

Osteoblastoma and diagnostics pitfalls

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BACKGROUND:

Osteoblastoma is a rare benign osteoblastic tumor with a potential for local bone destruction and aggressiveness.

The most common sites of osteoblastoma are the vertebral column particularly the posterior elements and the sacrum.

In this study, we present nine cases of osteoblastoma and the principal differential diagnosis.

RESULTS:

On a period of ten years, nine cases of osteoblastoma had been diagnosed including seven males and two females. The age of those patients ranged from five to twenty nine years old.

The tumor was localized in the spine in five of the nine cases and the other ones in the long bones. The radiological diagnosis of osteoblastoma was made in just two cases.

The diagnosis was made by

histology in eight cases. All our patients had been treated with curettage. On the nine patients, just one of them had developed two successive recurrences.

CONCLUSION :

Osteoblastoma is a rare benign tumor which is rarely diagnosed by radiology alone. The pathologist should always suspect an osteoblastoma in front of a vertebral localization of any tumor.

Urothelial carcinoma of the bladder : a clinicopathologic study of 92 cases

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INTRODUCTION:

Urothelial carcinoma (UC) accounts for nearly 90% of urinary bladder tumors.

A variety of histological variant of UC have been recently recognized. Some variants have prognostic and therapeutic implications.

The aim of this study is to assess the pathological features from our series and to compare

our results that of the literature.

MATERIALS AND METHODS:

We retrospectively studied 92 patients who were diagnosed histopathologically with urothelial carcinoma using the WHO classification system.

RESULTS:

The mean age of patients at

diagnosis was 60 (range, 30-70 years). 86,67% were male (80h/12F).

All tumors were classified as urothelial carcinomas : 2,1% urothelial neoplasm with squamous differentiation, 2,1% with glandular differentiation, 2,1% urothelial tumors nested and 1% sarcomatoid.

In this study most tumors were grade 2 (67 cases) and stage pT1 .

DISCUSSION :

Adult urothelium has the capacity to undergo several pathways of phenotypic cellular and structural differentiation as a result of the embryological origin of the bladder from the multipotential tissues of the cloacal endoderm and the mesodermal wolffian ducts.

Studies have shown that

urothelium has the ability to undergo metaplastic change and is supported by cell culture experiments, which showed that glandular, transitional, and squamous differentiation may be developed from a common neoplastic urothelial stem cell.

CONCLUSION :

The clinical cause of bladder cancer varies depending on the histological type of neoplasm, grade and stage of the tumor. High-grade muscle-invasive urothelial cancers and tumors showing variant microscopic morphology have in general, high mortality and poor prognosis.

Multiple duodenal stromal tumors associated with neurofibromatosis-1

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INTRODUCTION:

Gastrointestinal stromal tumors (GIST), most commonly occur sporadically, but there seems to be some increased tendency for these tumors to develop in patients with neurofibromatosis 1 (NF1). There is no histological difference between the NF1-associated cases and the sporadic cases. However, tumors associated with NF1 frequently show multiplicity.

MATERIAL AND METHODS:

A case of multiple duodenal gastrointestinal tumor arising in a 45-year-old male with NF1 is reported. Physical examination revealed multiple café au lait spots and discrete cutaneous neurofibromas over the patient's body.

The abdominal exploration

revealed multiple solid nodules in the duodenum and the pancreaticoduodenectomy was performed.

RESULTS:

- **Macroscopy :** The resected segment of the duodenum showed seven submucosal solid masses. The largest mass measured 3.5 cm x 2 cm x 3 cm. The other tumors were small in size and measured 0.6 cm. The principal tumor is coupled with the lower pancreas but remains limited by a capsule. The cut surface was smooth and white in appearance.

- **Microscopy :** The tumors were composed of interlacing fascicles of the uniform spindle cells with elongated cytoplasm. The tumor cells lacked pleomorphism, and

mitotic figures were absent.

- Immunohistochemistry :

The tumor cells were diffusely positive for CD117, CD34, and negative for desmin, smooth muscle actin and pS100.

CONCLUSION :

Gastrointestinal stromal tumors are rarely noted in association with neurofibromatosis-1. Duodenal GIST are most frequently diagnosed in the workup of symptoms not specific to these masses.

Duodenal resection is rarely indicated except in the case of duodenal GIST and early-stage adenocarcinoma or if the tumor appeared to involve the pancreatic parenchyma on