NEETI CLINICS HIGHLIGHTS

October to December 2025

Interesting Cases

GLOMUS TYMPANICUM: A 51-yr male patient diagnosed with Glomus Tympanicum presented with tinnitus. The tumour was operated through an end aural incision. The vascular tumour was occupying the antero-inferior, antero-superior and postero-superior quadrants. Complete tumour excision was achieved without significant blood loss.

RECONSTRUCTION WITH TUBE PMMC AFTER TOTAL LARYNGECTOMY FOR CA LARYNX: A 54-yr male patient was diagnosed with Carcinoma Larynx and had undergone CT RT in May 2025. He had a recurrence for which he was operated at Neeti Clinics. Procedure: Total Laryngectomy, Partial Pharyngectomy, Hemi Thyroidectomy.

THYROID CANCER WITH MEDIASTINAL EXTENSION: A middle-aged lady presented with follicular thyroid cancer with deep anterior mediastinal extension upto the aortic arch, with extensive vascular invasion and multiple tumour emboli in the IJV, SVC and brachiocephalic vein. A sternotomy was performed and a combined cardio-thoracic and head-neck surgical team performed this 12-hour long surgery without any major complications. Patient started oral feeds on day 2 and was fit for discharge by day 10.

LOCALLY ADVANCED THYROID CANCERS: 3 patients with locally advanced thyroid cancers with cervical nodal metastases were operated within a single week: a 62-yr-old lady, a 14-yr-old boy, and a 42-yr-old gentleman. The lady had a pre-existing cord palsy making the other side a precious scenario; however, the contralateral side had extensive central and lateral nodes. Surgery was performed under nerve monitoring with the nerve functioning intact. The second case had extensive invasion into the tracheoesophageal groove with significant RLN encasement – the nerve was preserved intact. The paediatric case warranted total thyroidectomy with bilateral neck dissection.

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THYROIDS – ALL SHAPES AND SIZES: Neeti Clinics team performed 14 thyroid surgeries in a single month – ranging from a hemithyroidectomy for a benign nodule to an extensive follicular thyroid cancer with mediastinal extension.

FREE FIBULA RECONSTRUCTION: A young gentleman underwent segmental mandibulectomy with neck dissection and free fibula microvascular reconstruction for lower alveolar cancer.

MAXILLARY CARCINOMA WITH ORBITAL EXTENSION: An aggressive maxillary cancer was planned for total maxillectomy with neck dissection and free antero-lateral thigh flap reconstruction. The patient had disease extension into the pterygo-maxillary fissure and a combined endoscopic approach was used for complete disease clearance.

MAJOR SURGERY IN PATIENT WITH MYASTHENIA GRAVIS: Myasthenia Gravis is an autoimmune condition where suppression of Ach receptors at the neuro-muscular junction leads to easy fatigability of muscles. A 71-yr gentleman with hypertension and Myasthenia Gravis was to be operated for Ca Tongue. Anaesthesia in such patients is risky due to increased susceptibility to muscle relaxants. Plan was to conduct surgery without muscle relaxants, but immediately after induction the patient had severe hypotension. Rocuronium was given at 1/10th of standard dose. Surgery lasted 3.5 hrs and the same dose lasted the entire duration. After surgery, muscle relaxant was reversed with Sugammadex. Patient made a smooth recovery.

COCHLEAR IMPLANT: A 2.5-yr male patient with bilateral profound sensorineural hearing loss was operated for cochlear implant. Due to Smart Nav technology the surgery was very precise and accurate. The entire procedure was completed in less than 3 hrs.

SINONASAL INFLAMMATORY MYOFIBROBLASTIC TUMOR: A 22-yr male patient had a nasal mass from the pterygopalatine and pterygomaxillary fissures extending into the maxillary and sphenoid sinus. By lateral skull base approach, the tumour was removed endoscopically.

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