

Small Cell Mammary Neuroendocrine Carcinoma – Case Presentation

Mircea-Horia Popa-Todirenchi, Andreea Batca

Academic adviser: Oana Viola Badulescu, M.D.
University of Medicine and Pharmacy „Gr. T. Popa“ Iasi, Romania

Neuroendocrine carcinomas are very rare and develop from the neuroendocrine cells which are present in the whole body. The carcinomas usually appear in the bronchopulmonary or the gastrointestinal tract, but these can also occur in the mammary glands. There have been reported only about 50 cases of this type of cancer in the medical literature. The diagnosis is set on the presence of neuroendocrine markers present in the tumor cells (ex. Neuron Specific Enolase – NSE). Female patient aged 40, presents to the hospital for further investigation after the appearance of a mass at the level of the left breast. The clinical exam showed the presence of a painless tumoral mass with a diameter of 2cm. The anatomopathological and the immunohistochemical exams revealed the presence of a small cell neuroendocrine carcinoma. The CT exam (thorax, abdomen, pelvis with contrast substance) exposed nodular hyperactive nodules at the level of the left mammary gland, left axillary adenopathy without other pathological changes. The final diagnosis was primary mammary neuroendocrine carcinoma with resection recommendation. The patient's tumor and the lymph nodes from the first axillary station were excised and metastases were revealed in 3 of the 6 examined lymph nodes. The patient had cytostatic treatment to avoid recidive. The patient continues the cytostatic and radiotherapy but the prognosis is reserved due to metastases present in the axillary lymph nodes. The precocious discovery and the quick onset of treatment are vital for the increase in survival chances of patients.

Nonoperative Management of Blunt Splenic Injury in Associated Abdominal Trauma

Radu Gurghis, Sergiu Guzun, Mircea Cernat, Petru Nicoliseanu

Academic adviser: Adv. Prof., MD, PhD, Gheorghe Rojnovceanu
State Medical and Pharmaceutical University “Nicolae Testemitanu”, Chisinau, Republic of Moldova

The aim of the study was to assess the results and evaluate the efficiency of nonoperative management (NOM) in polytrauma patients with blunt splenic injury (BSI). Material and methods: A prospective study on 30 patients, 2008-2009 with BSI; the m:f/ 19:11; mean age=39.97±20,35, RTS=7,66±0,5, ISS=6±8,95. The hemoperitoneum was first established by USG(100%). Its volume and extent of parenchymatous organ injury was subsequently quantified at CT(90%), the laparoscopy was performed in 6(20%) cases for assessing USG sensitivity and determined ascites in 2 cases of politrauma patients with splenic lesions established at CT, and exaggerate volume of free liquid. Results: Isolated BSI in 5(16,7%) patients, in 21(71%)—associated with thoracic trauma, in 9(30%)—with head trauma and in other 9(30%)—with musculoskeletal trauma. 7(23,3%) patients presented hemodynamic instability: 6 politrauma patients with BSI: IIInd degree—4 and IIIrd degree—2 cases with unstable pelvic fractures, and one patient with isolated BSI; they were all hemodynamically stabilized, but the last resulted in failure of NOM in the first 4h. In 3 politrauma patients with cerebral contusion and GCS- 12p NOM succeeded, splenic lesions being of IIInd (n=2) and IIIrd (n=1) degree, despite of determining intraabdominal free liquid and hemodynamic instability in 2 cases. The severity of BSI was determined from IIInd degree to IVth degree according to AAST, IIInd degree—16(53,3%), IIIrd degree—13(43,3%), IVth degree—1(3,4%), simultaneously being diagnosed 3 cases of minor liver contusions (Ist degree—2 patients, IIInd degree—1 patient). The mean value of hemoperitoneum determined by CT for IIIrd degree lesions was 766,67±208,17ml, while for IIInd