

The Pancoast Tobias syndrome in the adolescent

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INTRODUCTION

K First description : **One century and half**

K Embryonic origine :

✓ Rarety

Characterize by

✓ Classification

✓ Histogenesis

✓ Histological Dgc (*diffiult*)

✓ Prognosis (Unfavorable)

O B S E R V A T I O N

Miss M.R. : 15 years old , admitted

K Deterioration in his healt

K Dry cough + left thoracic pains

K Rest dyspnoea

K Thoracic X Ray pathological

Uneventful Medical History: (10 Kg \cong 6 months)

Family history: Father (*Pneumothorax + Cutaneous Lupus*)

Clinical examination: ➤ No ferish ➤ lean ➤ whining

➤ Thoracic distortion in breastbone

➤ Digital hippocratisme

OBSERVATION

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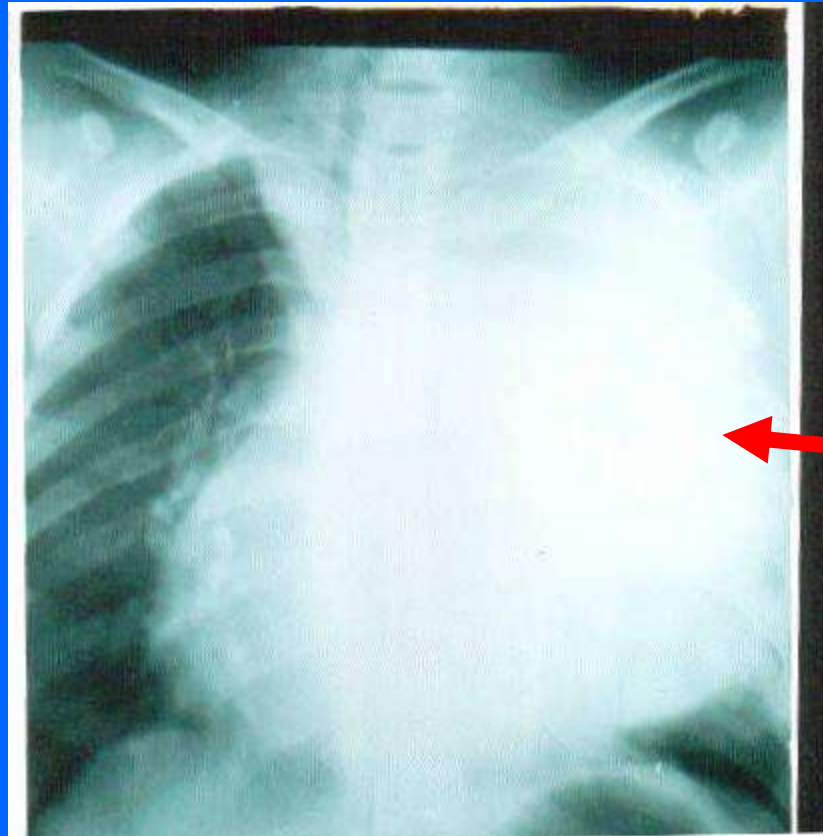
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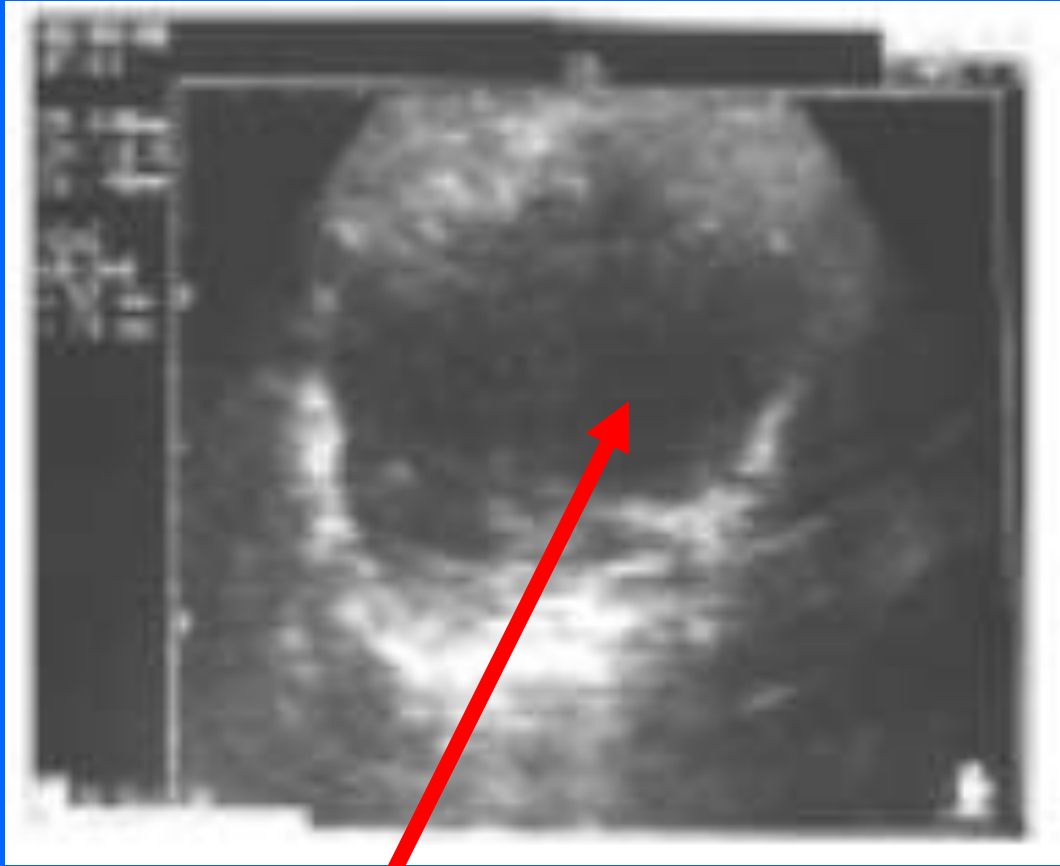
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The differential diagnosis

K Carcinosarcoma :

- Ⓜ : the épithélial elements = no tumor character
- Ⓜ : sarcomatous fusiform cell
- Ⓜ : central radiological seat

K Sarcoma :

- Ⓜ : absence of all other tumor this métastase.

PANCOAST TOBIAS

Big child = Clinical curiosity

History 1838 Hare (*Mc Donnel 1850,*
Muselier 1886, Ricaldoni 1919, Friedman 1921)

1924 Henry Pancoast

1931 J.W.Tobias

1942 Teyssier

Signs

ETIOLOGY:

Tumoral +++ ...
... Aneurysm
... Neurinome
.. T.B.cold abscess
Echinococcus VM.

2 à 5 %

PULMONARY BLASTOMA

(2)

Reminder :

Bronchal tree: completely organized → 40th day of the foetal day.

Pulmonary draft forms → 22nd days from the previous intestine
(Tracheal gutter)

Windpipe gives : 2 lateral buds → **Bronchial tree by division**
dichotomic → this one penetrates neighboring mesenchyme

→ pulmonary interstitium.



PULMONARY BLASTOMA

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Numerous Histo-Chimical studies

Epithelial

+

mesnchymatous

PULMONARY BLASTOMA

(4)

DIAGNOSIS

K Unusually label in advance surgical

- * Radiological Sign
 - * Clinical Sign
 - * Tum. & Pl. Cyto-puncture
- └─→ *No specific*
- } little output

Transthoracic needle aspiration +++

Tagge Every time + C.P.: (-)

Personal case +

CONCLUSION

Pancoast tumor : Curiosity

Pulmonary Blastoma : Rare event

→ Adolescent

Diagnosis is essentially **surgical**

Can be asserted by **Needle-biopsy +++**

prognosis remains **nasty**