

# 蝶骨腫瘤的非典型表現

Sphenoid sinus tumor had atypical behaviors

林冠合. 張凱堯. 呂政彥. 劉建良. 陳維恭  
中國醫藥大學附設醫院 急診部

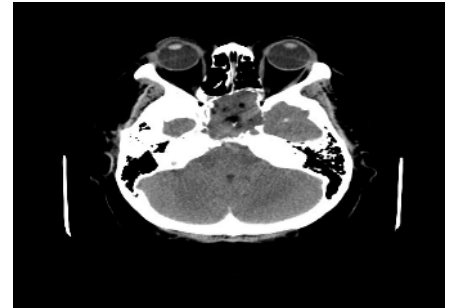
**Introduction** : Emergency department was usually busy and noisy. We tried to find the definite diagnosis from some clue. We told with patient to get medical history and did physical exam. We checked blood test and arranged advanced study. Then we tried to find the final answer. But sometimes it was not easy.

## Case Report :

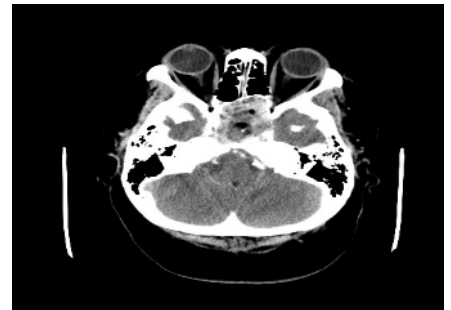
A 55-year-old female presented to the emergency department(ED) with headache for 3 weeks. She had chronic headache history for many years. In ED, there was no recent rhinitis, epistaxis, cough, sorethroat, nor post nasal dripping. We checked her with every items of neurologic exam. But there was no neurologic defect including eyes motion and eyes vision. Pain control was done. Due to afraid of atypical meningitis, lab exam showed hsCRP:2.19 mg/dl(<0.8), WBC:11440 /ul, Seg: 81.9%, we prepared lumbar puncture. Brain CT was arranged first. But we found a tumor like lesion occupied the sphenoid sinus with bony destroyed. MRI exam was arranged several days later and the nasopharyngeal carcinoma was impressed. Then the operation was on schedule.

## Discussion :

In emergency department, we selected exams under our experience and thickening process. Some lost diagnosis was no harm to patient, but some was not. The different diagnosis changed patient's mood and life. Under limiting exam budget, it was difficult but we still should do our best to find the definite diagnosis. It was every ED doctor's responsibility.



Non-enhanced brain CT



Enhanced brain CT : tumor in the sphenoid sinus, sella and suprasella cistern



.MRI image arranged in OPD

