Conclusion

Le LMNH du testicule est une pathologie rare, le diagnostic est exclusivement anatomopathologique nécessitant le recours à l'immunohistochimie afin d'éliminer une tumeur germinale. Les lymphomes testiculaires primitifs, sont dans 80% des cas des lymphomes B à larges cellules. La diffusion du LMNH testiculaire se fait vers différents sites en particulier le testicule controlatéral, le système nerveux central, le poumon, la plèvre et les tissus mous. L'orchidectomie constitue une composante essentielle du traitement car le testicule est un organe peu accessible à la chimiothérapie et représente un site fréquent de rechutes. Le pronostic des LMNH du testicule est sombre avec une médiane de survie de 12 mois et une survie à 5 ans de 15% à 50% même après chimiothérapie.

Références

1. Houlgatte A, Iborra F. Tumeurs non germinales du testicule. Ann Urol 2006 ; 40: 355-62.
2. Brice P, De Kerviler E. Lymphomes de l'appareil urogénital. Ann Urol 2007; 41: 1-5.
3. Tondini C, Ferreri AJ, Siracusano L et al. Diffuse Large-cell lymphoma of the testis. J Clin Oncol 1999; 17: 2854-8.
4. Zucca E, Conconi A, Mughal TI et al. Patterns of outcome and prognostic factors in primary large-cell lymphoma of the testis in a survey by the international extra nodal lymphoma study group. J Clin Oncol 2003; 21: 20-7.
5. Duncan P.R, Checa F, Growing N.F.C, Mc El Wain T.J, Peckham M.J. Extra nodal non hodgkin's lymphoma presenting in the testicle. A clinical and pathologic study of 24 cases. Cancer 1980; 45: 1578-84.

Samira Azzabi, Imène Boukhris, Adel Albuweiri, Eya Chérif, Lamia Ben Hassine, Chékib Kooli, Zouleikha Kaouech, Narjess Khalfallah

Université Tunis El Manar, Faculté de médecine de Tunis, Hôpital Charles Nicolle, Service de Médecine Interne B, 1002, Tunis, Tunisie

Laparoscopic Appendectomy for Appendiceal Endometriosis Presenting as Acute Appendicitis

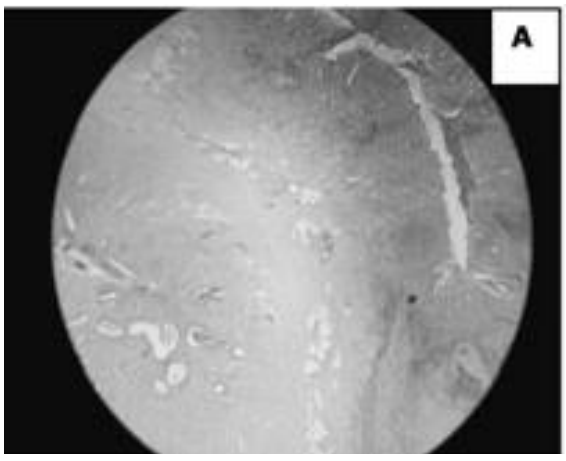
Endometriosis is defined as the presence of ectopic endometrial tissue outside the lining of the uterine cavity and is fairly common in childbearing women [1]. However, involvement of the gastrointestinal tract is uncommon and endometriosis of the appendix is an even rarer occurrence [1, 2]. Appendiceal endometriosis presenting as acute appendicitis is exceedingly rare. The first patient with a preoperative diagnosis of acute appendicitis and a postoperative diagnosis of appendiceal endometriosis was reported in 1952 [3, 4].

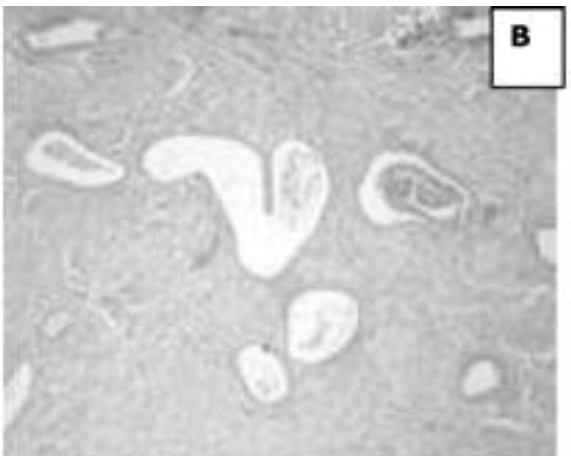
We report a case of appendiceal endometriosis clinically presenting as acute appendicitis, which was diagnosed and treated successfully by laparoscopic appendectomy.

Case report

A 27-year-old woman presented to the emergency department with right lower quadrant pain and nausea without vomiting. She had no fever or any unusual vaginal discharge. Her menses had been irregular and heavy, with occasional dysmenorrhoea. Her last menstruation was three weeks before admission. On admission, she had a low-grade fever of 37.9ºC. Physical examination disclosed tenderness, guarding, and rebound tenderness in the lower abdominal quadrants, especially the right. A rectal examination showed no abnormalities. We did not perform a vaginal examination. Her white blood cell count was 15400/mm3 with 83.6% segmented neutrophils and her C-reactive protein (CRP) was increased, at 25 mg/dl. Human chorionic gonadotropin was not detected in serum. Urine analysis results were normal. No diagnosis could be made from ultrasonography. With a preoperative diagnosis of acute appendicitis, a laparoscopy was done. The peritoneal cavity was relatively clean with minimal fluid and the appendix was

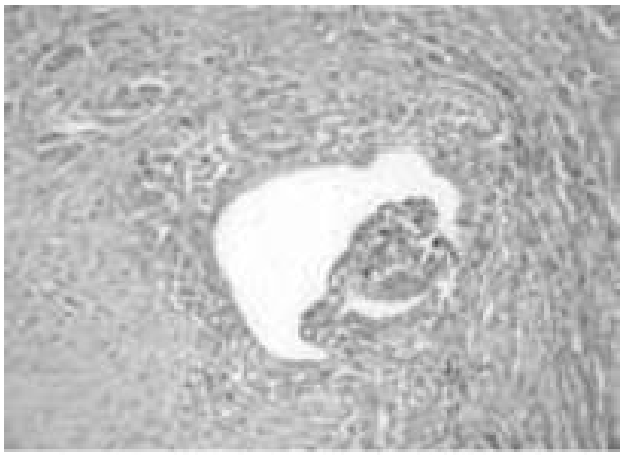
Figure 1: Histopathology of the appendix vermiform. No mucosal changes were seen in the appendix (A). Endometriotic glands and cell infiltration were detected in the serosal layer of the extra-appendix (B).





identified laterocecally. It appeared mildly congested and measured 7 x 0.5 cm at the widest diameter. An appendectomy was done. Right ovary and distal ileal segments were examined during the operation and no pathological gross finding was found. The patient had a good clinical course and was discharged from hospital on postoperative day 1. Histological examination showed several ectopic endometrial glands with stroma in the thickened muscular propria and subserosa at the appendix (Figures 1 and 2) confirming a diagnosis of endometriosis of the appendix. Some of the endometrial glands were dilated. Minimal fresh haemorrhage was noted with moderate lymphoid hyperplasia in the lamina propria, but no significant acute inflammation was seen in the appendix. For Post-operatively routine follow-up, we performed transvaginal ultrasonography, assayed serum for carbohydrate antigen 125, and obtained uterine brushings for cytologic examination. No abnormalities were found.

Figure 2: Hyperplasic endometrial glands and leukocytic infiltration were detected in the muscular layers.



Conclusion

In conclusion, appendiceal endometriosis is rare and almost never correctly diagnosed pre-operatively. It may be suspected when associated with obvious pelvic endometriosis. Laparoscopy is useful for the diagnosis and appendectomy relieves the acute symptoms of appendiceal endometriosis. Definitive diagnosis is only established by microscopical examination of the appendix. Post-operative follow-up with referral to the gynaecologist may be necessary.

References

1. Beresky RE, Weiser H, Carroll C. Endometriosis of the vermiform appendix. Mil Med 1987;152:366–7.
2. Bromberg SH, Waisberg J, Franco MI et al. Surgical treatment for colorectal endometriosis. Int Surg 1999;84:234–8.
3. Nakatani Y, Hara M, Misugi K et al. Appendiceal endometriosis in pregnancy. Report of a case with perforation and review of the literature. Acta Pathol Jpn 1987;37:1685–90.
4. Yelon JA, Green JM, Hashmi HF. Endometriosis of the appendix resulting in perforation: a case report. J Clin Gastroenterol 1993;16:355–6.

Anis Ben Maamer, Haithem Zaafouri, Noomen Haoues, Ammar Daraoui, Rabii Noomene, Ahmed Bouhafa, Abdelaziz Oueslati, Abderraouf Cherif

Tunis El Manar University, Faculty of Medicine of Tunis, Departement of Surgery, Habib Thameur hospital, Tunis, Tunisia