

## Sounds of Bird Singing in an Adult Woman 1 case

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A woman visited our clinic with sound on neck which was misdiagnosed as asthma at primary clinic. The sound was unusual, peculiar bird sound. Thorough diagnostic examination revealed the bird sound was associated with very rare disease; Thornwaldt's cyst. **Case:** A previously healthy 62-year-old woman presented to our clinic because of sounds of birdsong that had involuntarily accompanied her normal breathing for approximately 1 month. The sounds were very high-pitched in tone, and they persisted during both inspiration and expiration but disappeared when she closed her nostril. The vocal cord was intact when examined by laryngoscopy; however, a small opening was observed in the nasopharynx, and computed tomography of the neck revealed a small cyst with an orifice opening to the nasopharynx side (Figure, arrow). After the orifice was occluded with gauze, the sound disappeared. Subsequently, the woman underwent surgery for resection of this cyst. **Thornwaldt's cyst** is a rare and benign mucosal cyst located in the midline nasopharynx, often found incidentally. Thornwaldt's bursa is a recess formed by retraction of the notochord, and closure of the orifice results in Thornwaldt's cyst. This mucosal cyst is almost always asymptomatic. However, if accumulated fluid becomes infected or exposed, symptoms such as halitosis, occipital headache, and postnasal drip are known to occur. Asymptomatic lesions require no treatment, and de-roofing the cyst is usually sufficient for the management of symptomatic lesions.



## The clinical usefulness of the ProVent score in patients requiring prolonged mechanical ventilation.

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**Introduction:** We evaluated the clinical usefulness of a prognostic scoring system (the ProVent score) in Korean patients requiring prolonged mechanical ventilation (PMV). **Methods:** We retrospectively analyzed the data of 184 patients who had received mechanical ventilation for at least 21 days in a medical intensive care unit of a tertiary care hospital between January 2004 and December 2013. **Results:** Their median age was 65 years (range 19-91) and 66.8% were male. One-year mortality was 67.4%. On day 21 of mechanical ventilation, the ProVent score was 0 in 13 patients (7.1%), 1 in 39 patients (21.2%), 2 in 73 patients (39.7%), 3 in 42 patients (22.8%), and  $\geq 4$  in 17 patients (9.2%), respectively. For ProVent score ranging from 0 to  $\geq 4$ , one-year mortality were 46.2%, 53.8%, 68.5%, 76.2%, and 88.2%, respectively. The area under the curve of the receiver operator characteristic curve for the ProVent score was 0.641 (95% confidence interval 0.556 - 0.725). Kaplan-Meier curve of one-year survival by each ProVent scores showed statistically significant differences (log-rank test:  $p=0.001$ ). Logistic regression analysis showed that only thrombocytopenia was independently associated with one-year mortality in our cohort (Odd ratio 4.786,  $p<0.001$ ). **Conclusions:** In our study, the ProVent score could be applied to predict one-year mortality for patients requiring PMV in tertiary hospital in Korea. Further investigation including larger population would be warranted to validate this ProVent score.