Conclusion

La vitesse de croissance des micro-GIST gastriques est variable avec un potentiel évolutif incertain. En effet, le risque d'évolution agressive semble très faible ou nul [4]. Des régressions complètes de ces petites lésions avec hyalinisation et calcification ont été décrites [1]. Le choix entre chirurgie et surveillance d'une micro-GIST gastrique doit tenir compte de plusieurs facteurs, comme l'âge, le terrain, la symptomatologie et la localisation de la lésion dans l'estomac.

Conflit d'intérêt : aucun

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Primitive caeco-appendicular tuberculosis Revealed by a perforation at 33 weeks of pregnancy

Tuberculosis is a major health problem all over the world. Primary intestinal tuberculosis is a rare variant accounting for 1% of the cases [1] and it's a major health problem in many underdeveloped countries. Not all infected individuals have clinical disease. Approximately 20-25% of patients with intestinal tuberculosis have pulmonary location [2].

Any part of the gastro-intestinal system may be infected, although the ileum and colon are common sites, possibly because of the increased physiological stasis, increased rate of fluid absorption, minimal digestive activity and an abundance of lymphoid tissue at this site (Peyer's patches) [3].

Intestinal tuberculosis is predominantly a disease of young adults with a slight female predominance [4]. It is expected that the incidence of tuberculosis among pregnant women would be as high as in general population.

We present an exceptional case of perforation of caeco-appendicular tuberculosis during pregnancy.

Case Report

A 32-year-old women gravida1, para1, pregnant at 33 weeks, was referred to our department with acute abdominal pain, fever and general weakness for the past three weeks. The patient was known to suffer from chronic constipation.

Upon arrival, the patient complained abdominal pain focused mainly in the periumbilical area. There was no evidence of uterine contraction or foetal distress. Vital signs were notable for a heart rate of 98 beats per minute and blood pressure of 90/60 mmHg. Her temperature was 39°C.

Abdominal examination demonstrated gravid abdomen appropriate for gestational age and diffuse tenderness to palpation, most marked in the supra-umbilical area.

Laboratory test results revealed mild anemia (hematocrit 34.8%, hemoglobin 10.5 mg/dL) with leukocytosis to 17100/mcl, 90% neutrophils. Liver function tests and amylase were within normal limits.

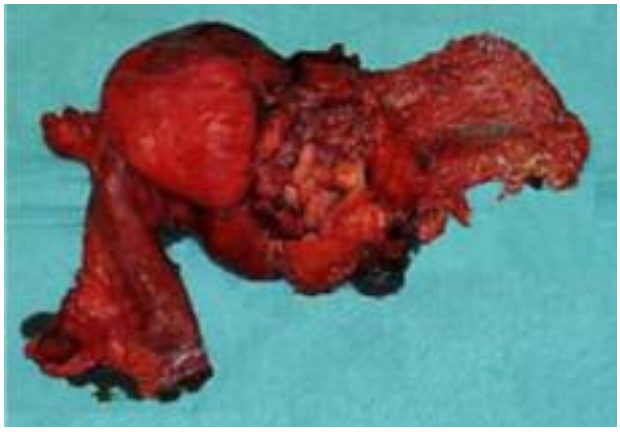
Ultrasound exam revealed a moderate heterogeneous intra-peritoneal effusion and a normal intra-uterine pregnancy.

The initial diagnosis suggested was appendicular peritonitis.

A laparotomy was decided and performed through an upper midline incision.

A large quantity of fluid pus and fibrin was found and a perforated caeco-appendicular tumor was discovered. A partial intestinal resection with iliostomy was performed (Fig 1).

Figure 1 : Caeco-appendicular resected tumor



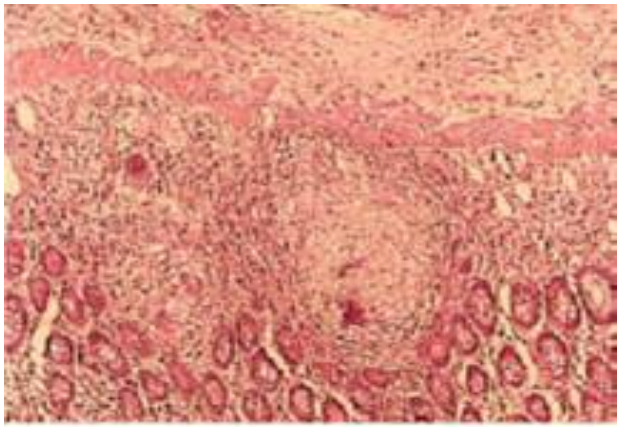
One day post operatory, the patient went into labour, which resulted in a vaginal delivery of a 1800G female infant Apgar 9 and 10 at 1 and 5 minutes.

Pathological examination revealed a trans-parietal caseating granuloma with severe inflammation and perforation of caecum and appendix without any evidence of heterotopic mucosa (Fig 2). Microbiologic Ziehl-Nielsen stain results were positive.

Chest X-ray was normal.

Anti-tuberculosis treatment was administered including rifampicin and isoniazid 300/150 mg twice a day, pyrizinamide 25 mg/kg/24 hours and vitamin B6 100 mg/day. At present (six months later) our patient remains free of symptoms.

Figure 2 : Microscopic aspect of caseating granuloma



Conclusions

Tuberculosis is a re-emerging problem, concerning not only countries with high incidence, but developed countries as well. Intestinal tuberculosis is a diagnostic puzzle and clinical manifestation can imitate a broad spectrum of diseases. Treatment is mainly conservative and surgery should be kept as the last resort and used only in complicated cases.

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Les sarcomes en territoire irradie

La radiothérapie est un composant majeur de l'arsenal thérapeutique de plusieurs cancers ; Cependant, elle est associée à quelques effets secondaires. Parmi ces effets, les sarcomes radio-induits représentent une complication rare mais de pronostic effroyable. Nous rapportons deux nouvelles observations illustrant deux sarcomes apparus après irradiation, dans le but d'étudier les caractéristiques anatomo-cliniques et thérapeutiques de cette pathologie rare.

Observations :

Observation 1 :

Il s'agissait d'une patiente âgée de 37 ans, aux antécédent de carcinome indifférencié de type nasopharyngé (UCNT) du cavum traité par radiothérapie il ya 8 ans (70 Gy au niveau du cavum, base du crâne, premiers relais cervicaux et 50 Gy sur les aires ganglionnaires cervicales inférieures). Cette patiente avait consulté pour odontalgies et gêne alimentaire rebelles au traitement symptomatique. L'examen clinique trouvait une mobilité en bloc de tout le secteur prémolo-molaire maxillaire gauche sans atteinte de la muqueuse endobuccale sous-jacente ni exposition osseuse. L'imagerie médicale objectivait un processus ostéolytique du maxillaire gauche. Le traitement consistait en une hémimaxellectomie gauche. Sur le plan histologique, il y avait une prolifération d'allure sarcomateuse peu différenciée infiltrant l'os et les parties molles, disposée en faisceaux courts anarchiquement enchevêtrés (fig.1); les cellules tumorales étaient fusiformes à noyau ovoïde hyperchromatique dodu ou multiple souvent volumineux et fusiforme, l'index mitotique était estimé à 10mitoses/10CFG (fig.2).

Figure 1 : prolifération sarcomateuse infiltrant l'os maxillaire (x 100)