RESULTS:

All of registries, shows that cervix cancer is the second most important women cancer in terms of frequency : it represents 12,2% of all women cancer, after the Breast cancer who is the first one and represented 26,9% of all women cancer. Incidence of Cervix cancer is 13,9% for 100.000. Average age is 5 5 years old (younger 27 and aider 95 years). Maximum frequency is between 50 - 55 years old. 2 5. 7% of patients were married young before 1 5 years old , 82.1% before 20 years old and 95.5% of patients were married before 2 5 years old. Small population of women was married later (0.6%). Very low proportion of women are (0.6%) unmarried. 72.4% contracted only one marriage. 22% contracted two marriages.

The average number of pregnancyis seven 51.6% of patients have between 5 to 9 pregnancies. 30% of patients have more than 10 pregnancies. Average age at the first: pregnancy is 19 years old 50% of the patients have no abortion. 92.5% are squamous. Cacinoma.
5% Adenocarcinoma. Metrorrhagia was the main symptom registered ; it represents 80.1 % of purpose of consultation. 6.4% were presented pains.
53% of the metrorragies are of contact type 82% are exophetic tumor. 61 % had tumor size more than 4 cm.

Only 4% had small tu mors: less than 2 cm. TNM classification adapted by Gustave Roussy Institute, 51 .2% were central pelvic, 1 3% were advanced stage, 35.6% of diseases are extended but limited in pelvic (T2d - T3) : surgery was not possible.

CONCLUSION:

The cervix cancer in Algeria is the second women cancer in terms of frequency. Our study shows that the majority of patients have at least two bad prognostic factors (stage and tumor size).

50% of patients were show with advanced stage (T2d, T3, and T4). 60% of patients had tumor size more than 4 cm. Only very small proportion of patients (2%) had small size tumor (less than 2 cm).

Metrorrhagia is the main symptom ; it represents 80.1 % of the purpose of consultation. Very low proportion of women were (0.6%) unmarried.

2 5. 7% of patients were married young before 1 5 years old. 54.4 % had their first pregnancy before 20 years old. It would seem that there is not influence of the abortions.

Experience of service of radiotherapy in thymomas

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GOAL:

To review the epidemiological, clinical, histological, therapeutic and prognostic thymomas.

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MATERIALS AND METHODS:

This is a retrospective study between 2005 ·and 2009 records of nine (09) patients admitted for thymoma.

RESULT:

The median age was 37 years (24 -57 years) and sex ratio : H/ F = 1.2. The median time to consultation was 8 months (2 rnonths-1 7 months). Clinical signs were : Dyspnea 5 cases (5 5%), cough, 5 cases (5 5%), chest pain, 2 cases (22%) and dysphagia 1 (11 %). The radiological diagnosis was made by CT-scanner in 100% of patients. The histological diagnosis made by :

- Scanner-guided biopsy, 3 cases (33%).
- Thoracotomy, 5 cases (5 5%).
- 1 patient had not histology because the surgery was impossible (chemotherapy

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%.