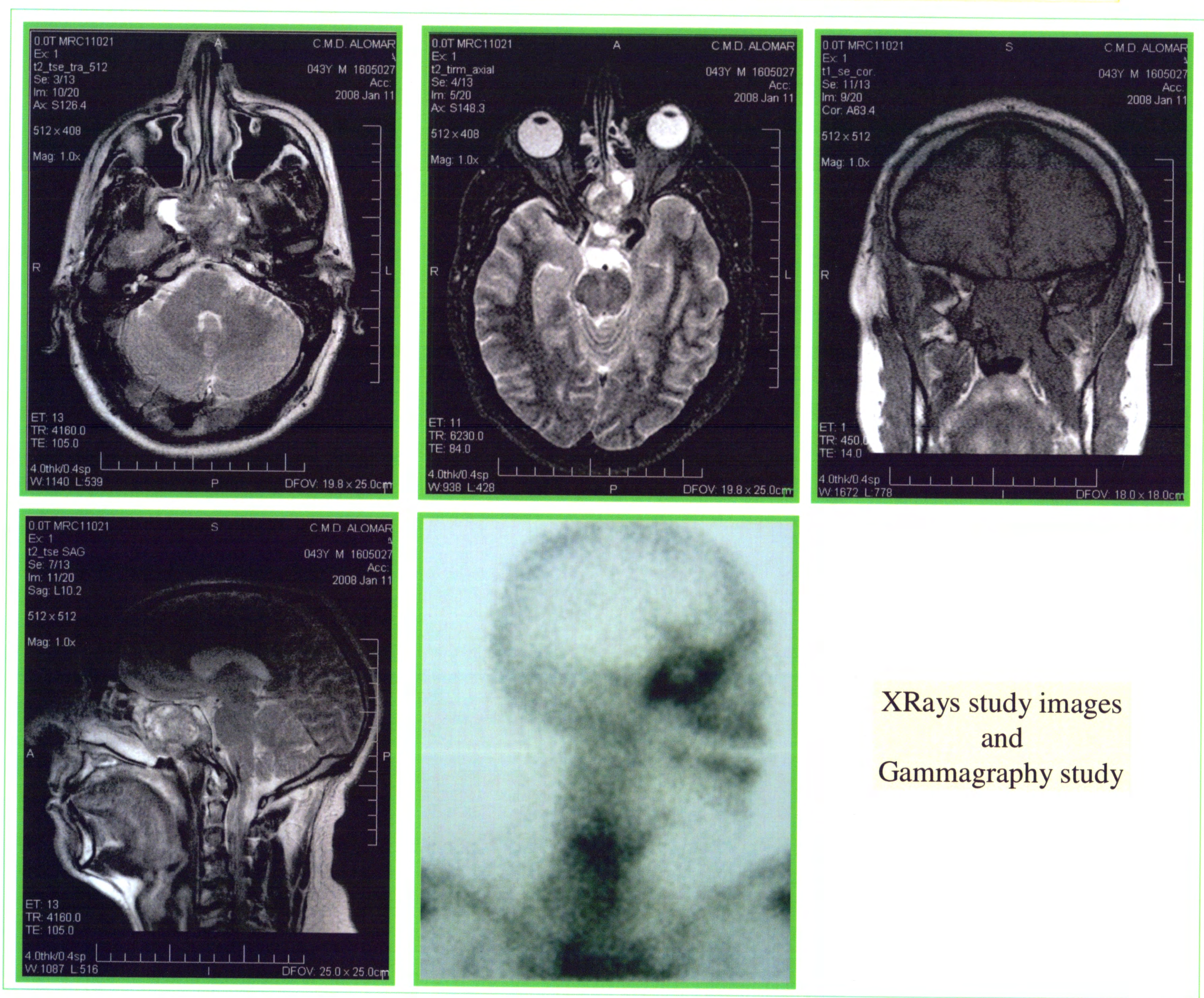
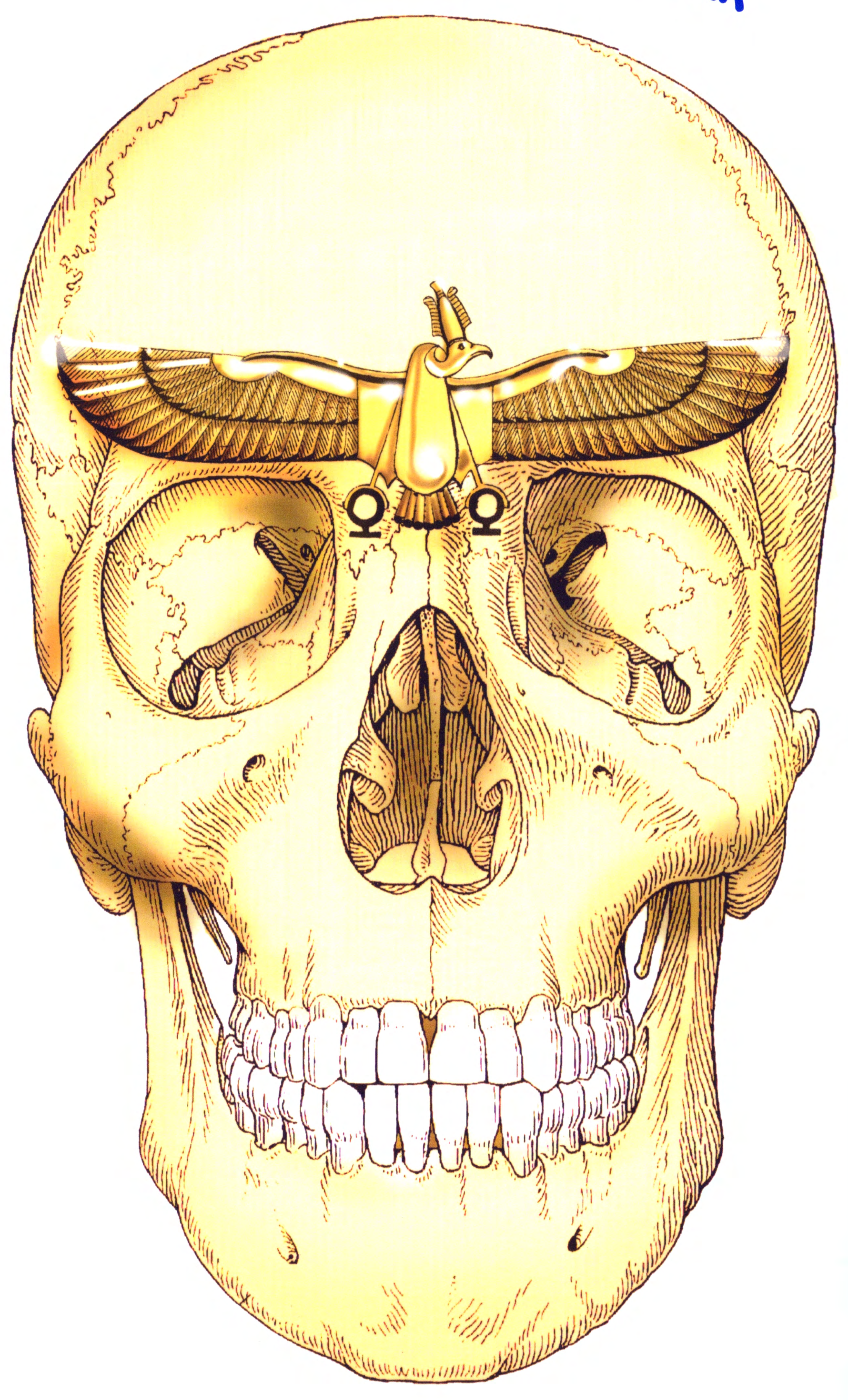


Poor differentiated carcinoma: Regaud's Lymphoepithelioma. From the branches to the trunk

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XRays study images
and
Gammagraphy study

Introduction

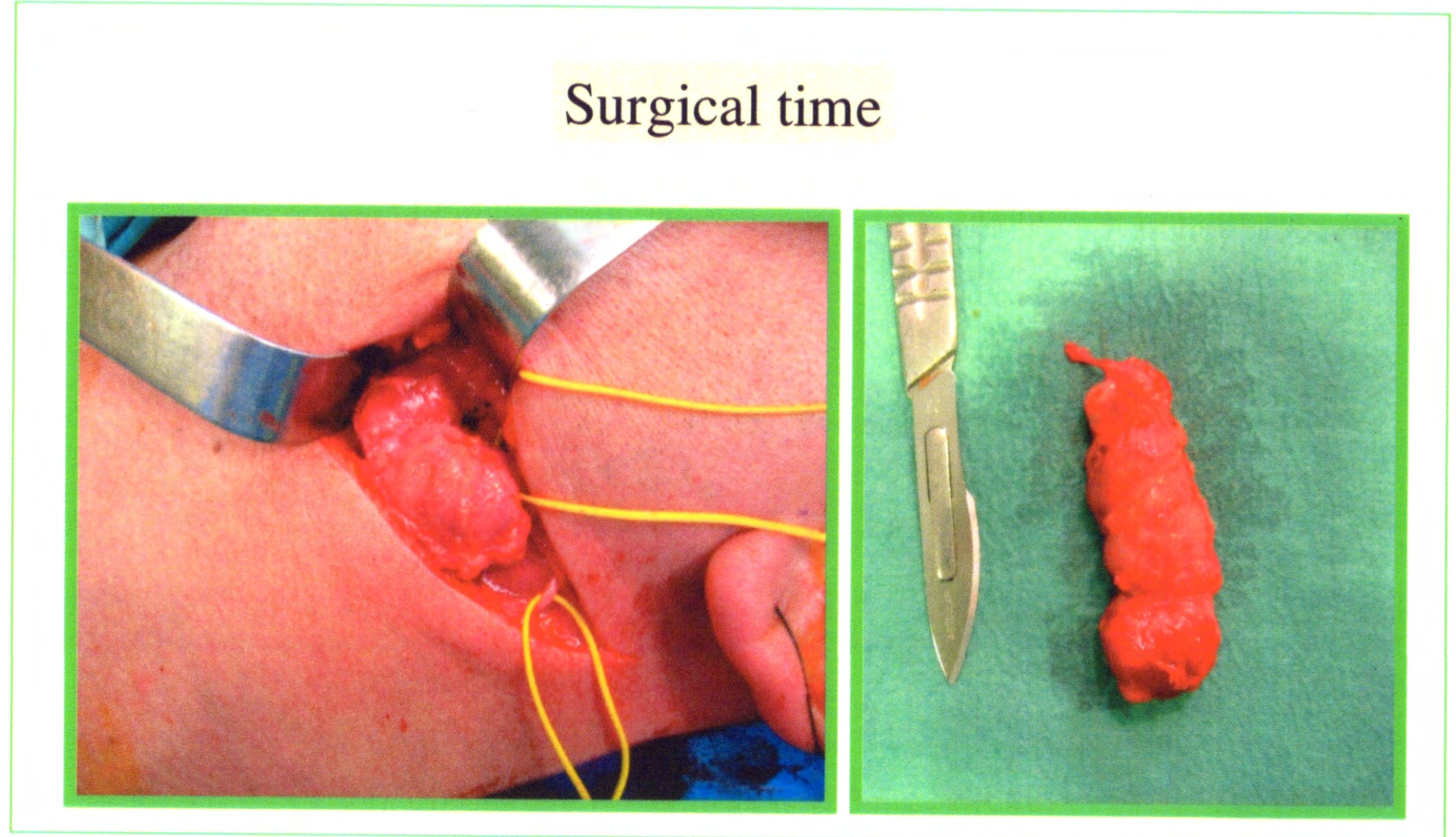
The correct diagnosis, mainly in complicated cases, is only achieved thanks to a rigorous way of thinking, and to a multidisciplinary team focus. The clinical history collection and imaging data are invaluable tools to bring near the final diagnosis and, consequently, the best treatment option. We present this clinical report as a good example.

Material and Methods

43 year old male referred by his neurologist for left hemicraniomaxilar headache and parestesia in that area, difficult breathing through his left nasal fossa, mild ptosis, instability and blurred vision. At physical examination a left cervico-mastoid mass, 3 cm diameter, was detected. The radiologic exam with CT and MRI showed an osteolytic lesion at the clival region, hyperintense in T2, affecting the sphenoidal sinus, the posterior ethmoid cells, the sella turca, involving the hypophysis and the prepontine cistern, the left sphenoidal wing and protruding on the temporal lobe without invading it. All this suggested as first possibility a chordoma. Two biopsies were taken: a FNA from the mass in the neck and another obtained endoscopically through the nose from the inside of the sphenoid sinus. Both of them showed lymphoid cells with irregular bi or tri lobuled nuclei. Pathologists recommended an extended biopsy that was taken under general anesthesia from the conglomerated of the neck. The tumour lineage was a metastasis from a poor differentiated Regaud's lymphoepithelioma. The therapeutic approach lays on chemo-radiotherapy.

Conclusion

In the nowadays technologically world of the sophisticated medicine, we claim the basis of the classical medical records and want to transmit its usefulness to the medical population, specially to the young physicians.



Surgical time