The Pancoast Tobias syndrome in the adolescent

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**INTRODUCTION**

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

**K Embryonic origine:**

- **Characterize by**
  - Rarety
  - Classification
  - Histogenesis
  - Histological Dgc (*difficult*)
  - Prognosis (Unfavorable)
Observation

Miss M.R.: 15 years old, admitted

K Deterioration in his health
K Dry cough + left thoracic pains
K Rest dyspnoea
K Thoracic X Ray pathological

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

Family history: Father (Pneumothorax + Cutaneous Lupus)

Clinical examination: ➢ No fever ➢ lean ➢ whining
➢ Thoracic distortion in breastbone
➢ Digital hipocratism
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The differential diagnosis

K Carcinosarcoma:

®: the épithelial elements = no tumor character
®: sarcomatous fusiform cell
®: central radiological seat

K Sarcoma:

®: absence of all other tumor this métastase.
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

**ETIOLOGY:**

- Tumoral +++ ...
- Aneurysm
- Neurinome
- T.B. cold abscess
- Echynococcus VM.

2 à 5 %
**Reminder:**

**Bronchial 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.

Numerous Histo-Chimical studies

Epithelial + mesenchymatous
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K  Unusually label in advance surgical

* Radiological Sign  →  No
* Clinical Sign
* Tum. & Pl. Cyto-puncture  ↓ little output

Transthoracic needle aspiration  +++

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

Personal case  +
Pancoast tobias : Curiosity
Pulmonary Blastoma : Rare evenement

Diagnosis is essentially surgical
Can be assert by Needle-biopsy +++

prognosis remains nasty