Quality of life assessment through the EORTC questionnaires of colorectal cancer patients in advanced disease stages

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Purpose. The purpose of the present work is to evaluate Quality of Life in a group of colorectal cancer patients in advanced stages of their disease, along a standard chemotherapy treatment protocol, through the EORTC core questionnaire QLP-C30 and the colorectal cancer module QLP-CR38. These two questionnaires had previously been validated in our country. The present study has the novelty of its use during the chemotherapy treatment.

Material and methods. A consecutive sample of 44 colon o rectal cancer patients in stage IV, from an initial group of 46 patients who were addressed, have filled in the questionnaires, in three moments during their treatment process. Clinical and demographic data have also been recorded. Quality of Life scores and changes in them among the three assessments have been calculated.

Results. The quality of life scores of patients who have followed the treatment have been >70 points (100) in most dimensions, and has shown similar to the clinical data. Changes of >20 points in the quality of life scores during the treatment process appear in areas related to toxicity, fatigue and insomnia. Quality of life has been stable or has had small changes (between 10 and 20 points) in most dimensions.

Conclusions. Quality of Life in the present sample has been good in general. The treatment has been administered to patients who could tolerate it adequately. (*Clin Transl Oncol 2006; 8: 664-671*).

Cutaneous nodes in a patient with advanced papillary carcinoma of the thyroid

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Cutaneous metastasis from thyroid carcinoma is infrequent. Leukemia as a second malignancy after treatment of thyroid cancer is also rare. We present a patient with a relapsed thyroid carcinoma treated with thyroid ablation with I 131 and loco-regional radiotherapy, who consulted by global worsening, weight lost, and multiple cutaneous nodes. Our patient is unusual in that she showed multisystem involvement at the time of hospital admission, and the specific skin lesions were the first sing of her acute monocytic leukaemia. (*Clin Transl Oncol 2006; 8: 692-693*).

Xeroderma pigmentosum group D 751 polymorphism as a predictive factor in resected gastric cancer treated with chemo-radiotherapy

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Aim. To evaluate the potential association of xeroderma pigmentosum group D (XPD) codon 751 variant with outcome after chemo-radiotherapy in patients with resected gastric cancer.

Methods. We used PCR-RFLP to evaluate the genetic XPD *Lys751Gln* polymorphisms in 44 patients with stage II (48%) and IV (20%) gastric cancer treated with surgery following radiation therapy plus 5-fluorouracil/leucovorin based chemotherapy.

Results. Statistical analysis showed that 75% (12 of 16) of relapse patients showed *Lys/Lys* genotype more frequently (P = 0,042). The *Lys* polymorphism was an independent predictor of high-risk relapse-free survival from Cox analysis (HR: 3.07, 95% CI: 1.07-8.78, P = 0.036) and Kaplan-Meir test (P = 0.027, log-rank test).

Conclusions. XPD *Lys751Gln* polymorphism may be an important marker in the prediction of clinical outcome to chemo-radiotherapy in resected gastric cancer patients. *(World Journal of Gastroenterology 2006 October 7; 12(37): 6032-6036).*

Stapled hemorrhoidopexy versus Milligan-Morgan hemorrhoidectomy

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In the published report of Gravié et al, comparing the outcome of stapled hemorrhoidopexy with that of the Milligan-Morgan technique, stapled hemorrhoidopexy is recommended as the preferred technique for hemorrhoidal prolapse. In our opinion, this conclusion is at least questionable. A meta-analysis of 9 studies showed a worse rate of recurrent prolapse after hemorrhoidopexy, concluding that hemorrhoidectomy remains the "gold standard" procedure. A multicenter study has shown that hemorrhoidopexy provided similar control of symptoms than hemorrhoidectomy in patients with third-degree hemorrhoids. Other studies demonstrated that hemorrhoidopexy was more successful in treating third-degree hemorrhoids than in fourth-degree hemorrhoids at the 1-year follow-up. The effectiveness of the hemorrhoidopexy as a definitive cure in patients with fourth-degree hemorrhoids is controversial. Of the 7 randomized trials published in the literature in which patients with fourth-degree hemorrhoids were included, in 3 of them the results obtained in the resolution of one or various hemorrhoidal symptoms after the stapled technique were worse than after hemorrhoidectomy. Moreover, defecation disturbances, such as urgency, were observed. In this respect, it should be noted that, in the consensus position paper of stapled hemorrhoidopexy, it was stated that these symptoms should be included in the informed consent. Taking into account the significant variation in the distance of the staple line above the dentate line, it appears that the technique is not as easily reproducible as it is claimed in the paper or that results are not dependent on whether or not the technique has been standardized. This is clearly in contrast with the consensus document and the original description of Antonio Longo. Therefore, it seems that the appropriate conclusion would have been that hemorrhoidopexy is an adequate technique for the treatment of third-degree hemorrhoids. Finally, the consensus report cited in the reference list as "in press" was in fact published in 2003. *(Anales of Surgery 2007; Vol 245 (1): 155-156).*

Intra-abdominal follicular dendritic cell sarcoma

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Follicular dendritic cell (FDC) sarcoma is a very rare condition. We report here an intra-abdominal FDC sarcoma occurring as a mass, dependent on the celiac and left gastric lymph chains, that was completely excised. Eighteen months after surgery a recurrence at the liver pedicle was detected by a CT-scan and fully resected; in order to prevent another disease relapse postoperative radiotherapy was given. *(Clin Transl Oncol 2006 Nov; 8(11): 837-838).*

Adenoid cystic carcinoma of the breast

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Objetive. To review the clinical presentation and imaging findings of adenoid cystic carcinoma (ACC).

Material and methods. We performed a retrospective study of the period between January 1990 and July 2004, comprising five cases of ACC of the breast, all in women, among 4,036 malignant lesions diagnosed (0.12%). We reviewed the available imaging studies (mammography in all five cases, ultrasound in four, and magnetic resonance in one). We also reviewed the clinical presentation and evolution in all patients.

Results. Three patients presented with palpable lesions. Mammographic findings consisted of irregular, ill-defined nodules in three cases, a well-defined rounded nodule in one, and an asymmetrical density in the other. No microcalcifications were observed in any case. Ultrasound examination showed ill-defined polylobulated nodules in three cases and a well-defined, rounded nodule with small cysts inside in the remaining case that showed intense vascularization in the Doppler study. The only case studied by magnetic resonance was seen as a rounded nodule that showed heterogeneous contrast uptake, well-defined margins, and an enhancement curve considered highly suspicious for malignancy. Treatment was tumorectomy together with radiotherapy in all cases. Four patients remain asymptomatic at present (mean follow-up = 64 months) and one presented lung and liver metastes twelve years after the diagnosis of ACC.

Conclusion. ACC is an uncommon breast tumor with varied radiologic appearance, although moderately or highly suspicious lesions predominate. We consider the absence of microcalcifications in these tumors to be noteworthy. The prognosis is generally good, although the possibility of remote metastasis exists. *(Radiologia 2006 Jul-Aug; 48(4): 235-240).*

Wandering spleen associated to inflammatory pseudotumor

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Wandering spleen is an uncommon clinical entity accounting for less than 0.5% of all splenectomies performed. It can be an incidental finding in asymptomatic patients or it can be found in patients with acute or chronic clinical presentation due to compression (urinary retention, constipation), alterations in splenic function (thrombocytopenia or hypersplenism), or torsion of a vascular pedicle. Wandering spleen is diagnosed by imaging techniques, usually ultrasound, CT, or MRI. scintigraphy or arteriography can also be useful in cases with inconclusive findings. Although cases of wandering spleen associated to diverse masses (epidermoid cysts, simple cysts, cystic lymphangiomas, and lymphomas) have been reported in the literature, to our knowledge there are no reports of this entity associated to inflammatory pseudotumor. We present the case of a patient with wandering spleen associated to inflammatory pseudotumor. (*Radiologia 2006 May-Jun; 48(3): 173-176*).

Partial expectoration of a typical carcinoid: report of a case with diagnosis on sputum cytology

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Background. Typical carcinoid (TC) tumors are relatively infrequent. Diagnosis on the basis of sputum cytology is difficult, and there are few cases reported in the literature. Partial expectoration of endobronchial tumors is a rare event that permits their cytologic diagnosis.

Case. A 71-year-old, male nonsmoker sought medical attention for a cough and expectoration of 1 month's duration. After 2 negative sputum tests, the third sample revealed large tumor fragments as a result of partial expectoration of an endobronchial, growing mass.

Conclusion. The diagnosis of TC is rarely made by sputum examination as the tumor is generally covered with intact bronchial mucosa. However, in our case there was partial expectoration of the tumor. This has been reported just once before in the literatura. (*Acta Cytol 2006 Sep-Oct; 50(5): 581-583*).

Fatal familiar insomnia: clinical, neurophysiological and histopathological study of two cases

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Introduction. Family prion diseases are caused by mutations in the gene coding the prion protein (PrP), originating an altered isoform called prion. One of the most uncommon is the fatal familial insomnia (FFI), an entity characterized by sleep disorders and that is associated to a mutation in codon 178.

Methods. We have studied two male patients, aged 43 and 49 years respectively, from the same family.

Results. The most significant symptoms were sleep disorders with agitation, fractionated sleep, snoring and daytime sleepiness. The evolution was brief, the patient dying at a few months of the clinical debut. Sleep registries showed destructuration with total loss of the normal cycle of the phases and great decrease of the sleep spindles and K complexes in both cases. The polygraphy showed tachycardia and apnea pauses. In the molecular study, a mutation in the codon 178 was detected, both being methionine/methionine homozygotes at position 129. The most outstanding neuropathological abnormalities were located in the thalamus with gliosis and neuronal loss of anterior and dorsomedial ventral nuclei and also intense neuronal loss in olive of the first case.

Conclusions. This study describes two new cases of FFI with genotype D178N-129M and short course classical phenotype. The polysomnography is essential in the diagnostic strategy of this disease whose neuropathological substrate is the thalamic alterations and of the inferior olive. Molecular biology permits an exact diagnosis of FFI although there is still controversy on the phenotypal variability and physiopathogenic mechanisms. (*Neurologia 2006 Oct; 21(8): 414-420*).