A 70 year old woman presented to outpatient department with a history of gradually progressive hearing loss in the right ear of one year's duration. There was no history of ear discharge, pain, tinnitus, or vertigo. Examination revealed a firm, skin lined mass that was not tender and was confined to the ear canal. Facial nerve functions were intact. The patient was advised to come for a biopsy after routine investigations (radiography of her mastoids and chest and haematology), but she missed follow up. Eight months later she presented to the outpatient department again with the same auricular mass, which had increased in size and was protruding out of the ear canal as shown in the fig 1. Biopsy was performed, the mass was fleshy and moderately vascular and friable; microscopy findings are shown in the fig 2.

**QUESTIONS**
1. What is the diagnosis?
2. What further investigation is required?
3. What are the peculiarities of this tumour?
4. What is the treatment?

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Submitted 12 July 2002
Accepted 8 October 2002

**Hip replacement**

**A complication of hip surgery**

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**QUESTIONS**
1. What is the likely diagnosis?
2. Which test should be recommended to confirm the diagnosis?
3. What treatment should be offered for the pulmonary embolism?

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Submitted 12 December 2002
Accepted 20 December 2002