Conclusion
La péritonite primitive est cliniquement indifférenciable de la péritonite appendiculaire. L'échographie abdominale peut être d'un grand apport mais l'exploration chirurgicale par voie cœlioscopique doit être réalisée devant la crainte d'ignorer une pathologie chirurgicalement curable. Elle élimine avant tout une péritonite appendiculaire, recherche un foyer intraabdominal, vérifie l'intégrité des organes abdominaux et pelviens. Ainsi un prélèvement bactériologique per opératoire peut être effectué afin d'isoler le germe et d'adapter l'antibiothérapie et enfin elle assure une toilette péritonéale facilitant les suites opératoires.

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Faouzi Nouira, Nadia Sarrai, Said Jlidi, Beji Chaouachi
Service Chirurgie pédiatrique « B », Hôpital d'enfants, Tunis, Tunisie
Faculté de Médecine de Tunis
Université Tunis El Manar

Transient complete loss of vision after transurethral resection of the prostate

Transient blindness is an uncommon reported complication of transurethral resection of the prostate (TURP) (1, 2). Herein we report a case and discuss the possible etiologies of this complaint, which is a symptom of the "TURP syndrome."

Case report:
A 75-year-old man with a history of hypertension was admitted because of sever lower urinary tract symptoms secondary to prostate hypertrophy. Digital rectal examination revealed an enlargement of the prostate and abdominal ultrasound showed a prostate of 56 ml with normal aspect of the upper urinary tract. Preoperative electrolytes, glycemia and creatinine were within normal levels. Under spinal anesthesia, a TURP was performed using 1.5% glycine as irrigating fluid and resecting an estimated 40 gr in fifty-eight minutes. During the operation, several large open venous sinuses were noted by the operator. Vital signs remained stable during the procedure. The estimated blood loss was 150 cc. But at the end of the resection, the patient reported that suddenly he could not see at all. We stopped the resection after a short haemostasis. The patient's conscious sate was well, his blood pressure and pulse remained stable and bleeding was well controlled. Treatment consisted of 40 mg. parenteral furosemide and intravenous infusion of normal saline. At that time, his electrolytes were: sodium 121 mEq., potassium 4.7 mEq. and chloride 81 mEq. Hyponatremia was slowly corrected by intravenous saline solution. The cérébral CT scan exhibited any anomaly. Eyesight returned completely normal after 5 hours. Serum electrolytes on the second postoperative day were normal, and the patient made an uneventful recovery.

Conclusion
Patients with visual disturbances during or immediately after transurethral prostatectomy should be suspected of having a TUR reaction. They should be early diagnosed and correctly treated.

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Sallami Sataa, Hmidi Mohamed, Horchani Ali
Department of Urology- La Rabta University-Hospital.
Faculty of Medicine of Tunis – University of Tunis - El Manar

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Coexistence of a malignant stromal tumor of the stomach with an adenocarcinoma of the lung in a patient with neurofibromatosis type 1

Malignant gastrointestinal stromal tumors (GIST) are specific mesenchymal tumors that may occur anywhere along the gastrointestinal tract [1]. Majority of GIST are positive for CD117 and vimentin in immunohistochemical staining [2]. Coexistence of malignant GIST and other malignancies have been reported in some unique cases. Such cases always require differential diagnosis for metastatic GIST [2]. In addition, association of GIST with NF1 is increasingly described [3, 4]. The case we report represents a coexistence of a GIST of the stomach with an adenocarcinoma of the lung in a patient with NF1. To our knowledge, the coincidence of GIST and lung cancer has rarely been reported in the literature.

Case Report
A 57-year-old male, great smoker, with a history of gastric operation- in 1987- for a gastric ulcer complicated with perforation, was admitted to our department for the exploration of melena with stomach ache and weight loss evolving since July 2009. On physical examination, the patient looked thin and pale. There were numerous "café au lait" spots (more than 10, with 2 to 10cm of large) (figure 1), two cutaneous neurofibromas and multiple freckles on armpits and trunk (figure 2). The questioning revealed, in fact, a family history of "café au lait" spots in a sister and in a brother who died 3 years ago when explored for cerebral tumor (which seemed to be a glioma on CT scann) associated to a lung cancer. The