Figure 3 : Prolifération tumorale endocrine, organisée en nappes et structures trabéculo-lobulaires

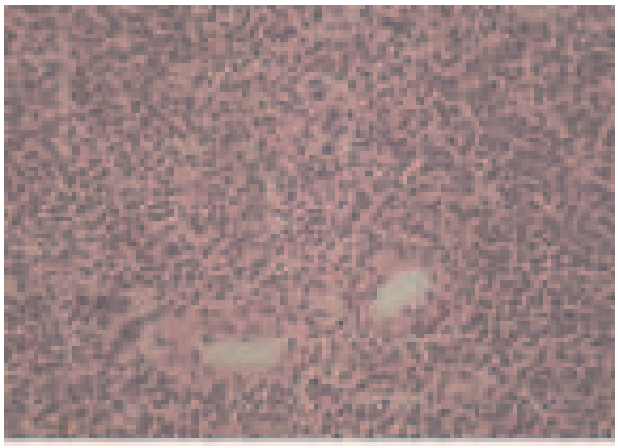
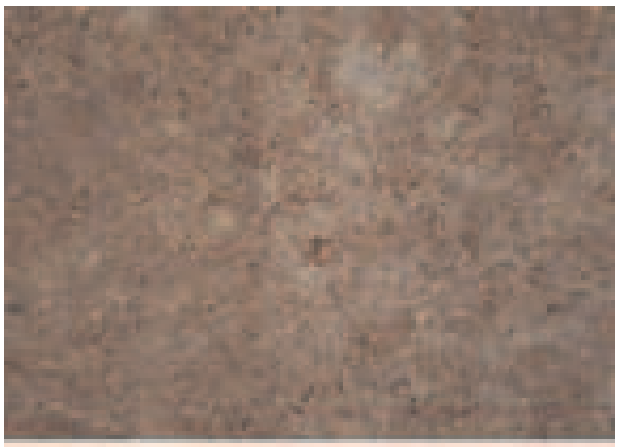


Figure 4 : Immunohistochimie: Marquage cytoplasmique des cellules tumorales à la chromogranine

Figure 5 : Immunohistochimie: Marquage cytoplasmique des cellules tumorales au NCAM (CD56)



Devant l'envahissement des structures vasculaires médiastinales la résection chirurgicale de la tumeur était impossible.
Notre patient a été proposé pour une chimiothérapie à base cisplatine et étoposide ; il a reçu six cures complétées par une radiothérapie à la dose de 64 Gray 2 gray par séance.
L'évolution est marquée par la disparition du syndrome cave supérieur et une régression de la taille tumorale.

Conclusion

Une fois le diagnostic positif de TNET établi, une prise en charge thérapeutique urgente est indispensable. En effet, la résection chirurgicale constitue la pierre angulaire dans le traitement de ces tumeurs [1]. Des essais de chimiothérapie et/ radiothérapie ont été réalisés, en particulier dans les carcinoïdes métastatiques, avec un taux de réponse variable allant de 30 à 60% [1]. Les TNET sont des tumeurs très agressives et leur pronostic, contrairement aux autres tumeurs thymiques, notamment les thymomes, est très sombre [1]. Cependant, le pronostic des carcinoïdes de localisation thymique est beaucoup plus péjoratif que celui des carcinoïdes d'autres localisations notamment bronchiques [1, 3].

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Renal metastases. Rare manifestation of lung carcinoma.

Hamida Kwas [1], Ines Zendah [1], Amel Khattab [1], Saoussen Hantous [2], Habib Ghedira [1].
[1]-Service de pneumologie I-Hôpital Abderrahman Mami - Ariana
[2]-Service de radiologie- Hôpital Abderrahman Mami - Ariana

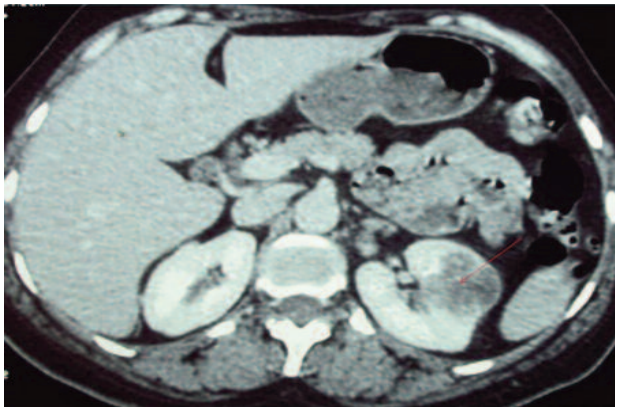
Lung cancer is a major public health problem in Tunisia. The diagnosis is often made at a metastatic stage. The most common site of metastasis via the hematogenous route is lung, liver, bone, adrenal gland and brain. However, renal metastasis by non-small cell lung cancer (NSCLC) is uncommon and usually described at autopsy (1). Here we report three cases of lung carcinoma causing renal metastases.

Case 1

A 37 year-old women, no smoker, was admitted for chest pain, dyspnea, anorexia and weight loss within the past 2 months. There was no history of other diseases. Chest X-ray showed a homogeneous

opacity occupying almost all of left lung fields. The Computed tomography (CT) scans of the thorax and abdomen revealed a left pulmonary mass 5 cm in the greatest size with mediastinal lymph nodes, metastases in the other lung, adrenal gland and an occupying lesion in the left renal parenchyma 4 cm in diameter (Figure 1). Bronchoscopy showed a tumor obstructing the left upper lobe bronchus. The histological examination of specimen obtained by bronchial biopsy revealed poorly differentiated adenocarcinoma. The Immunohistochemical staining was positive for TTF-1 and CK7. The patient was given only one cycle of chemotherapy with cisplatin and pemetrexed because of the rapid deterioration of her general condition. Death occurred 1 month after diagnosis following a pulmonary embolism.

Figure 1: An axial section of abdominal CT scan revealing a left renal mass 4 cm in diameter.



Case 2

A 59-year-old man underwent surgery for squamous cell carcinoma stage IIb of the left lung. Four years later, he presented with chest pain. CT scan of the thorax identified tumor mass in the right lung associated with mediastinal and bilateral hilar lymphadenopathy. The CT scan of the abdomen showed metastases in the liver, adrenal gland and two left renal tumor masses 2 and 6 cm in diameters and another in the right kidney 2 cm in diameter (Figures 2, 3). The renal lesions were asymptomatic. Bronchial biopsy provided a diagnosis of well differentiated squamous cell carcinoma. The evolution was unfavorable with tumor progression after 3 cycles of chemotherapy. Death occurred 4 months after the diagnosis of tumor recurrence.

Case 3

A 54-year-old man presented with a 2-month history of hemoptysis, and dyspnea. He has undergone left lower lobectomy for a left lung mass 2 years previously. Pathological examination has revealed squamous cell carcinoma (pT2N2M0). After surgery, he has been treated with 6 cycles of adjuvant chemotherapy with cisplatin and vinblastine. At admission, physical examination was normal. The chest CT scan revealed a tumor recurrence in the left lung, mediastinal lymphadenopathy and metastases in the lungs and the thoracic spine. The CT scan of abdomen showed a localized left renal tumor mass 2 cm in diameter (Figure 4). The histological examination of specimen obtained by bronchial biopsy revealed moderately differentiated squamous cell carcinoma. The evolution was unfavorable with the occurrence of acute respiratory failure secondary to pulmonary embolism. Death occurred 2 months after the diagnosis of tumor recurrence.

Figure 2: An axial section of abdominal CT scan showed a left renal tumor mass 6 cm in diameter.

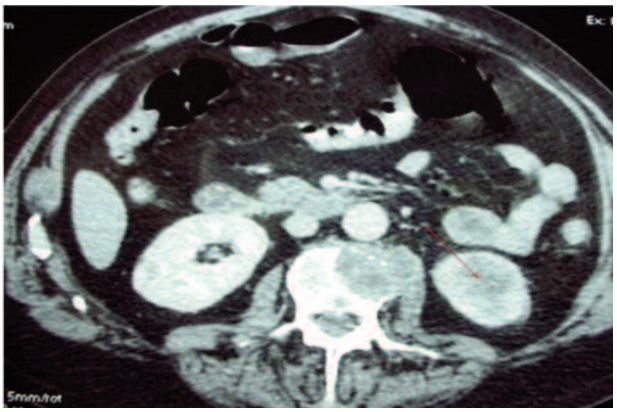


Figure 3 : An axial section of abdominal CT scan showed a right renal mass 2 cm in diameter.

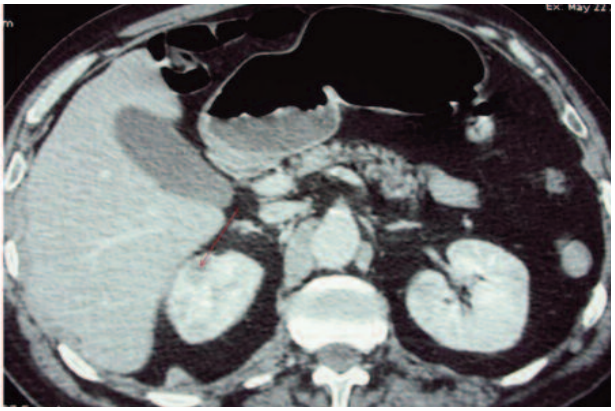
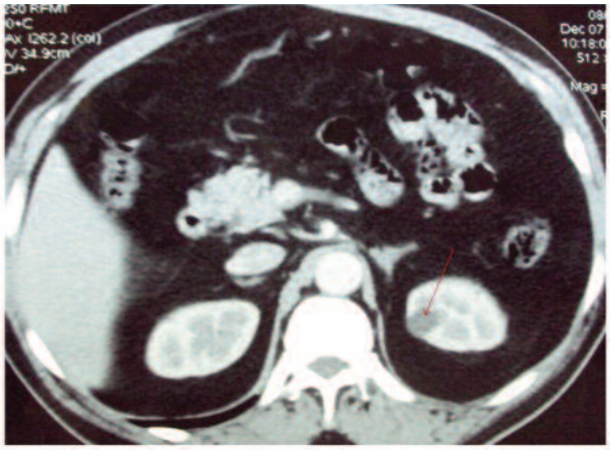


Figure 4 : An axial section of abdominal CT scan revealing a left renal tumor mass 2 cm in diameter.



Conclusion

Bronchopulmonary cancer is actually the first cancer in our country. In the most of Tunisian series, lung carcinoma is diagnosed at metastatic stage. The most common site of metastasis via the hematogenous route is lung, liver, bone, adrenal gland and brain. However, renal metastases from NSCLC are very rare (1, 2). Their diagnosis is produced in most cases by imaging or autopsy (3, 4). So, more frequent use of the abdominal CT scan in staging patients with lung cancer will render metastatic carcinoma from lung to kidney a more frequent ante mortem diagnosis. The prognosis of renal metastatic tumors, as well as the primary tumors, is very poor.

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An under recognized skin complication of diabetes: A diagnostic challenge.

Kechaou Ines, Cherif Eya, Boukhris Imen, Azzabi Samira, Kaouech Zoulikha, Hariz Anis, Ben Hassine Lamia, Kooli Chakib, Khalfallah Narjess.

Service de Médecine Interne B, Hôpital Charles Nicolle / Faculté de médecine de Tunis

Scleredema adultorum of Buschke is characterized by thickening and hardening of the skin. It is an uncommun sclerotic disorder of unknown etiology. It has been reported in obese patients with long history of insulin dependent diabetes [1].

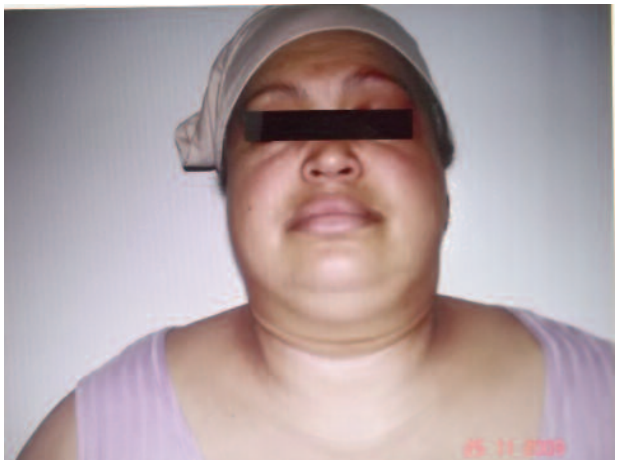
In this context, we report a case observed in our institution in order to sensitize all clinicians to this diabetic complication.

Case presentation:

A 43 year old woman, with diabetes type one for the past 12 years, noticed a generalized indurated edema lasting for six months and a progressive limitation of the shoulder motility. The examination of the shoulders, the upper part of the back, the neck and the trunk showed hardness and thickness of the skin with impossibility of either depressing or pinching the skin (Figure 1). The skin of the upper extremities excluding the hands was also affected in the same way. The BMI was 42.6 kg/m2. The remainder of the physical examination was unremarkable.

Her diabetes was poorly controlled with HbA1C values ranging between 10 and 11.5% despite insulin treatment. She had preproliferative diabetic retinopathy. Renal function was normal and there was no microalbuminuria. Echocardiography, ECG and chest X-ray were normal. The results of laboratory investigations including hepatic and thyroid function tests, serum protein electrophoresis and immunoserology (antinuclear antibody extractable nuclear antigen antibody screen) were normal.

Figure 1 :



Skin biopsy of the affected area showed marked thickening of the collagen bundles in the dermis and a mild pericapillary mononuclear inflammatory infiltrate. These histologic features in conjunction with the clinical picture confirmed the diagnosis of Buschke's sclerederma.

A better management of the diabetes was recommended to our patient by improving the insulin therapy. After one year of therapy, the HbA1C was 8% and there was no improvement of the skin lesions.

Conclusion:

Clinicians should be aware of this skin complication of diabetes which can be easily detected by simple clinical examination. The skin biopsy should be done to make the final diagnosis [1]. The prognosis of scleredema of Buschke is generally benign. Improvement of diabetes control and physiotherapy remains the first line treatment.

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Une endocardite infectieuse mimant une vascularite systémique

Besma Ben Dhaou, Fatma Daoud, Fatma Ben Dahmen, Zohra Aydi, Lilia Baili, Sonia Ketari, Fatma Boussema, Lilia Rokbani

Service de médecine interne Hôpital Habib Thameur Tunis.

Université de Tunis ElManar ; Faculté de médecine de Tunis

L'endocardite infectieuse peut se révéler d'une manière atypique et pose un problème diagnostic. Dans de tels cas, les premiers