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A CASE REPORT ON HYDROURETERONEPHROSIS CONSISTENT WITH MALIGNANT PECOMA

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Abstract

Malignant perivascular epitheliod cell tumour (PEComa) is a type of mesenchymal tumor, that can occur at any region of body and consist of pathological behaviour which is not predictable. A 59 year old female patient presented with the complaints of abdominal pain and urinary incontinence. On lab investigation, Hb and albumin was low (6.9 and 3.1 respectively) while WBC (37,930), total bilirubin (1.3), alkaline phosphatase (197) was high. The CT of abdomen and pelvis showed large heterogeneously enhancing solid lesions abutting each other measuring 15×10 cms and 8×7 cms in the pelvis extending into the lower abdomen displacing the small bowel loops and with locoregional extension, causing bilateral distal ureter, moderate hydroureteronephrosis, consistent with malignant PEComa. Mild ascites, minimal left pleural effusion and cardiomegaly were present. Based on these objective data the patient was diagnosed with malignant PEComa. The condition was primarily treated by mTOR inhibitor EVEROLIMUS 5 mg OD 21/28 days and other conditions were symptomatically managed. The prevalence of PEComa is 0.13%. The condition is difficult to diagnose due to its rarity and standardized treatment protocol are controversial at present.

Keywords: Malignant PEComa, Hydroureteronephrosis

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EOSINOPHILIC MENINGITIS: A RARE CASE REPORT

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Abstract

Eosinophilic meningitis is defined as the presence of higher percentage of eosinophils (more than 10%) in the cerebrospinal fluid (CSF). The usual causes are certain parasitic diseases and coccidioidal meningitis.The three important parasitic infections associated with eosinophilic meningitis are Angiostrongylus cantonensis (Rat lungworm), Baylisascaris procyonis, and Gnathostoma spinigerum. A 10 month old female baby was brought to hospital with history of recurrent episodes of low grade fever and increased irritability for the past one month. On clinical examination, the temperature was found to be 100.6 degree F. The haemogram showed an elevated level of TC as 33000, 43% of eosinophils, 6 lakh platelets and increased inflammatory markers. Peripheral smear reported to have normocytic normochromic blood picture with eosinophilia, leucocytosis, and thrombocytosis. LFT showed mild transaminitis.RFT/URE were normal. There were no lung infiltrates in the chest X-Ray. Manteaux and gastric aspirate for AFB smear were negative. As the child had significant eosinophilia, a detailed history was taken. Mother had noticed the presence of snails in and around the house and once she has seen the child with a snail in her mouth. CSF sent for cytopathological studies showed presence of 50-60% of eosinophils with low glucose and high normal protein. MRI of brain with contrast was normal. Thus the diagnosis of eosinophilic meningitis was made. Inj.ceftriaxone was started after sending for relevant cultures. She was treated with steroids and albendazole. The child improved symptomatically with the treatment given. At the discharge the child was afebrile, alert and hemodynamically stable.

The prevalence of the condition is less than 1% in 1 lakh population. It can affect multiple organ systems in the body if left untreated. So a detailed history and examination is required to diagnose the condition.

Keywords: Eosinophilic meningitis, Eosinophilic count.

