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SYNOVIAL SARCOMA ARISING IN THE RETROMOLAR TRIGONE: A RARE PRESENTATION

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Case report A 33-year-old female presented with complaints of lesion in the left retromolar trigone. CT scan demonstrated a soft tissue mass in left buccal space extending into the left infratemporal region. Biopsy was positive for Synovial Sarcoma. She received chemotherapy followed by wide local excision.Treatment with a total of 60 Gy radiotherapy was given. Patient tolerated the treatment well and remained disease free for 4.5 years. She developed recurrence and received palliative radiation for bleeding and pain control.

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RARE TUMOURS AND HISTIOCYTOSIS

PP 36

ASSOCIATION OF NF-1 AND MOYAMOYA SYNDROME : CASE REPORT

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Introduction: Neurofibromatosis type 1 (NF-1) is the most prevalent autosomal dominant genetic disorder. NF-1 vasculopathy is a significant complication of the disease. It affects both arterial and venous blood vessels of all sizes. Also Moyamoya syndrome is a cerebral vasculopathy . It is rarely detected with NF-1 in the pediatric group. Herein, we report of a 5 year-old male with NF1 and moyamoya syndrome. **Case Report:** A 6-month-old baby boy was brought by his family with the complaint of brown spots on the body. On physical examination, cafe au lait spots on the body, subcutaneous nodule in the occipital area and hypotonicity were found. He was examined considering neurofibromatosis, one of the neurocutaneous diseases. Abdominal ultrasonography, brain MRI, echocardiyography, electroencephalography were normal. There was no pathological evidence in eye examination. In genetic tests, NF1 p.GIn2217 gene was found heterozygous positive. patient was followed up with annual brain MRI. Hamartomatous lesions in left putamen and left thalamus posterior were detected in brain MRI when the patient was two years old. There was no pathological evidence on norological physical excamination. When he was three years old thickening and enhancement of the right optic nerve was found in MRI due to possible optic glioma. Only in the left cerebellar hemisphere, two millimeter-sized hamartomatous lesions in the white matter were found to have newly developed. Both internal carotid arteries (ICA) are thinned from the supraclinoid segment. Middle cerebral artery (MCA) M1 segment on the right and anterior cerebral artery (ACA) A1 segment on the left could not be selected. Many thin collateral vascular structures were selected in these localizations and were found to be significant in terms of Moyamoya disease. Regression was detected in right optic glioma. No predisposing factor was found in the examinations of the patient for thrombosis. Acetyl salicylic acid prophylaxis was started. The patient was taken under neurosurgery follow-up for revascularization surgery. The follow-up and treatment continues. **Conclusion:** Association of NF-1 and Moyamoya syndrome is rare, but carries a potential risk of clinicoradiological progression. Closed monitoring of children with neurofibromatosis type 1 enables early diagnosis of moyamoya syndrome. Revascularization surgery may effective way to prevent progression of clinical symptoms, but long-term results require close follow-up studies.

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EVALUATION AND MANAGEMENT OF THYROID NODULES AT A TERTIARY CARE PEDIATRIC CANCER CENTER IN TURKEY

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Objective: The object of this study is to search the characteristics of children and adolescents with thyroid nodules and analyze our institutional experience in the management of thyroid nodules.The complaints of these patients, physical examination findings, diagnostic features, results of radiologic researches, choise of the most appropriate modality to these patients' thyroid nodule assessment, and the management of the pathology results were revealed. **Methodology:** Patients who applied to the pediatric endocrinology or oncology outpatient clinic of Ankara City Hospital with the diagnosis of thyroid nodule were examined. All patients who has pathology result as benign, atypia of undetermined significance/follicular lesion of undetermined significance (AUS/FLUS), follicular neoplasm/ suspicious for a follicular