brought to you by \$\mathbb{I}\$ CORE



P. Sesar¹, M. Ulamec², S. Šoša³, D. Trnski³, D. Tomas²

¹Department of Pathology and Forensic Pathology, Dr Ivo Pedišić General Hospital, Sisak; ²Ljudevit Jurak University Department of Pathology, ³University Department of Urology, Sestre milosrdnice University Hospital Center, Zagreb, Croatia

Angiosarcomas are localized or multicentric tumors with various grades of differentiation that originate in the endothelium of the blood and lymphatic vessels. Angiosarcoma is an extremely aggressive malignant neoplasm with a 6-month median survival. Primary occurrence in the kidney is rare, with 24 cases described to date. We present a case of primary renal angiosarcoma in a 65-year-old male patient. It was an incidental CT scan finding that showed 3 tumors in the left kidney. Nephrectomy with ureterectomy was performed. Macroscopic examination revealed 3 nodular hemorrhagic yellowish tumors located subcapsularly in the central area of the left kidney, measuring 0.5 to 4.5 cm in diameter. Microscopically, it was a malignant neoplasm composed of large sheets, cords and small anastomosing vascular spaces, covered by pleomorphic epithelioid and spindle-shaped cells with voluminous and hyperchromatic irregular nuclei. Mitotic figures were frequent. Immunohistochemically, neoplastic cells showed strong positivity for C31, C34 and factor VIII. In conclusion, primary renal angiosarcomas are extremely rare aggressive tumors of endothelial cells. About 24 cases of this tumor have been documented. The mean patient age is 58 years. The etiology is unknown. They usually occur near renal capsule. Clinical symptoms are flank pain and hematuria. Differential diagnosis includes retroperitoneal hematoma and hemorrhagic renal tumors. The prognosis of renal angiosarcoma is poor, with rapid development of hematogenous metastasis.

CANINE ATOPIC DERMATITIS: THE COMPARATIVE APPROACH

I. Šimić, M. Tadić, N. Lemo

Faculty of Veterinary Medicine, University of Zagreb, Zagreb, Croatia

It is well known that dogs are affected with a natural homolog of human atopic dermatitis. The aim is to describe canine atopic dermatitis (CAD) and its points of clinical interests for veterinary and human dermatologists. Relevant articles were identified from three databases: MEDLINE (since 1966), ISI (Thomson) Science Citation Index Expanded (since 1945) and CAB Abstracts (since 1975). CAD is a genetically predisposed inflammatory and pruritic allergic skin disease with characteristic clinical features associated with IgE antibodies most commonly directed against environmental allergens. It is the most common allergic skin disease of the dog. Pruritus is the essential clinical feature, along with normal appearing skin or skin with erythema, small erythematous papular dermatitis, or erythematous macules. In dogs, pruritus is considered a hallmark of atopic dermatitis and is emphasized by feet licking and nose or head rubbing. Recently, new diagnostic criteria for CAD have been proposed by Favrot et al., including a set of 8 clinical features. Methods such as intradermal testing (ASIT) and allergen-specific IgE serology serve as orientation for clinicians in the diagnostic and therapeutic approach. Treatment of acute flares of CAD includes identification and removal of the allergenic causes of flares, antimicrobial therapy, improvement of skin and coat hygiene, and care and reduction of pruritus and skin lesions with pharmacological agents. Human atopic dermatitis is a common, multifactorial, chronic and often relapsing inflammatory skin disease. In the etiopathogenesis of human atopic dermatitis, there are well known interactions among genetic, environmental, skin barrier, immune factors, and stress. Current treatment of severe atopic dermatitis consists almost exclusively of topical and systemic corticosteroids. Disease management involves skin hydration through daily baths and intensive emollient therapy, avoidance of allergens, and in some cases use of anti-histamines to alleviate pruritus.