

old woman by tomography after physical asthenia and terrible bone pain. The right adrenalectomy with histological study, completed by immunohistochemistry confirmed the diagnosis. The patient received chemotherapy based on VEDP (etoposide, doxorubicine, cisplatin). The patient had also a spinal analgesic radiotherapy. Treatment gives a poor results in short term: regression of the adrenal tumor mass and persistence of liver and lung metastases bone, actually the patient will start (Mitotane, OP'DDP) with zelumonic acid, but evolution is uncertain and the progression is poor. Second case report: The second adrenocortical carcinoma was diagnosed in 25 year men by tomography. Symptoms were abdominal pain and vomiting. Other clinical symptoms included diarrhea, skin rash, depression of the central nervous system without endocrine symptoms, the average duration of symptoms before diagnosis was one year, the left adrenalectomy was done in urology department, histological study completed with IHC confirmed the adrenocortical carcinoma with six criteria of Weiss. CT scan performed after surgery don't show adrenal tumor. Liver, lung and bone marrow abnormalities have not been reported. Six month after surgery, CT scan showed metastatic pulmonary parenchymal micronodules with liver and bone lesions, and beginning of medullary compression at D10. Actually the patient undertakes a spinal analgesic radiotherapy. As compared with other studies investigating chemotherapy, the patient had partial tumor regression, but the drug did not have a significant effect on survival, we can conclude that metastatic adrenocortical carcinoma carries a poor prognosis.

P 47: Aggressive angiomyxoma in the pelvis: A case report

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Aggressive angiomyxoma (AAM) is a variant of myxoid neoplasms of the female pelvic soft parts. The term "aggressive" refers to the tumor's locally infiltrative and recurrent nature because distant metastases are rare. We report a case of an aggressive angiomyxoma in the pelvis. **Case Report:** In 2009, a 55-year-old woman underwent hysterectomy and salpingectomy. The diagnosis was that of atypical leiomyoma. Four years later, in January 2013, the patient presented with progressive distension of abdomen. The MRI showed heterogeneous soft tissue mass, adjacent to coccyx, involving left gluteal region and extending superiorly into pelvis and abdomen with anterolateral displacement of urinary bladder and lateral displacement of bowel with right hydronephrosis. Patient underwent laparotomy and the tumor was incompletely excised. The tumor was found to be originating from rectovaginal septum. Urinary bladder was adherent to mass and displaced anteriorly. Liver was normal and there was no ascites or lymphadenopathy. The anatomopathological diagnosis was that of aggressive angiomyxoma. The histology revealed the presence of tumour cells expressing oestrogen and progesterone receptors. The patient received an adjuvant treatment based on endocrine therapy and external beam radiation. There was no recurrence at 10 months of follow-up. **Conclusion:** Aggressive angiomyxoma is a locally mesenchymal, benign, and rare neoplasm. The immunohistochemical study reveals the definitive diagnosis. The therapy is only surgical, and because of its tendency to recur locally, the excision has to be as complete as possible. Treatment with a GnRH agonist avoids mutilating surgery that does not prevent recurrences.

Case Reports

P 46: Adrenocortical carcinoma with distant metastases about two cases and review of the literature

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Adrenocortical carcinoma is a rare disease, and only limited information is available about its normal history and effects of therapy, we report here two cases of huge adrenocortical carcinoma. The objective of this study is to show the presence of this disease in Marrakech despite its rarity, and the different steps undertaken for its diagnosis, treatment and evolution. First case report: A right adrenocortical carcinoma was diagnosed in 67-year-

P 48: Sarcoma as a second malignancy after treatment of breast cancer

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Background: Adjuvant radiotherapy plays a significant role in preventing local failure in women treated for early stage breast cancers. The radiation-induced sarcoma is a late and exceptional complication of breast cancer radiotherapy, occurs in 0.23% of cases. **Materials and Methods:** We report two cases of radiation-induced sarcomas occurring 10 years and 3 years after radiotherapy for breast carcinoma. One patient (32-year-old) developed a Chondrosarcoma of the chest wall. The second patient (32-year-old) had an angiosarcoma. Both patients died several months after diagnosis of the second neoplasm. **Discussion:** Radiation-induced sarcomas (RIS) are rare clinical entities. Their incidence increases as survival after radiotherapy improves, and they often constitute a therapeutic challenge. Radiation-induced sarcomas generally develop with a median latency period of 10 years and encompass different histological types. The majority of Radiation-induced sarcomas are high-grade and deep tumors. Large size and positive histological margins after surgery are responsible for high local relapse rates and short survival. Surgery remains the primary treatment option for localized disease and often requires an aggressive approach. **Conclusion:** The radiation-induced sarcoma is characterized by a poor prognosis and a high rate of recurrence. The diagnosis for most patients is late and treatment remains ineffective.

P 49: Ovarian choriocarcinoma

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The ovarian choriocarcinoma is a malignant germinal tumor, mainly affecting young women and characterized by the presence of malignant cells cytotrophoblastique and syncytiotrophoblastique. They may be gestational (most common) or non-gestational (primitive). Distinction between the two types is difficult and requires the use of DNA analysis. We report a case of patient followed in our department for ovarian choriocarcinoma treated with surgery first followed by chemotherapy based on bleomycin, etoposide and platamine for 6 cycles. After a decline of 18 months the patient is in complete remission clinical, biological and radiological.

P 50: The osteochondromatosis of the ankle: contribution of computed tomography in the diagnosis

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Introduction: The osteochondromatosis is a rare metaplasia of the synovial tissue characterized by the formation of cartilaginous body (chondromas) or osteochondral (osteochondroma) in a joint, bursa or tendon sheath. This condition is usually mono-articular and preferentially affects the knee. The topography of the ankle is exceptional. The purpose of this study was to report a rare case of osteochondromatosis of the ankle and the contribution of imaging in the diagnosis of this pathology. **Observation:** An old woman of

62 years consulting for mechanical intermittent pain in the right ankle associated swelling of the anteromedial surface of the ankle for 6 months. The radiograph shows several calcifications facing the anterior side of the tibia. The CT scan of the ankle has objectified the presence of multiple bone fragments next to the -internal anterior side of the ankle with varying size, some of which are regular limits and others are calcified cartilage. These fragments seem to come off the underside of the anterior tibial pilon. It joins in a tibial-talar and subtalar arthrosis. **Conclusion:** The osteochondromatosis of the ankle is a very rare location that requires as any other location, early detection before installing the chondropathy.

P 51: Hemispheric disconnection syndrome on double metastasis of corpus callosum

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Introduction: Brain metastases are rarely localized in the corpus callosum (CC), and exceptionally multiple within the same CC. They present clinically as an intracranial hypertension syndrome and sometimes by specific symptoms resulting from disturbance of functions in CC. **Observation:** We report the case of a 65-year-old patient, presenting with a continuous headache lasting from two months ago, without fever or visual disturbance or cerebri (intracranial hypertension), or seizure. They are accompanied by poor concentration and irritability lasting for 6 months. Neurological examination revealed ideomotor slowdown, a normal walk, apraxia, without motor and sensory deficit or balance disorder or coordination. The Mini Mental State (MMS) amounted to 26/30. A brain CT scan is requested showing a hypodense lesion occupying the splenium of the corpus callosum, and a hypodense lesion in the body with periphery contrast enhancement. The hemispheric disconnection syndrome (HDS) is sought and MRI is conducted for trying to predict the nature of the lesions. **Conclusion:** HDS is a rare entity, as much that it occupies almost never the center stage of clinical presentation in the pathology of the corpus callosum. It comprises a series of specific symptoms. Knowing them could help anticipate the topographic diagnosis of a lesion before performing imaging.

P 52: Solitary bone plasmacytoma: Diagnostic and therapeutic management and evolutive aspects

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Objectives: To report the experience of Ibn Rochd oncology center on management of solitary bone plasmacytoma. Describe the radiological findings in bone solitary plasmacytoma throughout plain radiographs, CT and MRI. **Methods:** Ten cases of solitary bone plasmacytoma were collected retrospectively in the Ibn Rushd-oncology center over a period of 8 years. **Results:** The mean age was 57 years old (range 48–68) and the mean consulting time about 8 months (range 4–24). The plasmacytoma was vertebral in six cases, in the pelvis in two, in a maxillary sinus in one, and in the cranial vault in one case. The most common primary clinical signs were pain and neurological disorders. The diagnosis was based on imaging data (plain radiographs, CT and MRI) and histological

examination of bone biopsy. A research assessment for multiple myeloma was achieved in all cases and found normal. Radiotherapy graded 40 to 45 Gy was delivered in ten patients. Decompressive laminectomy was performed in four patients. After the end of treatment, there has been a regression of pain in eight patients and recovery of neurological disorders in half. **Conclusion:** Solitary bone plasmacytoma is a malignant tumor developed from plasmocyte cells. Its diagnosis is retained after a looking for a negative multiple myeloma. The basic treatment of solitary plasmacytoma bone is radiotherapy, which provides the best local control. Surgery is useful only in cases of nerve compression or bone instability.

P 53: Malignant transformation of a mature ovarian teratoma: A case report

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Introduction: Malignant transformation of mature ovarian teratoma to epidermoid carcinoma is a very rare complication, representing 1–3% of cases. It is seen most often in women of pre-menopausal or post-menopausal period and which the risk increases with age. **Observation:** We report the case of a 51-year-old woman, in the pre-menopausal period, who presented with abdominal pain associated with a pelvic mass. Abdominal and pelvic ultrasound showed a right ovarian tumor. Hysterectomy without annexial conservation associated with omentectomy was performed, revealing a squamous cell carcinoma in a mature teratoma of the ovary, so the patient received chemotherapy with paclitaxel and carboplatin with a good evolution after a loss of 1 year. **Conclusion:** Treatment of malignant mature ovarian teratoma is the same as epithelial ovarian cancer. Prognosis depends on several factors, with a survival rate of 70% in stage I and 11% in the advanced stages.

P 54: Cavernous hemangioma of the spleen: A case report

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Introduction: The hemangioma is the most common primary tumor of the spleen. It can be isolated or register among haemangiomatosis. It is a rare tumor with a definitive diagnosis which can only be confirmed by a surgical approach and by histological examination of the surgical specimen. **Observation:** We report the case of a female patient of 67 years, which complained during a year before of left upper quadrant pain, of gravity type. The clinical examination revealed a huge splenomegaly arriving until the hypogastrium. Abdominal ultrasound showed a large splenomegaly measuring 25 cm in long diameter, with heterogeneous echostructure including multiple hypoechoic areas. The patient underwent splenectomy and diagnosis of cavernous hemangioma was confirmed by histological examination. **Conclusion:** The purpose of this observation is to highlight the difficulties in preoperative diagnosis of this lesion and determine the therapeutic approach that is required.

P 55: Intraocular non-hodgkin lymphoma: A case report

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Introduction: Intraocular non-Hodgkin lymphoma (IONHL) runs a uniformly fatal course. Once the central nervous system is involved, survival without treatment is very limited. Although treatment does not substantially improve the long term survival, it provides short term improvement in these patients. **Observation:** We report a case of an intraocular non-Hodgkin lymphoma in a patient treated at the Oncology Center Ibn Rochd of Casablanca. It was about a patient of 31 years with no specific pathological history, who presented in April 2013 with clinical symptoms of redness in the right eye and decreased visual acuity. Ophthalmological tests showed a right blindness and ocular ultrasound an incomplete posterior detachment of the retina with a cataract. This assessment concludes to an anterior right sclero-uveitis. The patient received systemic corticosteroids. Given the persistence of symptoms and the appearance of sclerotic nodules, an etiologic looking for a systemic disease was found normal. Cranio-orbital scanner objectified diffuse infiltration of the intraocular soft tissues and biopsy of nodules confirmed the diagnosis of peripheric TNHL. The complementary staging found submandibular and jugular-carotid lymph nodes with laryngeal thickening. Before the diagnosis of IONHL, the patient received chemotherapy (2 cures of DHAP) and local radiotherapy (45 Gy) followed by enucleation of the right eye. The evolution was marked by the death of the patient due to brain metastases with a term of 15 months. **Conclusion:** IONHL presents as the form of several clinical features. Treatment was initially based on radiotherapy. Recently, combination with chemotherapy has improved survival and tolerance, especially after the introduction of intra-vitreous chemotherapy.

P 56: Facial rhabdomyosarcoma (a case report)

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Introduction: Rhabdomyosarcoma is a relatively common malignancy of the facial. It affects older children and young adults. The locations are often orbital and nasal passages. Diagnosis is based on the complementary contribution of radiology and pathological examination, sometimes only test confirmation. The aim of this work is to point out the contribution of imaging in the diagnosis of these tumors. **Observation:** An 18-year-old patient, consultant for a swelling of the right lateralized gradually, increasing volume palate and extending the maxilla, with intermittent bleeding and unencrypted fever. CT objectified extensive bone destruction interesting right hemi mandibular, the upper right maxillary bone lysis palate, the walls of the maxillary sinus and nasal cavities. The nasopharynx is also compressed by the tumor mass, the rétrozygomatomaxillaire Pterygomaxillary lodges and is invaded. A biopsy was performed and confirmed the diagnosis. CT brain and abdominal ultrasound were normal. **Conclusion:** Rhabdomyosarcoma is a common mesenchymal tumor extension is fast. The prognosis is directly related to the existence of metastasis, hence the need to know early diagnosis and establish a complete and accurate staging.

P 57: Phylloides tumor of the breast in children: Report of a case and review of the literature

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Introduction: The phyllodes tumors of the breast are very rare tumors, especially in young women. As fibroadenomas, these tumors derived from connective tissue and have a benign outcome with a good prognosis. **Case Report:** We report the case of a girl aged 12 years who presented a mass in the left breast. Breast ultrasound was performed and was in favor of a

juvenile fibroadenoma. A lumpectomy was performed showing a phyllode tumor with tumor of grade II, the patient then received radical surgery surgery with a good outcome at 1-year follow-up. **Conclusion:** Phyllodes tumors of the breast in children are very rare; the mainstay of treatment is surgical with a benign course and a good prognosis.