Conclusion

La survenue d'une hernie diaphragmatique droite dans un contexte d'infection néonatale à streptocoque B est une association rare mais qu'il faut évoquer. La persistance d'une détresse respiratoire après un sepsis néonatale à streptocoque B, associée à une opacité radiologique pulmonaire basale droite, doit faire évoquer le diagnostic de hernie diaphragmatique droite.

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Multiple gastrointestinal hemangiomas treated with argon plasma coagulation

Hemangiomas of the gastro-intestinal (GI) tract account for only 0.05% of all GI neoplasms (1) and may be responsible for different types of gastrointestinal bleeding. They are frequently difficult to manage due to the multiplicity and size of the lesions. Treatment today is based on resection; angiographic embolization and endoscopic ablation with laser and argon plasma coagulation in case of severe anemia or massive bleeding (2, 3). We report a rare case of isolated diffuse GI hemangiomas, revealed with a severe iron deficiency anemia, and treated by argon plasma coagulation (APC).

Case report

The patient was a 18-year-old woman with a past medical history of anemia treated with an inefficient iron supplement. She never had overt GI bleeding. On admission, she presented with tiredness and weakness. On clinical examination, she was very pale. Laboratory tests revealed iron deficiency anemia with a hemoglobin level of 4.8 g/dl and a ferritin of 4 ng/ml (normal value >10ng/ml). Upper endoscopy revealed multiple polypoïd lesions, between 2 and 20 mm in diameter, with reddish purple discoloration of the covering mucosa, located in the greater courvature, antrum, junction of body, cardia, the bulb and the duodenum (fig. 1a and1b).

Figures 1a and 1b: Multiple polypoid lesions of the duodenum with reddish purple discoloration

Small bowel enema also revealed persistent filling defects in the jejunum and the ileum, compatible with the presence of small bowel hemangiomas. Ileo-colonoscopy confirmed multiple hemangiomas scattered from the coecum to the rectum. The terminal ileum (30cm) was normal. Abdominal ultrasonography and cerebral scan were performed and yielded no evidence of other visceral location of hemangioma. APC was applied to all visible gastro-intestinal lesions (four in stomach, three in bulb and five in second duodenum). The session lasted for a total of 20 minutes. Gastric and duodenal hemangiomas were removed by APC after submucosal saline solution injection (fig. 2a, 2b and 3). After APC, no complications were encountered and the resulting ulcer healed with oral administration of proton pomp inhibitor. The patient has taken iron supplements; her hemoglobin level has remained stable at approximately 12 g/dl up to the most recent follow up which was 6 years after the APC therapy.

Figures 2a and 2b: Submucosal saline solution injection of duodenal hemangioma

Figure 3: Destruction with argon plasma coagulation after submucosal saline solution injection

Conclusion

APC is a safe and effective shallow coagulation over extensive areas. The rapid disappearance of the hemangiomas in our patient after APC treatment within such a short period of follow up indicates that it is a valid option for this rare condition. Another potential advantage of APC is the availability of a small-diameter (1.5 mm) APC probe, which can be used with endoscopes with 2.2 mm diameter or smaller accessory channels. So it can be performed in small infants and neonates. Surveillance and repeated treatment are deemed to be necessary because of the likelihood of further lesions later in life.

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Association of renal cell carcinoma and staghorn calculi complicated with emphysematous pyelonephritis

Emphysematous pyelonephritis (EPN) is a rare, severe, rapidly progressive, life-threatening, acute necrotizing infection of the kidneys characterized by the presence of gas in the collecting system, renal parenchyma or the perirenal tissues (1,2).
Its pathogenesis is poorly understood. It usually occurs in elderly female patients with uncontrolled diabetes mellitus (3) and, less frequently, in association to obstructive uropathy (2,4). Although, its association with calculus disease was well documented (1), association with cancer of the kidney and urinary tract are rare and was reported in only four cases (4-7). In general, EPN had a fulminant course, as most cases are recognized late and often presented with symptoms of severe acute pyelonephritis, urosepsis or shock (4).
Prompt recognition and management are the keys to survival. Computerized tomography (CT) is the imaging procedure of choice in staging of the disease and guiding management (1).
The best treatment was often an immediate nephrectomy. With endourolgy and pharmacology advances, more and more cases of effective conservative treatment with antibiotic therapy and percutaneous (8) and /or stent drainage (9) are reported, resulting in renal salvage.
Nephrectomy is actually indicated only for poor responders