TROUBLES NEUROLOGIQUES CHEZ UN PATIENT DE 59 ANS, GREFFÉ HÉPATIQUE

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Un homme de 59 ans présente des troubles neurologiques évoquant un syndrome pariétal gauche. Il se plaint depuis près d'un 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 greffe hépatique deux ans et demi auparavant pour hépatocarcinome sur hépatite C avec récidive virale sur le greffon et une insuffisance rénale préterminale.
Le patient prend du tacrolimus et du mycophenolate mofétil. A 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 altération de la sensibilité profonde. On constate également une héminégligence droite, une acalculie, une agnosie digitale, une dysgraphie ainsi qu'une aphasie. La vision homonyme droite est moins bonne sans amputation franche des champs visuels. La biologie montre une altération 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 temporaux gauches.
L'imagerie par résonance magnétique montre plusieurs lésions hyper signal en Séquence flair. Les lésions sont hypocaptantes au scan au FDG.
A l'examen du liquide céphalorachidien, on met en évidence une légère protéinorachie et la présence de 4 éléments nucléés / mm³. Les PCR et les cultures sont négatives. A l'arrêt des immunosuppresseurs, la clinique s'améliore mais de nouvelles lésions apparaissent. Une biopsie stéréotaxique est réalisée mettant en évidence une leucoencéphalite multifocale progressive (LEMP). La LEMP est une infection opportuniste du système nerveux central. L'agent pathogène est un polyomavirus, le virus JC qui, à la faveur d'un dysfonctionnement de l'immunité cellulaire, infecte et lyse les oligodendrocytes causant ainsi de multiples foyers de démyélinisation. Le 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 dite 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 oligodendrocytes et la présence d'astrocytes géants. Aucune thérapeutique efficace n'a été à ce jour proposée et la survie des patients se compte en mois.

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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 hypercapnia and an isometric handgrip in 10 subjects. Maximal end 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% (511±44% increase in MSNA after the first intake, and 436±43% increase after the second intake, vs 387±56% and 338±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.

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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, gender, haematuria, nephritic syndrome or hypertension, CRP, creatinine, GFR (MDRD), 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 fibrous 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 (0.864, $p<0.001$ 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.

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IDIOPATHIC CYCLIC OEDEMA

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Introduction: Idiopathic cyclic oedema (ICE) 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 morning to evening. Sometimes the condition is called idiopathic orthostatic (standing upright) oedema or just idiopathic oedema. Other names include fluid retention syndrome 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 obscure physiopathology of such oedemas which could either be a relative hyperestrogenism, 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 including Yasmin. Treatment seemed to worsen oedema.
While one would think that taking a "water pill" or diuretic would improve this oedematous 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 9/9, 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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