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Message

குறள் :

வாய்மை எனப்படுவ தியாதெனின் யாதொன்றந்
தீமை யிலாத சொல்லல்.

மு. வரதராசன் விளக்கம் :

வாய்மை என்று கூறப்படுவது எது என்றால், அது
மற்றவர்க்கு ஒரு சிறிதும் தீங்கு இல்லாத சொற்களைக்
சொல்லுதல் ஆகும்.

Medical

Department of Physical Medicine and Rehabilitation Vestibular Rehabilitation Centre

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At PSG Hospitals a state-of-the-art “PSG Vestibular Rehabilitation Centre” was inaugurated on 29th October 2020, to mark the occasion of World Stroke day celebration. This is the first centre in the state of Tamil Nadu to have the Virtual Reality and Videonystagmography facilities for the comprehensive rehabilitation of patients with vertigo.

Vertigo is a condition where a person has the sensation of surrounding objects moving when they are not actually. Often it feels like a spinning or swaying movement. This may be associated with nausea, vomiting, sweating, or difficulties in walking. It is typically worse when the head is moved.

This condition affects approximately one third of the population at some time in their life. It becomes more common with age and affects women two to three times more often than men.

The causes for vertigo may be central (in the brain) or peripheral (in the inner ear).

PERIPHERAL VERTIGO:

Vertigo is often caused by an inner ear problem. The inner ear sends signals to the brain about head and body movements relative to gravity. It helps to maintain balance.

BPPV : This abbreviation stands for benign paroxysmal positional vertigo. BPPV occurs when otoconia dislodge from the sensory organs of utricle and saccule and clump in semicircular canals of the inner ear.



Meniere's disease : This is caused by a buildup of fluid and changing pressure in the ear. It can cause episodes of vertigo along with ringing in the ears (tinnitus) and hearing loss.

Vestibular neuritis or labyrinthitis : This is related to infection (usually viral). The infection causes inflammation in the inner ear around nerves that are important for helping the body sense balance.

Perilymphatic fistula : The inner ear fluid leaks into the middle ear due to a tear in either of the two membranes between the middle ear and inner ear.

Acoustic neuroma : A benign growth that develops on the Vestibulo Cochlear nerve near the inner ear.

CENTRAL VERTIGO

- Migraine headaches
- Head injury
- Stroke
- Cerebellar disorders
- Brain stem disease
- Multiple sclerosis - immune system malfunction destroys the fatty substance that coats and protects nerve fibers in the brain and spinal cord (myelin).

SYMPTOMS OF VERTIGO

Vertigo is often triggered by a change in the position of head. People with vertigo typically describe it as feeling like they are:

- Spinning
- Tilting
- Swaying

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- Unbalanced
- Pulled to one direction
- Abnormal or jerking eye movements (nystagmus)

Other symptoms that may accompany vertigo include:

- Feeling nauseated
- Vomiting
- Headache
- Sweating
- Ringing in the ears or hearing loss
- Lightheadedness
- A sense of motion sickness
- A feeling of fullness in the ear

Symptoms can last for a few minutes to a few hours or more and may come and go.

TREATMENT FOR VERTIGO

Definitive treatment depends on the underlying cause of vertigo.

Medicine : Medications may be given to relieve symptoms such as nausea or motion sickness associated with vertigo. These drugs include antihistamines and anti-emetics to reduce motion sickness and nausea. If vertigo is caused by an infection or inflammation, antibiotics or steroids may reduce swelling and cure infection. For Meniere's disease, diuretics may be prescribed to reduce pressure from fluid buildup.

Vestibular rehabilitation : The function of the vestibular system is to send signals to the brain about head and body movements relative to gravity. Vestibular rehabilitation aims at helping strengthen the vestibular system. Vestibular rehab may be recommended if the patient has recurrent bouts of vertigo. It helps to train the other senses to compensate for vertigo.

Canalith repositioning maneuvers : These are a series of specific head and body movements for BPPV. The movements are done to move the calcium deposits out of the canal into an inner ear chamber so

they can be absorbed by the body. The movements are done to move the calcium deposits out of the semicircular canal into vestibule so they can be absorbed by the body.

Surgery : In a few cases, surgery may be needed for vertigo. If vertigo is caused by a more serious underlying problem, such as a tumor or injury to the brain or neck, treatment for those problems may help to alleviate the vertigo.

Videonystagmography (VNG) is a computerized system that applies the principle of recording eye movements by using infra red sensors in special spectacles or masks. The camera computer software measures and analyses eye movements, which may be presented on a video monitor and recorded.

VNG is a valuable tool than any other laboratory test for assessing the vestibular system; lesions may be detected, peripheral and central conditions may be differentiated, and the side of a lesion may be established.

VIRTUAL REALITY



Virtual Reality Therapy (VRT) has long been recognized as the gold standard in the non-medical management of patients with chronic non-compensated vestibulopathy.

Virtual Reality is a computer technology designed to simulate or alter a user's physical presence in an imaginary, yet realistic, environment. Virtual Reality allows patients to experience simulated real-life, over-stimulating environments with progressive desensitization, giving them much more tolerance for the stimuli in real life.

It has been used for educational and treatment purposes. Research has shown the use of Virtual Reality in clinical treatment across various healthcare disciplines is effective in treating patients including: enhancing gait, balance and vertigo in physical therapy.

TEST FOR VERTIGO VIDEONYSTAGMOGRAPHY (VNG)



Medical

Deep angiomyxoma of the vulva in south India: a Case Report

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Deep Angiomyxoma is very rare, slowly growing, and benign tumor of mesenchymal origin which affects women in perimenopausal age group and is associated with a high risk of local recurrence. A case of a 42-year-old female is presented, with a large firm gelatinous mass on the right labia majora, measuring 5.5×6 cm. The patient underwent wide local excision of the tumor. Histopathological examination showed a hypo cellular neoplasm composed of uniformly distributed stellate cells in an abundant myxoid matrix and variably sized vessels suggestive of deep Angiomyxoma. 1 year follow up showed no recurrence. Deep angiomyxoma of the vulva has to be distinguished from benign myxoid and malignant myxoid neoplasm. Wide local excision of the tumour is the treatment of choice. Long term follow up is indicated in view of local recurrence.

Keywords : Angiomyxoma, India, Rare, Vulva

Introduction

Deep angiomyxoma is a very rare, slowly growing, and benign tumor of mesenchymal origin, presenting in women of reproductive age, which has high risk for local relapse [1]. Deep Angiomyxoma was first described by Steeper and Rosai in 1983. It is a very rare local mesenchymal tumor of unknown etiology usually affecting vulva, labia major, buttocks, or pelvis of women in reproductive age [3]. Very few cases reports have also been described in men, which affect the scrotum [2]. Pathophysiology is unclear, but estrogen and progesterone influence may also play a role [4]. Women are affected predominantly in early reproductive years. Adult men are less commonly

affected. Female to male ratio is 6:1. It is Rare in children [4]. Controversy exists regarding management in view of local recurrence. It is a mesenchymal lesion; angiomyxoma mimics disorders which range from non neoplastic vulval hypertrophy and lymph edema to malignant tumours like myxoid liposarcoma.

Presentation

A 42-year-old female is presented, with a large firm gelatinous mass on the right labia majora, measuring about 5.5×6 cm with duration of 2 years and increased in size for 6 months. (Fig.1a) it was painless, soft, spongy in consistency, and non-tender. Menstrual cycles were regular with a normal flow. Examination of the cervix, external urethral meatus and vagina were unremarkable. Bilateral inguinal lymph nodes were not enlarged. Ultrasound of the abdomen and pelvis was normal. Cystoscopy was done in view of mass close to the external urethral meatus, which showed normal urethral meatus, urethra and bladder. She underwent wide local excision of the lesion (Fig.1b). There was moderate bleeding during the procedure but the postoperative course was uneventful. Histopathologically, lesion showed a neoplasm covered by stratified squamous epithelium. The neoplasm was paucicellular (Fig.2a) composed of uniformly distributed spindle to stellate cells with ill-defined cell borders, moderate amount of eosinophilic cytoplasm and an elongated bland nucleus. Interspersed were thin fascicles of smooth muscle bundles and variably sized numerous thin and thick walled blood vessels (Fig.2b, 2c). These cells

were set in an abundant myxoid and collagenous stroma (Fig.2d). Differential diagnosis at this stage included fibro epithelial polyp and, angiomyofibroblastoma both being commonly reported in Vulva. Because of the larger size, ill defined margins and absence of predominantly plump cells with perivascular accentuation, Angiomyofibroblastoma was ruled out. Angiomyofibroblastoma is usually a well circumscribed, smaller neoplasm with hyper cellular and hypo cellular areas with more plump cells with perivascular accentuation. Lack of bizarre stomal cells ruled out fibro epithelial polyp. There were no atypical cells or increased mitosis. With the above morphological features, it was diagnosed as Deep Angiomyxoma. 1 year follow-up revealed no recurrence.

Discussion

Deep angiomyxoma is the benign tumor commonly presents as an asymptomatic mass in the genital area of women in their reproductive life. The term “deep” denotes its propensity for local aggression and recurrence after excision. Approximately 70% - 80 % of the cases have recurrence after a period of 5 years postoperatively and it has been reported even 20 years after surgery. Local recurrences are treated with reoperation with wide local excision [1]. Some controversy exists with regard to need chemotherapy. Some studies advocate that tumour cells are positive for estrogen and progesterone receptors[2,3]; hence hormonal therapy like tamoxifen and gonadotropin-releasing hormone analogue will reduce the tumor size and helps to make complete excision in large tumors and in the treatment of recurrence [5, 6]. Some studies also conclude that there is No role in Chemotherapy and radiotherapy in view of low grade mitotic figures. However most studies have consensus for Long term follow up with local

examination and MRI pelvis for local recurrence [1]. Here we observed that wide local excision of the tumour even without chemotherapy, with good follow-up can prevent local recurrence as observed in some of the studies. Angiomyxoma is a mesenchymal lesion. Immunohistochemically, these tumors stain for vimentin and desmin. The tumor cells also show some expression for muscle actin. Superficial angiomyxoma, angiomyofibroblastoma, and smooth muscle tumors like leiomyoma, hamartoma, liposarcoma also need to be considered in the differential diagnosis of a solid smooth mass in the perineum [2]. We observed that a wide range of vulvar mesenchymal lesions exist and angiomyxoma has to be differentiated from the mimics which range from non neoplastic vulval hypertrophy and lymph edema to malignant tumours like myxoid liposarcoma

Conclusion

Deep Angiomyxoma is rare entity in the Vulva, especially when it is painless lesion, particularly in premenopausal women in their third to fourth decades of life. CT/MRI pelvis is advocated in this situation for the extent of the mass. A wide range of vulvar mesenchymal lesions exist and angiomyxoma has to be differentiated from the mimics which range from non neoplastic vulval hypertrophy and lymph edema to malignant tumours like myxoid liposarcoma. Wide local excision is the treatment of choice for deep angiomyxoma of vulva with low recurrence rate. Long term follow up is required with genital examination and imaging studies.

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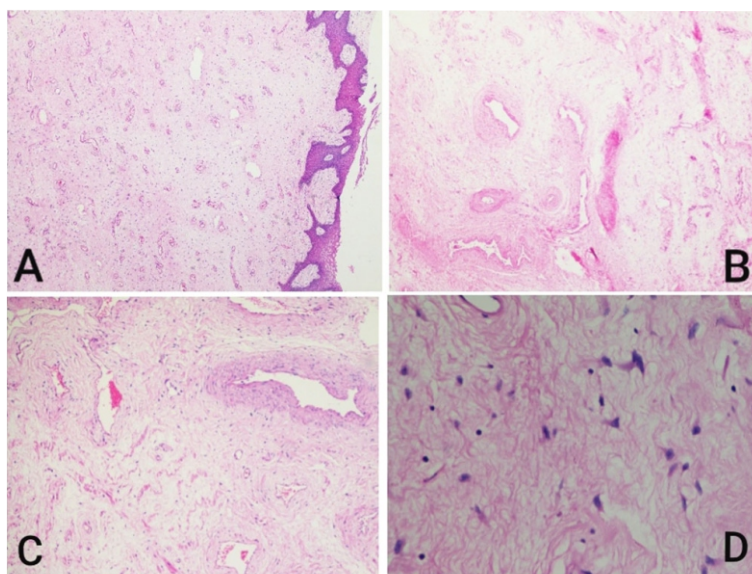
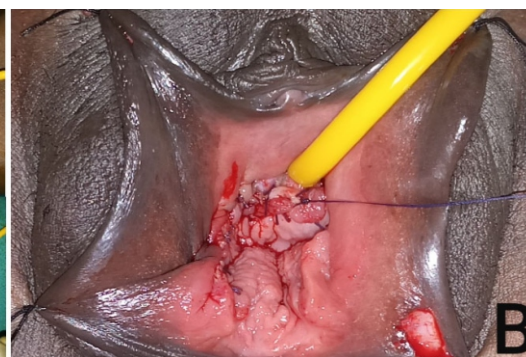
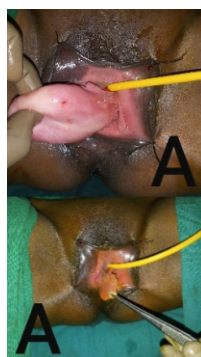
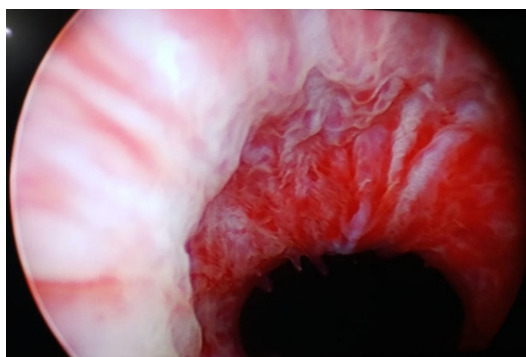


Fig. a- Hypocellular neoplasm (4x)

Fig. b- Variably sized vessels in a hypocellular background

Fig. c- Ectatic and thick walled blood vessels (10X)

Fig. d- Stellate shaped cells in myxoid stroma (40X)