

**ADENOID CYSTIC CARCINOMA IN THE CAVERNOUS SINUS - ENT CONSEQUENCES IN THE COURSE OF THERAPY.**

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60 - year-old woman, until now in relatively good condition, presented with year-persistent tingling and roasting of right half of the face, gradually began to suffer from severe pain of neuralgia symptomatology of 2 and 3 part of right trigeminal nerve. The first head MRI revealed unusual hyperplastic or inflammatory variation along the brain base, cavernous sinus towards pterygopalatine fossa and lateral pterygoid on the right side. Meningioma was suspected and neuralgia conservatively treatment was applied. Less than two years later due to severe facial and eye pain, patient underwent decompression of trigeminal nerve roots (Janetta surgery). Control MRI (2015) revealed tumor of cavernous sinus, arousing suspicion to be malignant. Through biopsy and partial resection (transnasaly) tumor has been diagnosed as adenoid cystic carcinoma. Patient was treated with protonoterapy (Munich). Shortly after histopathological verification hypoacusia occurred. After radiations patient was burned - face soft tissue, oral cavity, throat, esophagus. Two sided hypoacusia intensified and radiation-induced sinusitis occurred, thus surgical treatment was performed. Patient experienced also damage of right cornea. Both severe kidney failure and pneumonia occurred. Tumor of currently 64-year-old woman is visibly reduced. It requires constant laryngological ambulatory care due to necessity of nasal cavities cleanings. Hypoacusia requires preosthesis.