

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.

References

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

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Scleredema adutorum of Buschke is characterized by thickening and hardening of the skin. It is an uncommon 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 scleredema.

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.

References:

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Une endocardite infectieuse mimant une vascularite systémique

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