LETTERS

Radiation Therapy in Chloroma: A promising palliative manipulation

Dear Editor,

We would like to present the experience of our department concerning the excellent result of radiation therapy in the palliative management of Chloroma. Chloroma, also known as granulocytic sarcoma, is a rare extramedullary tumor composed of immature granulocytic cells1-3. It is referred to as “Chloroma” because of its green color. Chloromas are reported in 2.5%-9.1% of patients with acute myeloid leukemia and are often associated with a poor prognosis1-3. The most common locations of Chloroma are skin, soft tissue, bone, periosteum and lymph nodes1-3.

We have the experience of two patients with Chloroma who underwent a palliative course of radiation therapy in Radiation Oncology department of Aristotle University of Thessaloniki. The first patient was a 49-year-old woman presented with severe pain and edema in her right leg. The patient underwent imaging investigations which revealed several masses on sternum, left sacral bone, 5th lumbar vertebra and right inguinal region. The biopsy of the sternum revealed a myeloid sarcoma. The patient received a course of radiation therapy to 2000 Gy in 5 fractions to the right inguinal and demonstrated significant clinical response with a great relief of her symptoms. The second patient was a 70-year-old woman who presented with swelling of her right neck and supraclavicular region. The patient underwent a biopsy of the mass which revealed a myeloid sarcoma. She received a course of radiation therapy to 2000 Gy in 5 fractions and demonstrated a significant clinical response with complete remission of the masses.

The role of radiation therapy in the management of Chloroma is important and many authors in the literature support this method1-5. Low doses of radiation may have excellent results in disease control and symptom relief1-3.

References

Neanidis K1, Stylianidou S2, Chatzigiannaki A3, Bousbouras P3, Pantoura M2, Pistevou-Gompaki K2

1 Department of Medical Oncology, 424 General Military NATO Hospital, Thessaloniki, Greece
2 Department of Radiation Oncology, AHEPA Hospital, Aristotle University, Thessaloniki, Greece
3 Department of Medical Physics, AHEPA University Hospital, Aristotle University, Thessaloniki, Greece

Key-words: Chloroma, Leukemia, Radiotherapy, Palliative.

Corresponding author: Professor Kiriaki Pistevou-Gompaki, Department of Radiation Oncology, AHEPA Hospital, Aristotle University, Thessaloniki, Greece, e-mail: kipiste@med.auth.gr

Pacemaker infection due to *Brucella Melitensis*

Dear Editor,

Brucellosis is a zoonotic disease that often presents with fever and malaise, and it is sometimes complicated by unusual involvements such as meningitis, endocarditis and arthritis1. Pacemaker-related infections remain a severe form of complication after implantation, and Brucella spp. are rare agents of pacemaker infections2.

A 61-year-old man was admitted to the hospital with recurrent papular lesions on the pacemaker implantation site. Standard precautions were taken when placing the pacemaker into the patient to prevent the transmission of infectious agents. Two years after the repeat procedure, the patient complained of papular lesions at the pacemaker implantation site. A soft tissue infection was considered after initial examination, and intravenous sulbactam-ampicillin was subsequently administered to the patient. After the generator pocket was completely removed, the patient was followed up with an ECG-holter, which revealed no sinus pause or bradycardia. The patient was subsequently discharged without
Dear Editor,

Ovarian metastases are detected in 10%-20% of autopsies and 30% of therapeutic oophorectomy specimens from cases of breast carcinoma. Approximately 6%-7% of ovarian cancers and 10% of bilateral ovarian malignancies discovered during surgical intervention are metastatic\(^1,2\). Although invasive lobular carcinoma has a much greater tendency to metastasize to the ovary, 75% of ovarian metastases are from invasive ductal cancers due to its higher prevalence\(^1\)\(^-\)\(^4\).

We present the case of a 53 years old female, who was admitted with the diagnosis of a perforated viscus. She underwent laparotomy and was identified with solid multinodular masses on both ovaries. A Hartmann’s procedure, omentectomy and total hysterectomy with bilateral salpingo-oophorectomy was performed. Pathology confirmed perforation of the inflamed sigmoid diverticulum, ovarian masses histologically demonstrated metastatic cancer from invasive intraductal Ca grade III, keratin (+), e-cadherin (+), ER (+), PR (+), c-erb2 (-), cytokeratin(-), chromogranin(-). The serosal layer of the body of the uterus was invaded by the same carcinoma.

Ovarian metastases can occur long after treatment for primary breast cancer, with intervals ranging from 1-19 years, during the interventions can be mistaken easily for an ovarian primary\(^2\). Attention to clinical history and macroscopic features and awareness of this possibility, can help in minimizing errors.

References

Gungor O\(^1\), Yalcin MM\(^1\), Ozel E\(^2\), Biberoglu K\(^1\), Topal K\(^3\)

\(^1\) Department of Internal Medicine, Faculty of Medicine, Dokuz Eylul University, Izmir, Turkey
\(^2\) Department of Cardiology, Faculty of Medicine, Dokuz Eylul University, Izmir, Turkey
\(^3\) Department of Medical Education, Faculty of Medicine, Pamukkale University, Denizli, Turkey

Key words: Brucella spp, endemic region, pacemaker infection, papular lesion

Corresponding author: Ozkan Gungor, Dokuz Eylul University, Faculty of Medicine, Department of Internal Medicine, 35010 Inciralti/Izmir, Turkey, tel: +902323904254, fax: +902323902053, e-mail: ozkangungor@yahoo.com.tr

Ovarian metastasis from breast invasive ductal carcinoma

Dear Editor,

Ovarian metastases are detected in 10%-20% of autopsies and 30% of therapeutic oophorectomy specimens from cases of breast carcinoma. Approximately 6%-7% of ovarian cancers and 10% of bilateral ovarian malignancies discovered during surgical intervention are metastatic\(^1,2\). Although invasive lobular carcinoma has a much greater tendency to metastasize to the ovary, 75% of ovarian metastases are from invasive ductal cancers due to its higher prevalence\(^1\)\(^-\)\(^4\).

We present the case of a 53 years old female, who was admitted with the diagnosis of a perforated viscus. She underwent laparotomy and was indentified with solid multinodular masses on both ovaries. A Hartmann’s procedure, omentectomy and total hysterectomy with bilateral salpingo-oophorectomy was performed. Pathology confirmed perforation of the inflamed sigmoid diverticulum, ovarian masses histologically demonstrated metastatic cancer from invasive intraductal Ca grade III, keratin (+), e-cadherin (+), ER (+), PR (+), c-erb2 (-), cytokeratin(-), chromogranin(-). The serosal layer of the body of the uterus was invaded by the same carcinoma.

Ovarian metastases can occur long after treatment for primary breast cancer, with intervals ranging from 1-19 years, during the interventions can be mistaken easily for an ovarian primary\(^2\). Attention to clinical history and macroscopic features and awareness of this possibility, can help in minimizing errors.

References

Gavriilidis P\(^1\), Ananiadis A\(^1\), Theodoulidis V\(^1\), Toskas I\(^1\), Barbanis S\(^2\)

\(^1\)Department of Surgical Oncology, Theageneio Anticancer Hospital, Thessaloniki, Greece
\(^2\)Department of Pathology, Theageneio Anticancer Hospital, Thessaloniki, Greece

Key words: Ovarian metastasis, invasive ductal breast carcinoma, invasive lobular cancer, ovary tumour

Corresponding Author: Dr Paschalis Gavriilidis, 2 A Simeonidi STR, 54641 Thessaloniki, Greece, e-mail: pgav7461@yahoo.com