gammagrapy may be normal or show multiple small, peripheral repletion defects. The diagnosis of pulmonary tumor embolism requires finding tumor cells in the lung vasculature. Cervical cancer is the second most frequent cause of morbidity and mortality related with cancer among women in developing countries: 371,200 new cases each year, with a 50% mortality rate. The incidence of invasive cervical cancer is related with age, with a mean age at the time of diagnosis of 47 in the United States. As for the histopathology, squamous carcinoma represents 80% of cervical cancers, adenocarcinoma 15% and adenosquamous carcinoma between 3% and 5%. The lesion may present as a superficial ulceration, an exophytic tumor of the external cervix or infiltration of the cervix. 15% of patients show no visible lesion because the carcinoma is inside the endocervical canal. Cervical cancer may propagate by direct extension in the uterus, vagina, parametrium, peritoneal cavity, bladder or rectum, and by lymphatic or hematogenous dissemination.5

References

Asymptomatic Pneumomediastinum After Wisdom Tooth Extraction*

Neumomediastino asintomático tras extracción cordal

Dear Editor:

The surgical extraction of the third molar is the most frequently carried out procedure in oral surgery.1 Common complications include pain, bleeding, infection, perforation of the maxillary sinus and nerve injury.2 Pneumomediastinum and subcutaneous emphysema are considered to be exceptional, and we therefore present the case of a patient who developed such complications.

A 30-year-old patient came to the emergency department due to crepitations in the face, neck and thorax after the extraction of the right mandibular third molar the previous day. The patient referred no dyspnea, pain or tumefaction. Upon exploration, the patient was hemodynamically stable, with an oxygen saturation of 100% and evident subcutaneous emphysema on the right side of the face, lateral and cervical region and right side of the upper thorax. Work-up was normal; cervical and thoracic radiography showed important subcutaneous emphysema and pneumomediastinum, and computed tomography (CT) was done (Fig. 1). The patient was admitted to hospital for prophylactic antibiotics and observation. The evolution was favorable, with a progressive reduction in the emphysema.

Fig. 1. Cross-sectional CT images of the mandibular, inferior cervical and superior mediastinal areas. There is observed widespread emphysema that dissects the bilateral cervical muscle planes and affects the parapharyngeal and prevertebral spaces, floor of the mouth, submandibular space and posterior cervical space, reaching the mediastinum and causing pneumomediastinum. These findings are asymmetrical and more evident on the right side.

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Osteonecrosis of the Jaw in a Patient With Advanced Non-Small-Cell Lung Cancer Receiving Bevacizumab

Dear Editor:

Osteonecrosis of the jaw (ONJ) occurs in up to 18% of patients being treated with bisphosphonates due to bone metastases. Recent evidence suggests that bevacizumab, a new antiangiogenic drug, could alone induce ONJ and that the combination of both drugs can increase the risk for ONJ. We present herein a case of ONJ attributed to bevacizumab in a patient with advanced lung cancer, and we review the recent understanding on this subject.

A 57-year-old male was diagnosed with non-small-cell lung cancer. At the time of the diagnosis, the patient presented bone metastases in the right femur and iliac bone, and he received palliative radiotherapy combined with 4 mg of intravenous zoledronic acid once a month. At the same time, combined chemotherapy was begun with cisplatin (75 mg/m²) and paclitaxel (75 mg/m²) every 3 weeks. After completing 3 cycles, treatment with bevacizumab was added at a dose of 15 mg/kg every 3 weeks up to a total of 8 cycles. While the patient received this new treatment for 3 weeks, he reported low-grade fever with pain in the right jaw and painless swelling of the right eyelid. The patient used dentures and had mentioned no recent history of oral or dental surgery. Upon examination, we observed an area of uncovered bone at the back of the right jaw measuring 1.8 cm × 0.5 cm, which had a necrotic appearance with inflammation of the surrounding soft tissue (Fig. 1). The samples obtained with a swab of the area of the necrotic bone were

We conclude that the development of subcutaneous emphysema and pneumomediastinum during wisdom tooth extraction is a very uncommon complication, but that it should be kept in mind if an air turbine is used.

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Conflicts of Interest

The authors declare having no conflicts of interest.

References


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