debridement and partial cystectomy was performed with cystorraphy. Bladder suprapubic and transurethral drainage were performed as well as abdominal and Retzius drainage.
Histological examination confirmed necrosis of the bladder mucosa and the smooth muscle layers. Postoperative follow-up was uneventful, with primary healing of the operative wound. Three days post-operatively, his renal, hepatic and pancreatic functions returned to their normal values.
The suprapubic catheter was removed on the 4th day postoperatively and a urethral catheter has been left in place for 2 weeks.
The patient was treated by intravenous antibiotherapy with ciprofloxacin (800 mg/day), cefotaxime (3g/day) and metronidazole (1500 mg/day) for two weeks with good recovery.
He left the hospital on the 15th day post-operatively.
At 3 months postoperatively urine was clear and he voided only once during the night.

Conclusion
GC is a rare and dramatic condition. Severe urinary peritonitis caused by gangrene of the bladder may be a main clinical presentation. Preservation of the bladder should be tried if possible. We firmly believe that only immediate and intensive treatment, including total excision of the necrotic tissue, can guarantee a favourable outcome.

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Systemic lupus erythematosus and psoriasis: A new case

Psoriasis is a common reason for consultation in dermatology. It is a chronic dermatosis progresses in spurts whose prevalence is estimated at 2.8%. Systemic lupus erythematosus (SLE) is an autoimmune disease with highly variable clinical expression of unknown cause in which occur genetic factors, endocrine, immunological and environmental factors. The combination of SLE and psoriasis is thought to be unusual (1).

Case report
A 29-year-old woman, without notable medical history, consulted for fever, asthenia, rash of the face, arthralgia and Raynaud's syndrome lasting for 2 weeks before admission. The examination objectified a malar rash, temporal alopecia, a scalp psoriasis and arthritis in his right knee. The blood count showed a normochromic normocytic anemia at 10.5 g / dl, lymphopenia at 1300/mm3 and thrombocytopenia at 60000/mm3. The immunological results showed positive ANA at 1 / 320, anti DNAn positive at 180 IU / ml and Ac anti Ro positive. The skin biopsy revealed a granular immunofluorescence of the dermo-epidermal: IgG +, IgM +, IgA + in pathological zone and C4 + + in healthy zone. The diagnosis of SLE is held before 5 ARA criteria and diagnosis of psoriasis is chosen after considering dermatological specialist. The patient was treated by corticosteroids at 1mg/Kg/day for the thrombocytopenia and progressively degreased. She was treated also by hydroxychloroquin (Plaquenil®) at 6.5 mg/Kg/day. The association of méthotrexate was discussed, but not used. The evolution was favorable with a decline of 2 years.

Conclusion
Although rare, the association lupus - psoriasis deserves to be known given the pathogenic and therapeutic problems it raises.

Références

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Association rare : amylose non AA et sarcoïdose révélée par un angiomyxome agressif du pelvis

L'angiomyxome agressif est une tumeur mésenchymateuse rare caractérisée par le risque important de récidive locale et le faible potentiel métastatique. Elle atteint préférentiellement la femme en période d'activité génitale et se développe principalement dans la région pelvienne (1,2). A notre connaissance, aucune affection n'a été décrite en association avec cette tumeur. En particulier, aucun cas d'association d'angiomyxome agressif, d'une sarcoïdose et d'un syndrome de Sjögren (SS) n'a été décrit dans la littérature. Nous en rapportons une observation.