# Annotated bibliography.

N Altman, J A Brunberg, A D Elster, A E George, D B Hackney, R B Lufkin, J S Ross, J D Swartz, J L Weissman and S M Wolpert

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# Annotated Bibliography

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## Neck and Nasopharynx

Robinson DL, Destian S, Hinton DR. **Synovial sarcoma of the neck: radiographic findings with a review of the literature.** *Amer J Otolaryngol* 1994;15:46–53

Case report of a synovial sarcoma arising in the infratemporal fossa (nasopharyngeal masticator space) with destruction of skull base and invasion of temporal lobe. Well illustrated with magnetic resonance (MR) and computed tomography (CT). Selective external carotid angiogram showing blush is also included. Excellent discussion.□JDS

Stack BC, Ridley MB. **Arytenoid subluxation from blunt laryngeal trauma.** *Am J Otolaryngol* 1994;15:68–73

Report of a 36-year-old man who suffered airway compromise after blunt trauma. The CT demonstration of the abnormality is underwhelming; however, the review of anatomy and injury of the cricoarytenoid articulation is excellent. Make a note of this interesting article should a case surface.□JDS

Har-El G, Lucente FF. **Lymphatic drainage after left radical neck dissection.** *Ann Otol Rhinol Laryngol* 1994;103:46–48

The authors warn their colleagues to be careful to avoid ligation of the thoracic duct when performing *left* radical neck dissection. They suggest that there is an increased incidence of chylous pleural effusion caused by inadequate collateralization in some patients. Includes a brief but useful discussion of the anatomy and physiology of the thoracic duct.□JDS

## Spine

Oldfield EH, Muraszko K, Shawker TH, Patronas NJ. **Pathophysiology of syringomyelia associated with Chiari I malformation of the cerebellar tonsils. Implications for diagnosis and treatment.** *J Neurosurg* 1994;80:3–15

Combination of cerebrospinal fluid flow cine MR, surgical observations, and intraoperative ultrasound measurements helps explain certain features of the formation and progression of syrigomyelia in patients with Chiari I malformation. Some of the "new" mechanisms proposed by the authors may not explain all the features of the disease and may not withstand the test of time. However, their discussion section and bibliography provide a good review of the existing theories, including those of Gardner, Williams, and others.□ADE

## Nose, Paranasal Sinuses, Face, and Oral Cavity

Stickney KO, Weymuller EA, Mayberg M. **MRI evaluation of the sphenoid sinus after transsphenoidal approach to the pituitary.** *Laryngoscope* 1994;104:1–4

Forty-two patients who had transsphenoidal surgery were studied with MR. In the first 12 weeks after surgery, 100% of patients had intrasinus effusions. At 6 to 18 months, 71% of the patients had persistent sinus mucosal disease. After 2 to 3 years, 78% had abnormal sinuses.□RBL

## Temporal Bone

Reddy KTV, Vinayak BC, Jefferis AF, Grieve DV. **Fibrous dysplasia of the temporal bone.** *Ann Otol Rhinol Laryngol* 1994;103:74–76

Two axial CT scans demonstrate fibrous dysplasia of the right temporal bone in an 8-year-old girl who presented with right ear "swelling." A limited discussion of the well-known complications is included.□JDS

Safadi RR, Tali ET, Gao F, Dolan KD, Yuh WTC. **Abnormal enhancement in the region of the vestibular aqueduct on magnetic resonance imaging in a cerebellopontine angle meningioma.** *Ann Otol Rhinol Laryngol* 1994;103:72–73

Two preoperative and one postoperative high-quality MR images demonstrate a large cerebellopontine angle mass extending into the internal auditory canal pathologically confirmed as meningioma. They demonstrate a focus of contrast enhancement along the posterior surface of the petrous pyramid, which according to the authors corresponds to the vicinity of the vestibular aqueduct. There were no corresponding unique symptoms. The authors suggest that this is analogous to a "dural tail."□JDS

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