

ASSOCIATION OF ABDOMINAL TUMORS WITH BRAIN TUMORS

(About three different situations)

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Introduction

The occurrence of multiple primary cancers in the same individual was first described by Billroth in the late 19th century. Since that date some cases of multiple tumor sites have been reported. Currently, it is well known that these multiple tumor localizations are not exceptional and would be genetically determined.

We report 3 situations where abdominal tumors were associated with brain tumors in three different contexts:

- Double localization of a renal and cerebral teratoma
- Choroid plexus carcinoma and adrenal cortex
- Metastatic renal clear cell sarcoma at the cerebral level

Observations

- Observation 1: this is the child E.Rayan addressed to the chop since the age of 2 years for a brain tumor diagnosed before a monoparesia of the lower right limb with the clinical examination the discovery of an abdominal mass . The child was operated with double cerebral and abdominal tumor resection and whose pathological examination was in favor of a teratoma with dual cerebral and abdominal localization

- Observation 2: this is the child B.zayid followed at chop since the age of 2 years for sarcoma with clear left metastatic renal cell to the bone treated according to protocol of nephroblastoma high risk by surgery (total nephrectomy with Latero-aortic node dissection and inter aorto-cave), postoperative chemotherapy and local radiotherapy. 3 years later appearance of a cerebral metastasis placed under radiotherapy with good evolution.

- Observation3: it is the child M.abir followed at chop since the age of 11 months for a cerebral tumor diagnosed before axial hypotonia with clinical examination the discovery of an abdominal mass. The child was operated with double cerebral and abdominal tumor resection and whose pathological examination was in favor of an association between choroid plexus tumor and corticosurrenaloma.

Discussion

The coexistence of several primary cancers in the same individual is a phenomenon known in the oncological literature with a frequency evaluated between 2.6% and 3.9% all cancers combined. Some genetic mutations are responsible for multiple cancers as for example in the syndrome of Li-Fraumeni (mutation of the P53 gene). Apart from these well-explained family cases, for which specialized management is defined, multiple primary cancers need to be systematically sought in order to reduce their morbidity and mortality.

Conclusion

It is difficult to objectify a relationship, in particular genetic, between abdominal tumors and cerebral tumors on simple clinical cases. Additional studies on a larger number of patients are needed to confirm the link between the two tumors.