

Hct 37.4%, MCV 101.9, MHC 34.6 pg. All biochemistry parameters, immunoglobulins, C3, C4, ANA, ANCA, anticardiolipin antibodies, lupus anticoagulant, cryoglobulins, β 2-microglobulin, tumor markers (α -fetoprotein, CEA, CA-125, CYFRA 21.1, enolase), and HCV, HBV and HIV serologies were normal or negative. ESR 69. CRP 10.4 mg/dl. Urinalysis and coagulation studies were normal, with the exception of fibrinogen 619 mg/dl. Proteinuria: 0.4 g/24 h, that later normalized; standard urine testing and sediment studies were normal. Skin biopsy: small vessel leukocytoclastic vasculitis. Chest X-ray: left upper lobe (LUL) nodule. Thoracoabdominal computed tomography: 25 mm left suprahilar mass with consolidation in the adjacent parenchyma extending to the chest wall and causing LUL atelectasis. Fiberoptic bronchoscopy: mass in LUL causing stenosis of the left upper lobe bronchus. Selective bronchial aspiration and biopsy: well-differentiated epidermoid carcinoma. Lung function tests: normal. PET: left suprahilar mass 41 mm \times 49 mm \times 48 mm, SUVm 20.7, adjacent parenchymal condensation 31 mm \times 21 mm \times 28 mm, extending to the left anterior chest wall, SUVm 11.7. Focal deposit at the level of the third anterior rib, 11 mm \times 11 mm \times 16 mm, SUVm 6.2. The patient received serum and prednisone, with good clinical progress and resolution of abdominal symptoms and skin lesions within 10 days. The tumor was confirmed by the Thoracic Surgery department to be inoperable, so chemotherapy for epidermoid carcinoma of the lung, CT4N0M0, began in the Oncology department.

Around 50%–60% of paraneoplastic cutaneous vasculitis is LCV, and 15% is Schönlein–Henoch purpura (SHP).¹ Loricera et al.² published one of the largest series of cutaneous PNV, consisting of 421 adults with cutaneous vasculitis, of which only 16 (3.8%) were paraneoplastic, 7 associated with solid tumors (lung adenocarcinoma) and 9 with hematological cancers. Palpable purpura occurred in 15 patients, 4 of whom had arthralgia and/or arthritis and 2 abdominal pain. Mean age was 67 years and delay before reaching a cancer diagnosis was 17 days. Histology in all cases was LCV. Solans-Laqué et al.³ reported a series of 596 cases of vasculitis over a period of 15 years. They found 15 PNVs associated with solid tumors (2.5%): 9 LCV, 2 SHP, 1 polyarteritis nodosa, and 3 cases of giant cell arteritis. In some publications, PNV meet criteria, either

clinically or due to IgA deposits in biopsies, for a diagnosis of SHP. Zurada et al.⁴ presented 3 cases of paraneoplastic SHP and reviewed 31 cases published to date, of which 61% were associated with solid tumors (8 lung), and 39% hematological. Half of all SHP cases appeared within 1 month of tumor diagnosis or metastasis. More recently, Zhang et al.⁵ reviewed 13 previously published cases of SHP associated with lung cancer: 8 epidermoid, 3 adenocarcinomas and 2 small cell cancers. Six occurred simultaneously with the tumor, 6 preceded it, and 1 appeared subsequently.

We can conclude, then, that while PNV is an uncommon manifestation, it can be an initial presentation of tumor disease. Moreover, in cases of persistent or chronic vasculitis that does not respond well to treatment, particularly in elderly patients, paraneoplastic syndrome must be ruled out. Development or relapse of vasculitis in a cancer patient should raise the suspicion of tumor recurrence.³

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Jejunal Perforation by Metastasis of Malignant Pleural Mesothelioma[☆]



Perforación yeyunal por metástasis de mesotelioma pleural maligno

To the Editor,

Malignant pleural mesothelioma is an aggressive form of cancer that originates in the pleural mesothelioma. The main pathogenic factor is exposure to asbestos. Histologically, it is classified as epithelioid (60%), biphasic (30%) or sarcomatoid (10%). It generally appears as local disease in the affected hemithorax, and metastases are rare. It is unusual for malignant pleural mesothelioma to manifest with gastrointestinal complications due to metastatic implants. We report a case of jejunal perforation due to malignant epithelioid pleural mesothelioma metastasis.

A 67-year-old man with a history of malignant pleural mesothelioma (T3N2M0) underwent radical pleuropulmonectomy with

lymphadenectomy in July 2010. Adjuvant chemotherapy was administered and the patient was followed up by the Oncology department. He presented in the emergency room in August 2011 with a 4-h history of sudden onset abdominal pain, initially in the lower abdomen, but which then became diffuse. On examination, abdominal guarding with signs of peritoneal irritation were observed. Clinical laboratory test results were within normal limits. No significant findings were detected on abdominal X-ray. An abdominal computed tomography with intravenous contrast medium was performed, revealing air in the peritoneal cavity, circumferential wall thickening of a short segment of the hypogastric small intestine (jejunum) with marked inflammatory changes and small adjacent air bubbles (Fig. 1). In view of these findings, emergency laparoscopic intervention with supra and infra-umbilical access was performed, revealing acute purulent peritonitis in the inframesocolic space due to a single perforation of the jejunum at the site of an ischemic lesion. Intestinal resection with manual end-to-end anastomosis was performed and the post-operative period was incident-free. Pathology reported epithelioid malignant mesothelioma metastasis in the intestinal wall and 2 isolated lymph nodes. The patient was referred to the oncology department for treatment with chemotherapy.

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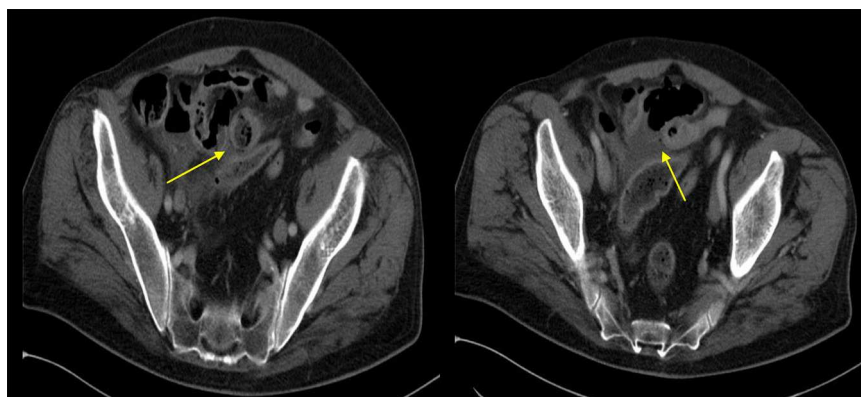


Fig. 1. Abdominal computed tomography: thickening of a segment of the small intestinal wall (jejunum), inflammatory changes, and adjacent extraluminal air bubbles.

Discussion

A search of the Medline database (1974–2013) retrieved 4 cases of malignant pleural mesothelioma metastasis involving the small intestine^{1–4} and 1 case presenting as acute jejunal perforation.⁵ Our patient is the second case with acute presentation described in the literature. Malignant pleural mesothelioma generally manifests as a locally invasive chest tumor, while cases of gastrointestinal metastases are rare, probably because diagnosis is difficult. Abdominal symptoms tend to be unspecific and are often interpreted as side effects of chemotherapy, and the sensitivity of ultrasound and computed tomography (CT) techniques for detecting intestinal tumors is poor. PET/CT and the combination of capsule endoscopy and double-balloon enteroscopy may overcome difficulties in detecting this type of metastatic implant.

In our opinion, the possibility of metastasis to the small intestine must be taken into account in patients with a history of malignant pleural mesothelioma and clinical symptoms consisting of acute abdominal pain, occult fecal blood, and intermittent unspecific abdominal pain.

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Extensive Endobronchial Lesions in a Patient With Stage 0 Sarcoidosis[☆]



Lesiones endobronquiales extensas en un paciente con sarcoidosis en estadio 0

To the Editor,

We report the case of a 61-year-old Caucasian man with a history of NYHA grade II dyspnea and unproductive cough

lasting several months. He was a former smoker (20 pack-years, with cessation 20 years previously). Lung function tests (Fig. 1A) showed mild obstruction (forced expiratory volume in 1 s [FEV₁] 2.43 l, 74% predicted, Tiffeneau index 61%, residual volume [RV] 2.29 l, 94% predicted, total lung capacity [TLC] 6.2 l, 89% predicted, RV/TLC 37%) and slightly reduced gas exchange (DLCO 53% predicted, KCO 75% predicted, alveolar volume 4.94 l, 71% predicted). Chest X-ray was normal (stage 0) and chest CT (Fig. 1B) showed mainly bronchiectasis in the left lower lobe, with no mediastinal or hilar lymphadenopathies. Miniscule disseminated granulomatous lesions spreading from the upper trachea to the segmentary and sub-segmentary bronchi on both sides with circular distribution in all membranous and cartilaginous parts of the airways were observed on bronchoscopy. Lymphocytosis (45%) with a raised CD4/CD8 ratio (4.5) was observed in bronchoalveolar lavage

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