Surgery Curr Res 2016, 6:6(Suppl)
http://dx.doi.org/10.4172/2161-1076.C1.027

An omental fibroma resembling a testicular tumor but presented as an irreducible inguinal hernia: A case report

Phong Jhiew
Labuan Hospital, Malaysia

We present a case of omental fibroma which posed a surgical diagnostic dilemma. Primary tumors of the omentum are uncommon and omental fibromas account for 2% of these. The rarity of omental fibroma and paucity of available information hamper an accurate diagnosis. In this particular case, the diagnostic process was misleading. The history was classical of an irreducible inguinal hernia but the physical examination and imaging studies were suggestive of a testicular tumor. However, intraoperatively, an omental tumor and a normal testicle were found in the scrotum. Histopathological examination proved the tumor to be a fibroma. The presentation of an omental fibroma in an inguinal hernia sac had never been reported in literature. Due to the rarity of such cases, a thorough history, detailed examination and objective investigation are the pillars to attain the correct diagnosis.

cool87jason@yahoo.com

Formes frustes of pathognomonic tinnitus percepts

Robert Aaron Levine
Tel Aviv Medical Center, Israel

The tinnitus percept can vary in multiple dimensions including: loudness, quality (including pitch), location, temporal pattern, and how it interacts with activation of both the auditory and non-auditory neural systems (e.g. acoustic masking and somatic testing). From this matrix of possibilities has emerged two pathognomonic tinnitus percepts that have specific etiologies, generating mechanisms and treatments. The two pathognomonic tinnitus percepts are as follows: (1) Clicking ("Typewriter") Tinnitus: Its percept is pathognomonic (monaural, staccato, irregular, and intermittent); it is caused by auditory nerve distortion usually from vascular compression, that results in ephaptic cross-talk between individual auditory nerve fibers. It can be suppressed by carbamazepine or vascular decompression of the auditory nerve. (2) Somatosensory Pulsatile Tinnitus Syndrome: Its percept is pathognomonic (cardiac synchronous pulsations that can be abolished by intense head or neck muscle contractions). It is caused by a somatic myofascial dysfunction that leads to abnormal CNS interactions between the somatosensory and auditory systems. In some cases it can be abolished by dry needling of head and neck trigger points or auricular electrical stimulation. A case series will be presented, supporting the notion that when a constant non-specific tinnitus percept is intermixed even intermittently with a forme fruste of one of these two types of pathognomonic tinnitus, detection of the pathognomonic component will point to the underlying cause of the constant non-specific percept, which in turn will lead to treatment that can abolish both percepts. For monaural non-specific tinnitus, if typewriter-like clicking is also present, then the etiology is auditory nerve distortion, which will then lead to specific treatment options. For any kind of non-specific tinnitus, if sometimes there are pulsations that can be suppressed somatically, then the etiology is head or neck somatic myofascial dysfunction.

obbyLevine@yahoo.com