CLINICAL AWARD – ORAL COMMUNICATIONS

Abstract ID: 22

A novel paraneoplastic auto-immune manifestation: an isolated ACTH deficiency (IAD) associated with a renal cell carcinoma

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Abstract

A 53 years old patient presented himself at the emergency department for asthenia and joint pain. He reported an unintentional weight loss of 20 kg in 6 months. The clinical examination was unremarkable. The blood pressure was 107/65 mm Hg The blood analysis showed a blood glucose of 32 mg/dl, with low insulin and C-peptide level. The cortisol concentration was low (under detectability level), with low ACTH level. The level of TSH, free T4, prolactin and IGF1 were normal. LH was elevated, FSH and total testosterone were normal, free testosterone level was low. The analysis also showed renal failure and hypercalcemia, with suppressed PTH. Pituitary MRI showed no anomaly. Extensive workup showed the presence of a right renal mass of 4 cm of diameter. The working diagnosis was kidney cancer and isolated ACTH deficiency(IAD).The patient was treated by zoledronate, hydrocortisone and nephrectomy. The pathological examination of the mass showed a renal cell carcinoma. The substitutive hormonal treatment was continued. One year after the initial presentation, the patient a significant improvement of his symptoms.

Autoimmune hypophysitis is a growing concept in cancer patient. This disease can be classified into three categories: anti- pituitary transcription factor 1 (PIT1) hypophysitis, IAD and immune checkpoint inhibitors associated hypophysitis Anti-PIT1 hypophysitis is due to the presence of a PIT-1 epitope at the surface of the tumor cells, and can be associated with thymoma, lymphoma, renal cell carcinoma, neuroendocrine tumors and melanoma. The usual presentation of this disease is a deficit of GH, prolactin and TSH secretion. IAD, a distinct pathological entity, has been reported in association with large neuroendocrine cells of the lungs, gastric cancer and malignant lymphoma. Experimental data suggest that the mechanism of the disease is the expression of a pro-opio melanocortin (POMC) epitope at the surface of the tumor cells3. Immune checkpoint inhibitors-associated hypophysitis is the third entity. It is a far more frequent disease, since immunotherapy is now a part of the standard treatment of many cancers. To our knowledge, this is the first report of an IAD associated with a renal cell carcinoma.

Abstract ID: 24

Crowned dens syndrome mimicking meningitis

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Abstract

Introduction: Crowned dens syndrome is defined by the presence of calcium crystal deposits surrounding the dens of the axis. The main etiology of this syndrome is articular chrondrocalcinosis, a microcrystalline arthropathy characterised by precipitation of calcium pyrophosphate dihydrate crystals within cartilage and fibrocartilage.

Abstract: We report the case of a 72-year-old woman admitted to the emergency department because of acute neck pain and occipital headaches followed by right inguinal pain and right shoulder pain, without fever. Her past medical history was as following: atrial fibrillation and hypertension. She was taking apixaban 5 mg b.i.d. On clinical examination, overall stiffness of cervical rachis and functional impotence of the right lower and upper limb was observed. On blood testing, C-reactive protein level was 294 mg per liter (normal value: <5). Initial diagnoses were meningitis, spondylodiscitis and retropharyngeal abscess. A lumbar puncture was not performed due to anticoagulation with apixaban. Since the patient has no fever, an infection was unlikely (without excluding totally) and a crowned dens syndrome was highly suspected and finally assessed by cervical computed tomography (CT) scan of C1/C2 showing peri-odontoid calcifications (Figure 1 and Figure 2). A treatment with corticosteroids allowed a

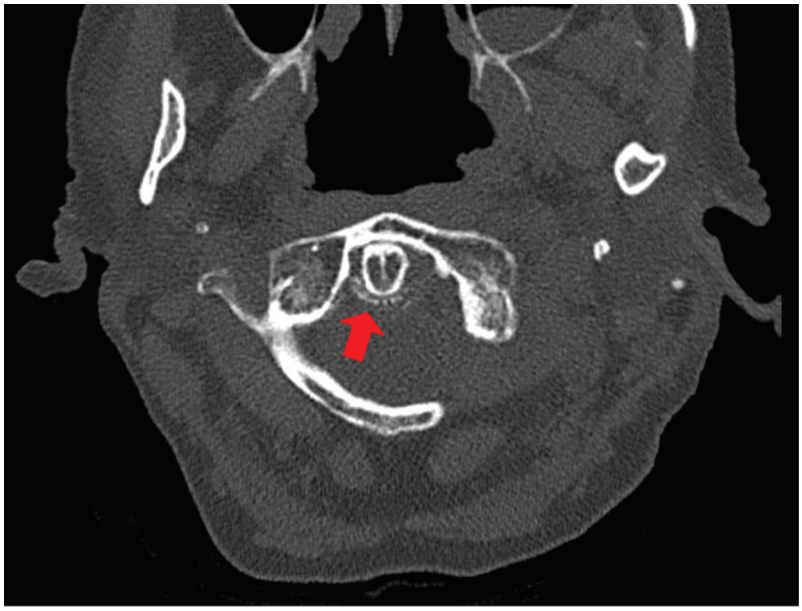

Figure 1. Calcifications around the odontoid process in the axial plane.

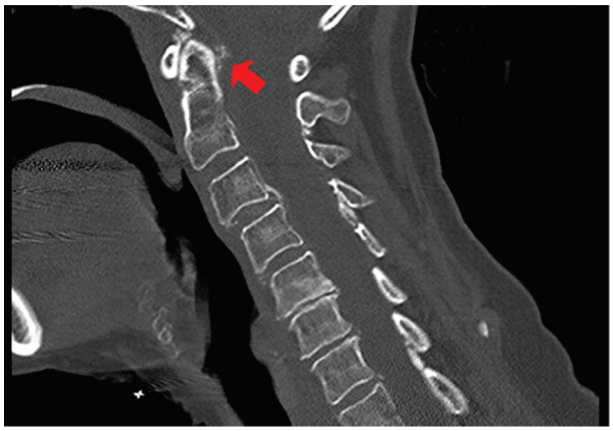

Figure 2. Calcifications around the odontoid process in the sagittal plane.

dramatic regression of clinical symptoms and inflammatory syndrome, without recurrence when tapering and stopping steroids. Blood cultures were negative and the patient was discharge from hospital after 5 days.

Conclusion: Crowned dens syndrome is an under-recognized entity that should be suspected in the context of neck pain. This case illustrates the importance of considering this syndrome as a differential diagnosis of meningitis, spondylodiscitis and retropharyngeal abscess but also of giant cell arteritis and polymyalgia rheumatic. Cervical CT scan is the gold standard exam to detect calcific deposits in cartilage and soft tissue, suggesting calcium pyrophosphate dihydrate deposition disease. Treatment consists of anti-inflammatory drugs such as NSAIDs, colchicine or corticosteroids.

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Not so hilarious anymore

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Abstract

Introduction: Prolonged recreational nitrous oxide (N2O) use can result in a spectrum of complications, notably including polyneuropathy, myelopathy, pancytopenia, and pulmonary embolism. The underlying pathophysiological