Charcot's arthrophathy

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Purpose. Neuropathic arthropathy or Charcot's arthrophathy refers to progressive degeneration of a weight bearing joint, a process marked by bony destruction, bone resorption, and eventual deformity. If this pathological process continues unchecked, it could result in joint deformity, ulceration and/or infection, loss of function, and in the worst case scenario: amputation or death.
Methods and materials. A 47 year old woman with a history of TCE and residual right hemiparesis and secondary Charcot arthropathy. Amputation was performed for osteomyelitis of the right elbow. Following disease progression at deriving a right knee for evaluation of radiotherapy as an alternative to amputation.
Results. Received 3DCRT in right knee with 2 AP-PA fields up to 2.67 Gy (0.5 Gy per fraction, 1 time per week).
Conclusions. Radiation therapy may be an alternative to the usual treatment of Charcot arthropathy although no studies proving their benefit.

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Chyloperitoneum after abdominal surgery, treated with radiotherapy: One case report

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Introduction. Chyloperitoneum is a rare but life-threatening complication, due to a lymphatic fistula with no uniformity concerning the treatment.
Purpose. To evaluate the efficacy of radiotherapy in lymphatic fistulas.
Materials and methods. We present a 77 year male with chylous ascites after open abdominal aneurismectomy refractory to conservative and surgical strategies. After failure of re-exploration with periaortic lymphatic cauterization, drainage and parenteral nutrition, he was treated with radiotherapy, 10 Gy in 5 fractions of 2 Gy, over the distal abdominal aorta and proximal iliac arteries, following the results of a lymphography.
Results. 5 days after the radiation treatment, the parenteral nutrition could be removed. After at 12 months of follow-up the patient remains asymptomatic without any objective evidence of chyloperitoneum relapse.
Conclusions. Low doses of radiotherapy may be a feasible alternative in the management of the chylous ascites due to a post-surgical lymphatic fistulas.

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Clivus chordoma: A case report

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Chordomas are rare neoplasms of bone that arise from primitive notochordal remnants, slow growing, locally aggressive and frequently recurring. These tumors characteristically are located in the axial skeleton, being the sacral region the most common location. We present a 77 year old female patient who referred symptoms consisting of blurry vision, dipoplia, left palpebral ptosis and left periorbital pain. On neurological examination it was observed a minor anisocoria with mild mydriasis of the left eye as well as left palpebral ptosis and diplopia. Craneal CT showed sellar expansive lesion and RMI demonstrated an expansive sellar mass with suprasellar spread and invasion of the left cavernous sinus. Transesphenoidal exeresis surgery was performed with the diagnosis of clivus cordoma. Two years later, a control CT suggested a progression of the lesion, an increase of the soft parts in the dorsum sellae with greater extension toward the left side about 21 mm × 33 mm in the axial plane, with displacement of the pituitary stalk to the right, a bone defect in the posterior wall of the right sphenoidal sinus and minimum comprisal of soft parts. A new sublabial transesphenoidal partial surgery was performed followed by proton therapy. Traditionally it has been difficult to employ conventional 2D and 3D radiation because of the risk of damaging the brainstem and cranial nerves. However, the last radiation therapy techniques, like proton therapy, have been used to target the bone lesion while reducing the radiation exposure to the normal tissue.

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