TROUBLES NEUROLOGIQUES CHEZ UN PATIENT DE 59 ANS, GRIFFE HÉPATIQUE

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Un homme de 59 ans présente des troubles neurologiques évocant un syndrome paralysie gauche. Il se plaint pendant des mois d'une hypoesthésie de l'hémicorps droit épargnant la face, de troubles de la coordination, de perte d'équilibre et d'une vision floue à droite. Dans ses antécédents, on note une gaffe hépatique deux ans et demi auparavant pour hépatocarcinome sur hépatique C avec récidive virale sur le gène et une insuffisance rénale prérénaïque.

Le patient prend du tacrolimus et du mycofenolate mofétil. À l'examen physique, on trouve une hémiparésie droite cotée à 4+5 au membre inférieur et à 4-5 au membre supérieur, une hypoesthésie de l'hémicorps droit ainsi qu'une alternance de la sensibilité profonde. On constate également une hémiinébilité droite, une acalculie, une agnosie digitale, une dysgraphie ainsi qu'une aphalie. La vision dominantie droite est moins bonne sans amputation fraction de champs visuels. La biologie montre une alternation de la fonction rénale et une perturbation des tests hépatiques. Les sérologies sont négatives hormis celle pour l'Hépatite C, il n'y a pas de surdosage médicamenteux. Le scanner met en évidence un effacement des sillons corticaux sylviens et temporaires gauches.

L'imagerie par résonance magnétique montre plusieurs lésions hyper signal en séquence flaire. Les lésions sont hypocapitantes au scan au FDC. À l'examen du liquide céphalorachidien, on met en évidence une légère proteinorachie et la présence de 4 éléments numériques/mm³. Les PCR et les cultures sont négatives. À l'arrêt des immunosuppresseurs, la clinique s'améliore mais de nouvelles lésions apparaissent.

Une biopsie stéréotaxique est réalisée mettant en évidence une leucencéphalite multifocale progressive (LEMP). La LEMP est une infection opportuniste du système nerveux central. L'agent pathogène est un polyavirus, le virus JC qu'il à favoriser un dysfonctionnement de l'immunité cellulaire, infecte et lyse les oligodendocytes causant ainsi de multiples foyers de démyélisation. Ce virus JC est ubiquitaire dans la population générale. La présentation clinique de la maladie est variable mais les crises d'épilepsie sont de mauvais pronostic.

En IRM, les lésions sont hyper signal en T2 (Dans la pondération T2 côte aussi pondération tissulaire, l'eau apparaît en hyper signal). La PCR JC au niveau du LCR est habituellement proposée mais sa négativité n'exclut jamais le diagnostic. Le diagnostic de certitude est histologique. Il repose sur un trépied : une démyélinisation, des inclusions virales dans les noyaux des oligodendrogètes et la présence d'astrocytes gliants. Aucune thérapeutique efficace n'a été à ce jour proposée et la survie des patients se compte en mois.

NICOTINE INCREASES CHEMOREFLEX SENSITIVITY TO HYPOXIA IN NON-SMOKERS

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Background: The peripheral chemoreflex contributes to cardiovascular regulation and represents the first line of defense against hypoxia. The effects of nicotine on chemoreflex regulation in non-smoking humans are unknown.

Method: We conducted a prospective, randomized, cross-over and placebo-controlled study in 20 male non-smokers to test the hypothesis that nicotine increases chemoreflex sensitivity. The effects of 2 intakes of 2 mg nicotine tabs and placebo on sympathetic nerve activity to muscle circulation (MSNA), minute ventilation (Ve), blood pressure (BP) and heart rate (HR) were assessed during normoxia, moderate isocapnic hypoxia, hyperoxic hypocapnia and an isometric handgrip in 10 subjects. Maximal and expiratory apneas were performed at baseline and at the end of the fifth minute of hypoxia. In a second experimental setting, we studied the ventilatory response to a more marked isocapnic hypoxia in 10 other volunteers.

Results: Mean MSNA and Ve were not modified by nicotine during the 5 minutes of normoxia or moderate hypoxia. However, in the presence of nicotine MSNA was related to oxygen desaturation (p<0.01). The sympathoexcitatory effects of nicotine became especially evident when apneas achieved oxygen saturations less than 85% (51±44% increase in MSNA after the first intake, and 48±43% increase after the second intake, vs. 38±53% and 33±31% with placebo, respectively, p<0.05). Nicotine also increased the ventilatory response compared to placebo when oxygen saturation decreased to less than 85% (p<0.05).

Conclusion: This is the first study to demonstrate that nicotine increases peripheral chemoreflex sensitivity to large reductions in arterial oxygen content in healthy non-smokers.

CLINICO-PATHOLOGICAL PROGNOSTIC FACTORS OF IGA VASCULITIS

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Introduction: Iga nephropathy is the most common cause of chronic glomerulonephritis. Its crescentic form is less frequent but its prognosis is bad. The treatment is associated with strong side effects. The aim of this study was to determine prognostic factors in Iga vasculitis.

Methods: This is a retrospective study. All the patients with a biopsy-proven diagnosis of Iga vasculitis, between 2000 and 2005, were included in the study. The studied parameters were: age, sex, renal function, hypertension, renal biopsy, C3, C4, C1q, GFR, creatinine, LTC4, proteinuria and immune complexes. All biopsies were re-evaluated for the study. An activity score [AS] was calculated according to the severity of crescents, fibrinoid necrosis, interstitial infiltrates and the presence of interstitial oedema, tubular necrosis, intra-epithelial infiltrates, cylinders and microvascularitis. The chronicity score (CS) depended on the severity of fibrinous crescents, glomerular sclerosis and tubular atrophy. Bad outcome (BO) was defined by death or RRT.

Results: Among the 17 patients, 10 had a good outcome (GO: 59%) and 7 had a BO (41%). None of the studied clinical parameters were significantly different following the outcome. The biological factors that negatively influence the outcome were baseline serum creatinine (GO: 2.75±4.66 vs BO: 9.55±6.58 mg/dl) and baseline GFR (GO: 80.9±54.8 vs BO: 17.8±18.0 ml/min/1.73m²). ROC curve analyses were performed for AS and CS. Both scores had a significant AUC (0.846, p<0.001 and 0.921, p=0.0001 respectively). High AS (>5) was associated with a BO with a sensitivity of 85.7% and a specificity of 90%. Sensitivity and specificity of CS >2 were 100% and 90% respectively.

Conclusion: In addition to baseline residual renal function, this study demonstrates the importance of pathologic findings and scoring as prognostic determinants in Iga vasculitis.

IDIOPATHIC CYCLIC OEDEMA

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Introduction: Idiopathic cyclic oedema (ICO) is a chronic disorder occurring almost exclusively in women with emotional instability and is characterized by intermittent bouts of generalized swelling aggravated by standing and by stress. It is often an unrecognized condition in young women. The diagnosis is one of exclusion of all other known causes of oedema formation. It is felt to be a problem of leakage of blood fluids from capillaries into fat and skin tissue especially when gravity (standing up) is added to the pressure in the vascular system. It results in large weight gain shifts from morn- ing to evening. Sometimes the condition is called idiopathic orthostatic (standing upright) oedema or just idiopathic oedema. Other names include fluid retention syn- drome and cyclical oedema.

Objectives: To propose a treatment scheme for the oedema excluding renal, cardiovascular or hepatic causes. The therapeutic plan is often difficult to establish because of the obscureophysiology of such oedemas which could either be a relative hyper-estrogenism, luteal insufficiency, anomalies of capillary permeability or secondary hyperaldosteronism.

Materials and methods: The study included 9 patients with ICE aged between 16-18 years diagnosed and treated in 2006 in the Obstetrics and Gynaecology Hospital, "Dr. Dumitru Popescu" Timisoara. Renal and liver function tests, blood and urine analysis was done. They were treated with therapeutic agents for premenstrual syndrome in- cluding Yasmin. Treatment seemed to worsen oedema.

While one would think that taking a "water pill" or diuretic would improve this oede- matous condition, it turns out that in most cases this is the wrong long-term treatment. In fact chronic diuretic use will increase the secretion of the body's aldosterone which in turn produces more oedema.

Results and discussion: Patients' compliance during treatment is 95%, i.e. 100%, and the results are good in 7 cases (77.7%). So ICE could satisfactorily be treated with the treatment like the one for premenstrual syndrome, including Yasmin.

Key words: Idiopathic cyclic oedema, Premenstrual syndrome, Yasmin.

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