The growth rate of paragangliomas is slow and they are usually benign. The criteria of malignancy is not defined by the histopathology of the tumour, but whether they spread to adjacent organs, due to metastasis or recurrence, which are found in 5-10% of the total. The treatment of choice is surgical resection, which is considered risky due to its anatomical location: the close relationship with the vascular-nervous structures and hypervascularity of the tumour. The main postoperative complication is sensory or motor deficit caused by nerve injury to adjacent structures. Radiation therapy is indicated for inoperable cases or as a complement to surgery after partial resection. However, this therapy does not usually completely eradicate the tumour.

References

To the Editor:

Idiopathic pulmonary haemosiderosis (IPH) is a rare and potentially lethal cause of diffuse alveolar haemorrhage. It is characterised by the presence of changing lung infiltrates, haemoptysis and ferropenic anaemia; with no systemic or renal associated symptoms. Its clinical presentation varies from fulminant haemoptysis and acute respiratory failure to insidious clinical respiratory symptoms or refractory ferropenic anaemia.

We present the case of a 10 year old boy, with no previous respiratory symptoms, with irritative cough and progressive dyspnoea of one year of evolution accompanied by haemoptysis during the last 6 months. On exploration the most outstanding symptoms were obesity (BMI 27) and paleness of skin and mucous membranes. Additional tests showed ferropenic anaemia (haemoglobin 10.3 mg/dl, haematocrit 32%). Functional renal, liver, ions, coagulation and urine tests were all normal. Sweat test results were normal, 12 meq/l. Sputum culture was negative and Mantoux test 0 mm. On chest X-ray it was possible to see thickening of the hilum with bilateral interstitial infiltration predominantly of the lower lobes. The CAT scan can be seen in annex 1. Heart studies were normal. Negative results were obtained for immunoglobulin, complement,
Secondary Amyloidosis with Renal Involvement in an Adult Patient with Cystic Fibrosis

Amiloidosis secundaria con afectación renal en paciente adulto con fibrosis quística

To the Editor:

Cystic fibrosis (CF) is a genetic disease from which survival has been increasing steadily over recent decades. Other complications associated with CF have also been increasing, such as secondary amyloidosis, which is associated with chronic inflammatory processes. Amyloidosis is a systemic disease characterised by the extracellular deposition of fibrillar proteins. Secondary AA amyloidosis consists of fibrils of protein A, an acute phase reactant produced by hepatocytes. Renal involvement is common in this condition. Secondary AA amyloidosis is a recognised complication of CF (mainly in patients with a long evolution of the disease and poor disease control), but very rare. Its incidence is not known in CF and it is associated with poor prognosis. In most cases it presents with proteinuria, thyromegaly, and/or hepatosplenomegaly. Furthermore, amyloidosis with renal involvement is frequent and evolves into kidney failure in a relatively short time (months or years), which is associated with a poor prognosis.

To conclude, we wish to point out that a prolonged treatment with a combination of inhaled and systemic corticosteroids and hydroxichloroquine achieved an appropriate response in the case we have presented. The appearance of new episodes of haemoptysis when prednisone was first decreased prolonged the duration of treatment. The good response seen in our patient, although this was an isolated case, is an indication that it is possible to consider using this combined therapy for IPH.

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None.

Conflict of Interest

The authors affirm that they have no conflict of interest.

Appendix 1

Chest CAT: Multiple bilateral diffuse infiltrates, some of pseudonodular morphology, with ground glass areas and small sized hilar adenopathies.

References


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