Conclusions. Treatment weapons against cancer have allowed us to see long time survivors despite some genetic disorders that leads to cancer. Studying biomolecular tumorigenic pathways in this patients may lead us to better understand the basis of cancer.

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Radiation-induced atypical meningioma 19 years after treatment of medulloblastoma controlled with fractionated stereotactic radiotherapy: A case report

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I present a case of meduloblastoma diagnosed en 1990, today a long term survivor for 22 years. The patient developed an atypical meningioma 19 years after initial treatment and once again he is disease free following surgical resection and fractionated stereotactic radiotherapy (FSRT). This is a 32 years old male patient. In 1990, at age nine, he was found to have a heterogeneously enhancing posterior fossa mass with hydrocephalus. Gross total resection was performed and the tumor was consistent with a classic medulloblastoma. Postoperative chemotherapy (VCR – CCNU) and 2D craniospinal radiation (34.2 Gy/19 fr) with posterior fossa 21.6 Gy/12 fr boost was administered. The patient remained tumor free until November 2008, at which time he presented with right sided weakness and numbness. MRI showed a supratentorial extra-axial mass located parasagittal into the left parietal lobe, consistent with meningioma. Surgical resection of the tumor was undertaken on 01/22/10 and it was histopathologicaly diagnosed as atypical meningioma WHO G2. Three months later MRI reveal a mass of 2.5 cm × 2 cm × 2.3 cm within the left parietal lobe. FSRT was selected for reirradiation and 50.4 Gy was delivered in 1.8 Gy fractions to the gross tumor and surgical bed PTV with 5 fixed beams IMRT. He completed radiation treatments with only mild side effects but none of severe radiation treatment late toxicities are presents today. I would note: (1) the radiation induced tumors risk after CNS irradiation; (2) the treatment options for this condition with particular emphasis on curative reirradiation; (3) the patient status long time after craniospinal irradiation and (4) the need of long-term follow-up for pediatric cancers survivors.

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Sister's Mary Joseph nodule at a patient followed for epidermoïde carcinoma of the cervix and literature review

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Sister's Mary Joseph nodule is a rare lesion, term is used since 1949 to indicate an umbilical coetaneous metastasis of a cancer, most often intra-abdominal principally gastric or ovarian. It represents 30% of umbilical tumours. In 90% of cases, it is about an adenocarcinoma. The origin of the cancer is the stomach (26%), ovary (12%), colon (10%), pancreas (7%), other localizations can be at the origin of this umbilical metastasis: appendix, small intestine. We report case of a 63-year-old patient, operated 3 years previously for épidermoïde carcinoma type basaloide of cervix stage IB2, without ganglions invasion, followed by a concomitant radio chemotherapy 45 Gy and a vaginal irradiation 20 Gy The patient presented an umbilical nodule of 5 cm, without other lesion en abdomen or pelvis. The surgical complete resection of the nodule allowed of confirmed by anatomopathological study, the carcinoma basaloide. The diagnosis of Sister Marie Joseph's nodule was retained. After a resection we have complete response at 17 months, despite the poor prognosis which Sister Marie Joseph's nodule attests.

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Squamous cell carcinoma of cervix

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Woman, 62 years old PPH: smoker, 20 cigarettes per day Oncological History: in 1998, after being studied by metrorrhagia and tenesmus of three months' duration, was diagnosed ST IIIB cervical squamous cell carcinoma. Physical examination: KI: 100 gynecological exploration: exophytic cervical mass of at least 7 cm in diameter, that bleeds at touch. VT: the lump described is felt at the left side of the vagina down to its mid third. RE: left parametrium involvement. Oncological treatment: RTE-2D over PTV (pelvis), isocentric, 4 fields, (2AP + 2LAT) with photons of 25 MV. Dosage: 50 Gy, later on, overprint PTV2 (left parametrium), 2 fields, (PA and AP) Dosage: 16 Gy. DT 66 Gy (5 × 200 cGy). Cervical overprint with endocavitary radiotherapy by means of a No. 1 convergent colpostate, bearer of 3 sources of 137 CS. Dosage 15 Gy to 0.5 cm of the vaginal cuff. Concurrent with Cisplatin x 6 cycles. Treatment ends on september1998. Complete clinical response. Evolution: December 2003: elevated SCC: 3.4, CYFRA: 1.9, on the thoracic abdominal pelvic TC a 3 cm right pulmonary hilar mass was noted and affected mediastinic adenopathies, the rest was normal. February 2004: diagnostic mediastinoscopy. PA: metastasic lymph nodes squamous cell adenocarcinoma. Rescue treatment: RTE 3D composed of PTV1 (hiliar mass + medistinum), isocentric, 4 fields (PA, AP, OBP and OBA), with 18 MV photons, dosage: 45 Gy, overprint PTV2 (hiliar tumoral mass), 2 fields (OBP and LD), 18 MV photons, dosage 14.4 Gy, DT:59.4 Gy