was made and the surgery has confirmed the thymoma).

5 patients were operated : 4 (44%) had complete surgery (encapsulated tumor), l (11 %) incomplete surgery. The other 4 patients (44%) who did not had surgery, they had chemotherapy first (4 to 6 treatments). The protocol used was the CAP : cyclophosphamide, doxorubicin, cysplatine, or the CADOC.

According to the classification of Massaoka : l case of stadel (1 0%). 2 cases stade ll , 6 case stage lll (67%).
Histopathological types were: invasive thymoma : 2 cases (22%) type Bl thymoma : 3 cases (33%) type B2 thymoma : l case (11 %) type B3 thymoma: l case (11 %) thymoma lymphocytes- epithelial : 2 cases (22%).

Ali patients had radiotherapy, the dose varied according to the findings of post operative 40GY to 45GYen of adjuvant if a complete resection and 55GY à 60 Gy en case of incomplete resection : 8 patients (89%) were irradiated to 18 MV linear accelerator, l patient (11 %) irradiated with cobalt 60. The median survival was 30 months (9 months - 65 months), the last date of follow-up 6 patients were alive (66%).

CONCLUSION:
Thymie tu mors have a problem of a diagnostic and therapy, because of their diverse presentation. The rarity of these tumors limits the search for optimal management.
A discussion of each case in multidisciplinary meeting (RCP) is essential in order to offer the best therapeutic. approach.

Primary plasma cell leukemia at EHS Blida : about 6 cases

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INTRODUCTION:
Plasma cell leukemia (APL) is a rare form of leukemia and aggressive a particular manidisorfestation of multiple myeloma (MM). There is 02 variants : plasma cell leukemia primitive (P-LAP) and the secondary plasma cell leukemia (APL-S) : complicating the evolution of a known MM. Its diagnosis is based on a count of plasma cells > 2 x l 09 / L or > 20%. The prognosis is poor.

MATERIALS AND METHODS:
We report a series of 06 patients with APL over a period of five years (2006-2010), or 2.3% of all cases of MM supported during this period.

RESULTS:
The sex. ratio M / F is 2 (04 men / 2 women), the median age of patients was 59 years (39-73), the average time of diagnosis l month (1-3). The inaugural symptoms were bone pain (16.66%), anemia (16.66%), and bone pain associated : with anemia (33.33%) with neurological disorders (16.66%) with splenomegaly (16.66%). The examination found : Bone pain in 66.66% of cases, anemic syndrome in 83.33%, a hemorrhagic syndrome in 33.33% of cases, a tumor syndrome in 33.33%, signs of hyperviscosity in 16.66%, neurological disor ders in 16.66% of cases. Bio(logically, there is a leukocytosis mean = 30975elt / micro! (1 700-61 700) with an ave rage peripheral plasmacytosis 12827 /µl, profound anemia in 3 patients with a mean hemo globin = 6.8 g / dl (4.9 - 15.5) severe thrombocytopenia in, 02 patients with an average of 91,000 elt / microl (16000-220000). One patient developed pancytopenia. The bone marrow infiltration average is 70.66%.

The protein immunoelectrophoresisperformed in 5 patients found hypogammaglobulinemia in 2 patients and a onoclonalcomponent type lgG lambda (I case), lgG kappa (I case) and lgA lambda (I case). From a radiological, the 6 patients had lesions geodiques and demineralized to varying degrees. An Immunophenotyping was performed in 2 patients for the diagnosis of LAP in I case. A cytogenetic study was performed in 04 patients. Ali patients had a complication at admission or during development : severe anemia (03 cases), renal failure (2 cases), neurological disorders (I case) lung infection (2 cases) hypercalcemia (I case), and severe neutropenia (I case) Hypo albumin with edema and ascites syndrome (I case). The treafment consisted of analgesics, blood transfusions : 3 cases, antibiotic therapy : 6 cases, bisphosphonates : 3 cases, erythropoietin : 2 cases, I dialysis case) and multidrug VAD type (from I to 4 courses). Be of the 6 patients : 3 patients died soon after cure. 3 patients had failed after 4 treatments : a patient was placed under DCEP protocol. The 3 patients died in an array of severe pulmonary infection. Median survival : 3.6 months (1-8).

CONCLUSION:
The locations extra medullary (50% of cases) are common in the LAP. Immunophenotyping is necessary to make the diagnosis in the forms pancytopenia. Our treatment-outcomes remain poor despite the use of multidrug therapy: 50% of our patients died early and the median survival of treated patients is 6.6 months. The use of innovative therapies (thalidomide and its analogues, proteasome inhibitors) and the allograft would be an alternative to packaging.

La Cytométrie en flux (CMF) sur suspensions cellulaires pour le diagnostic des Lymphomes malins non Hodgkiniens

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INTRODUCTION:

La CMF aide à caractériser au mieux les hémopathies malignes, parfois elle permet de compléter ou corriger un diagnostic cytologique et/ou histologique. Les résultats que nous présentons portent sur la caractérisation des LMNH par l'analyse des résultats de la CMF qui seront confrontés avec la cytologie et l'histologie.

MATÉRIELS ET MÉTHODES:

L'étude des LMNH est basée sur la cytologie, l'histopathologique et une CMF effectuée sur un suc obtenu par ponction ou/et trituration ganglionnaire.

La suspension cellulaire est obtenue soit par ponction ganglionnaire à l'aiguille fine sans aspiration qu'on injecte dans un tube EDTA avec lavage de l'aiguille par le cell Wach ; soit par u.ne trituration et dilacération ganglionnaire dans du RPMI. L'immunophénotypage a été réalisée à l'aide d'un panel ciblant les populations lymphoïdes T, B et NK (CD3, CD2, CD4, CD8, CDS, CD8, CD?, CDl a, TCR alpha bêta, TCR y delta, chaînes légères Kappa et Lambda CDl 9,