

Double Localisation nasale et Laryngée d'une prolifération lymphoïde atypique

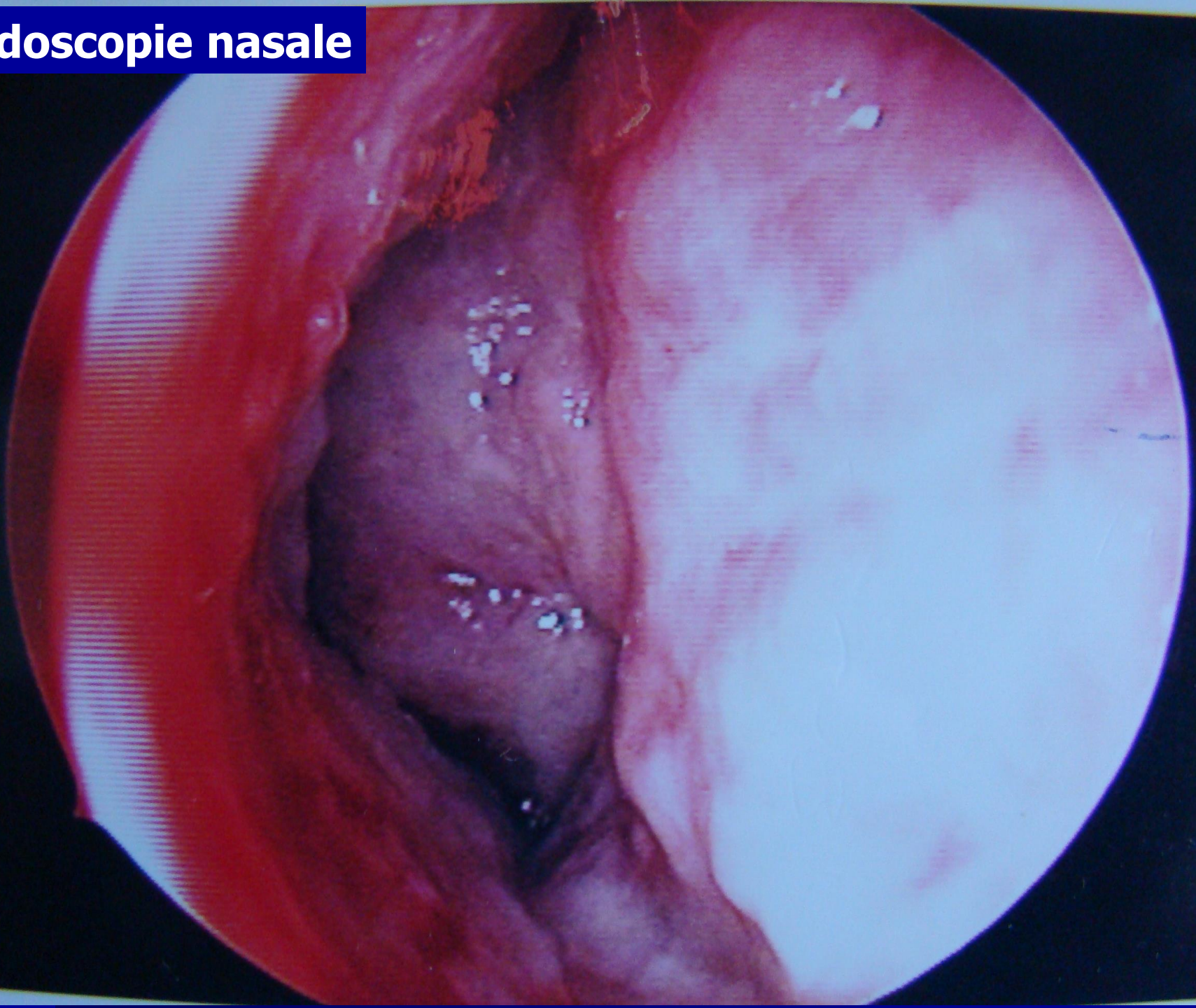
L. Njim et al.

Service d'Anatomie et Cytologie
Pathologiques. Monastir

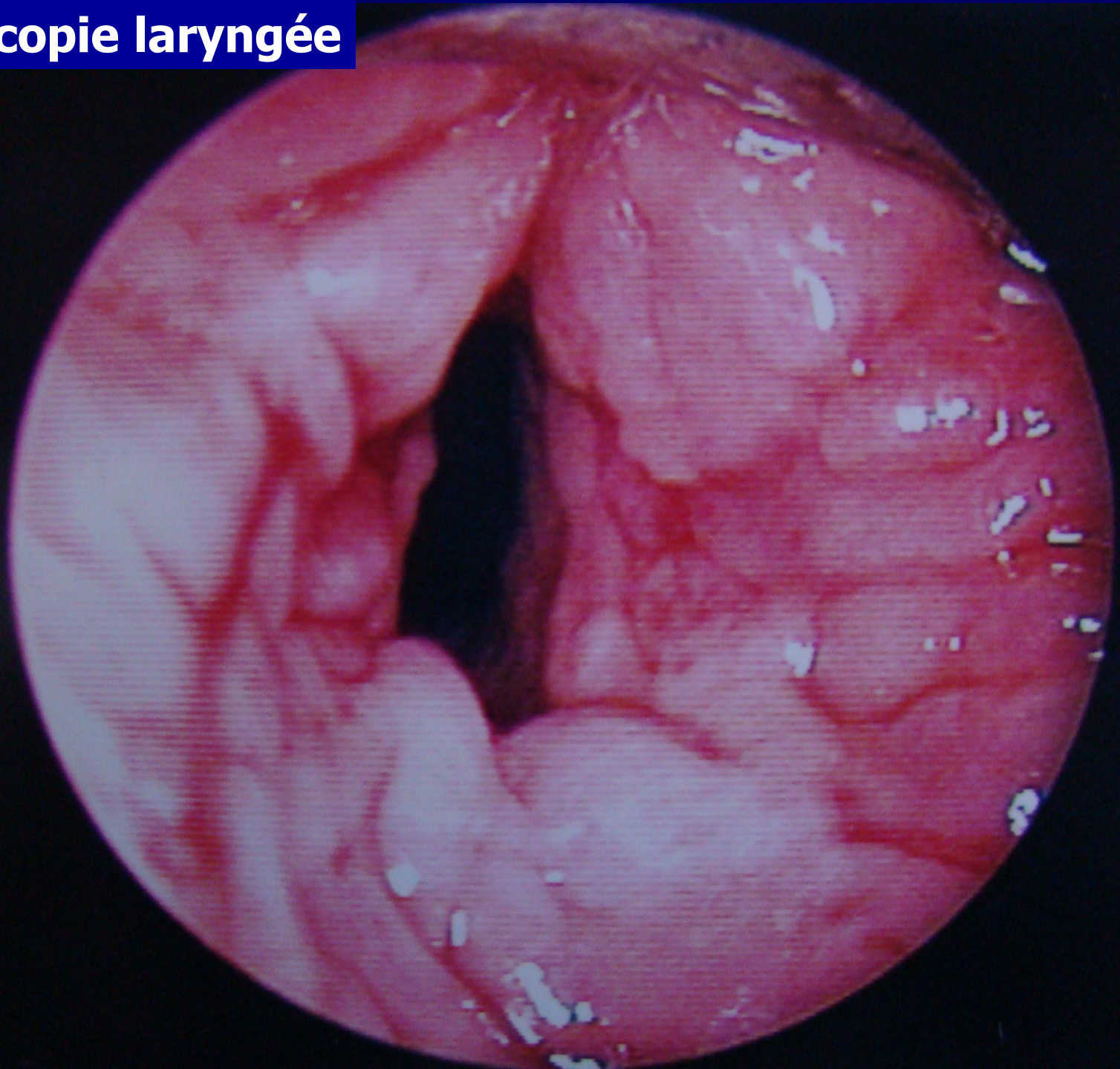
Observation (1)

- H: 22 ans
- Septoplastie en 2004
- 2007: Obstruction nasale gauche et dysphonie évoluant depuis 1 an

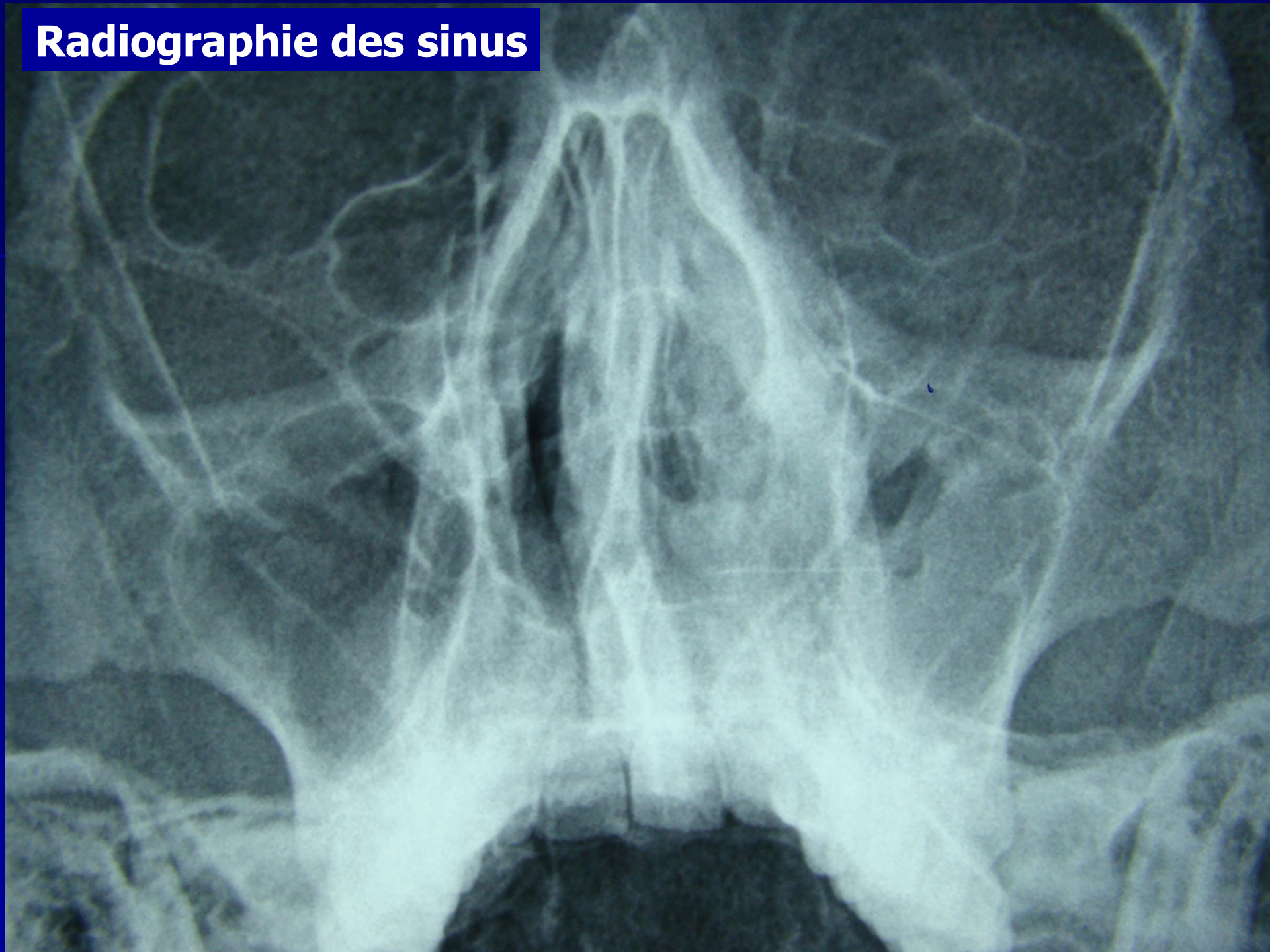
Endoscopie nasale



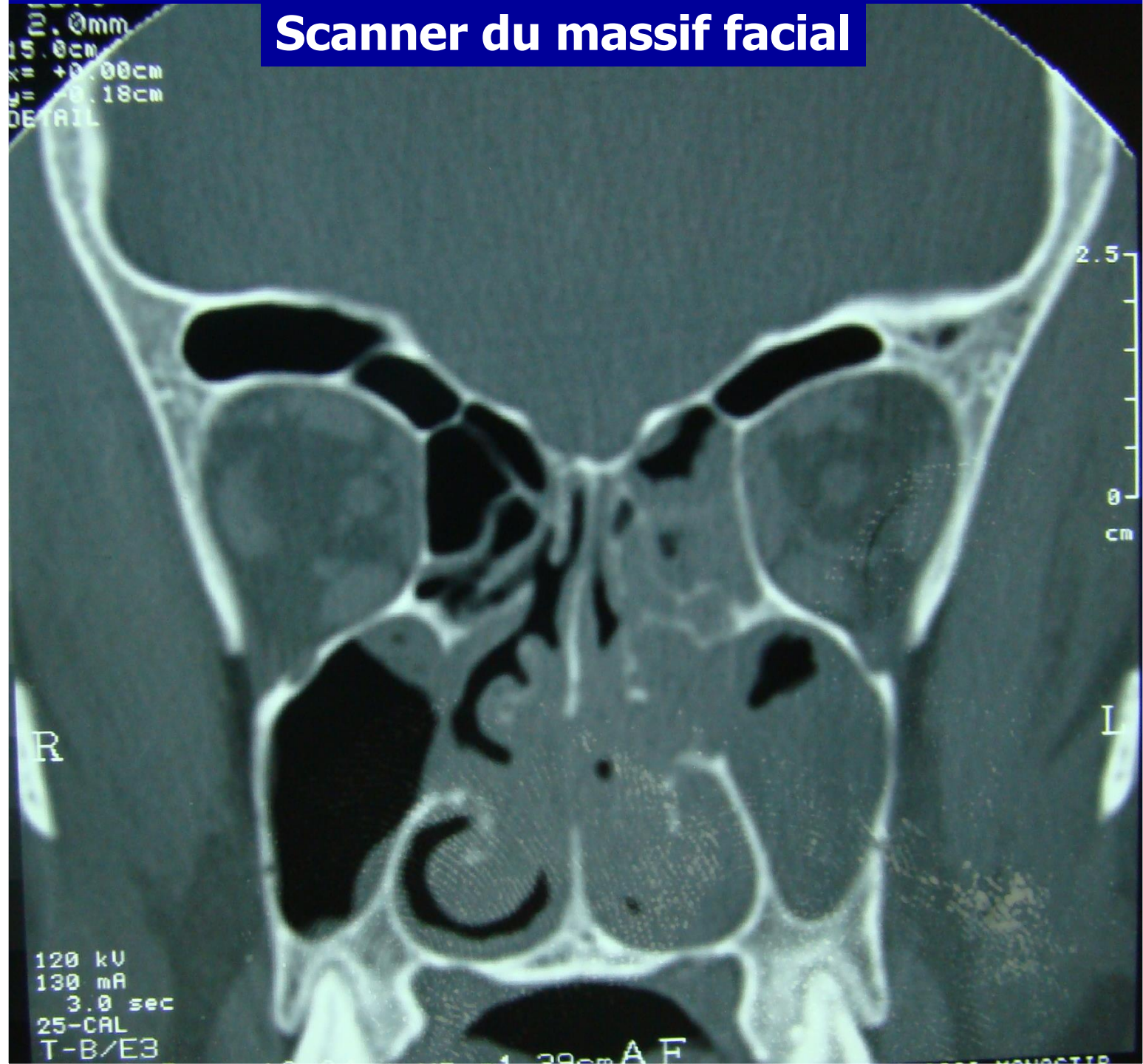
Endoscopie laryngée



Radiographie des sinus



Scanner du massif facial



51.0mm
15.0cm
X = +0.00cm
Y = -0.18cm
DETAIL

2.5
0
cm

R

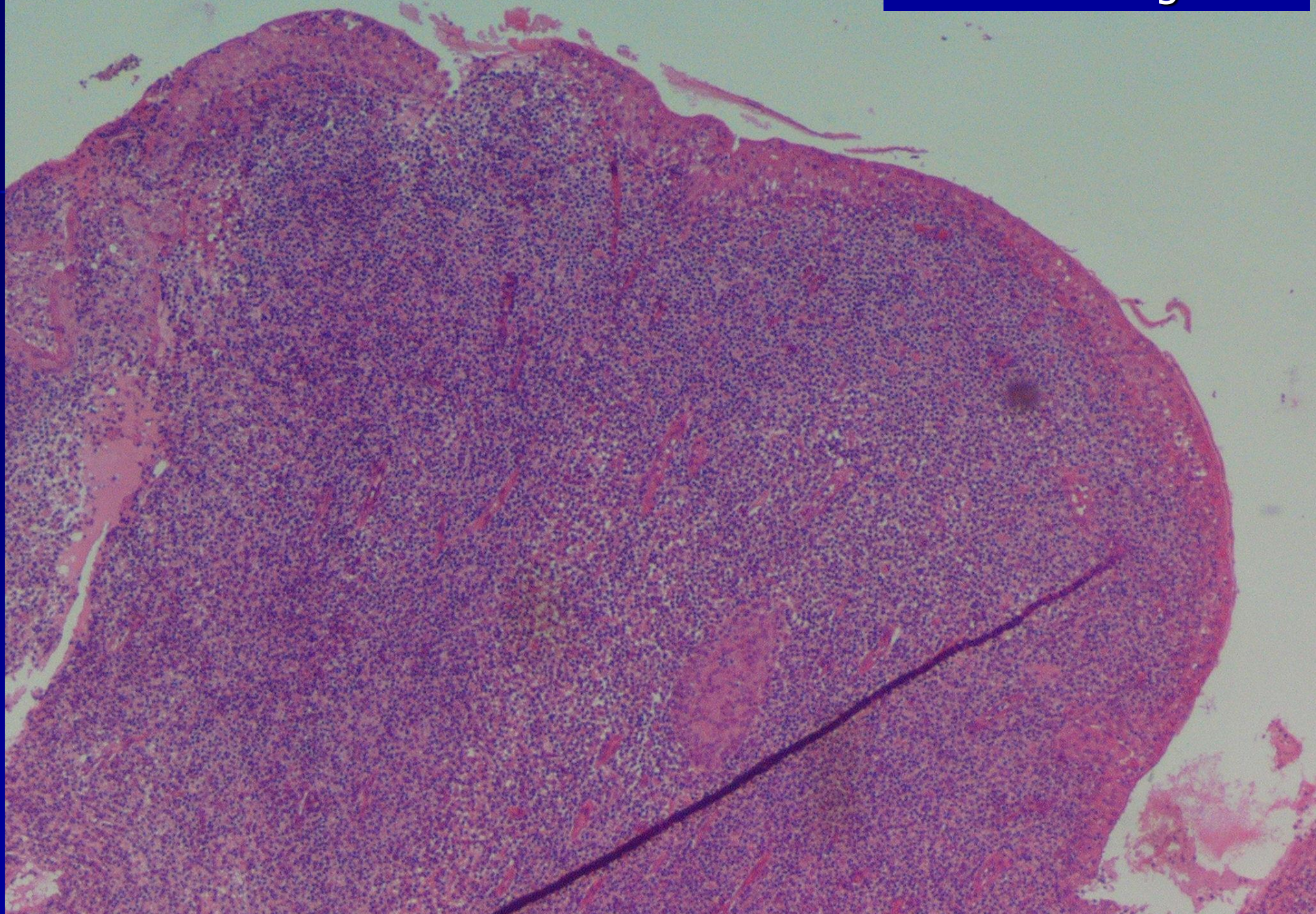
L

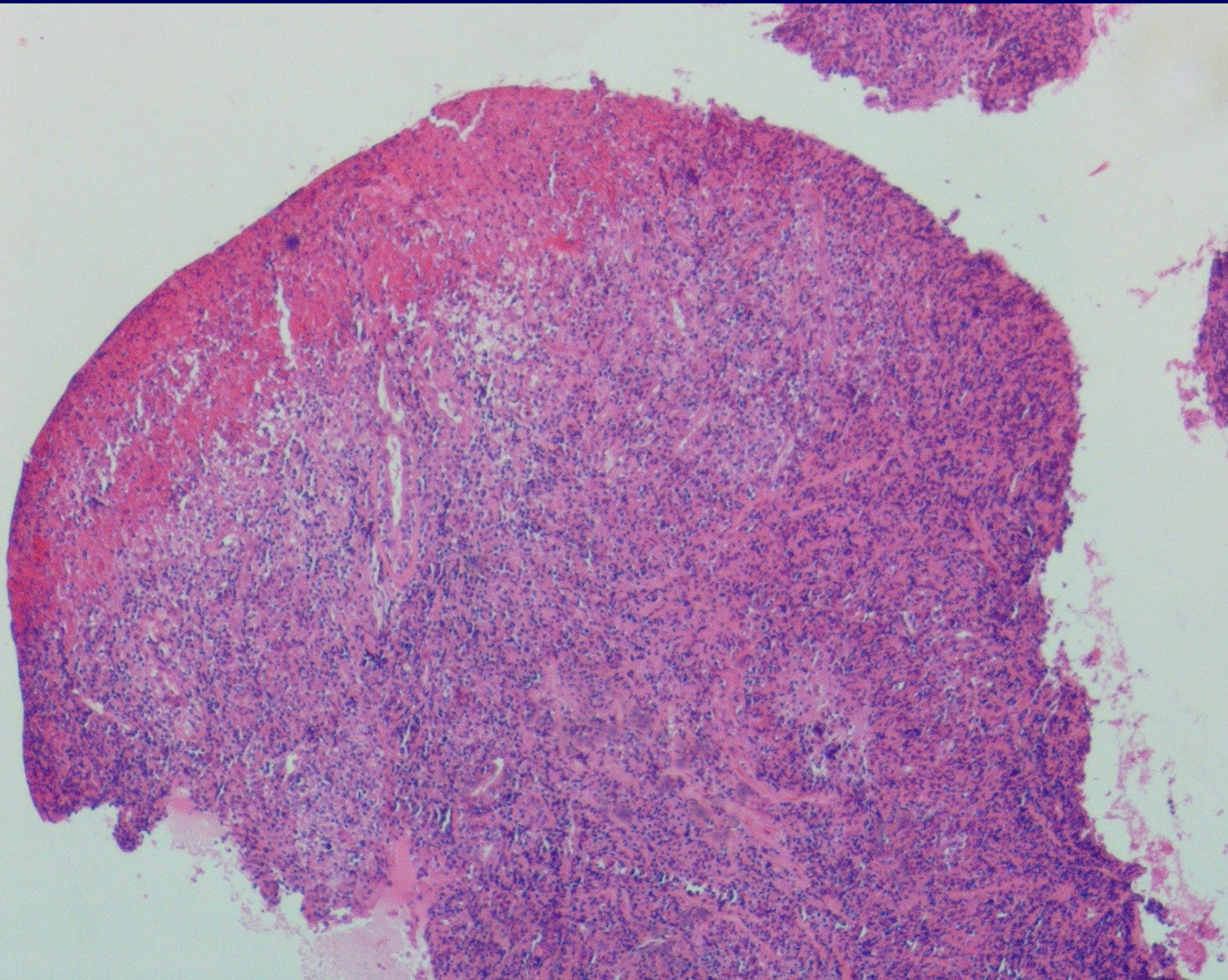
120 kV
130 mA
3.0 sec
25-CAL
T-B/E3

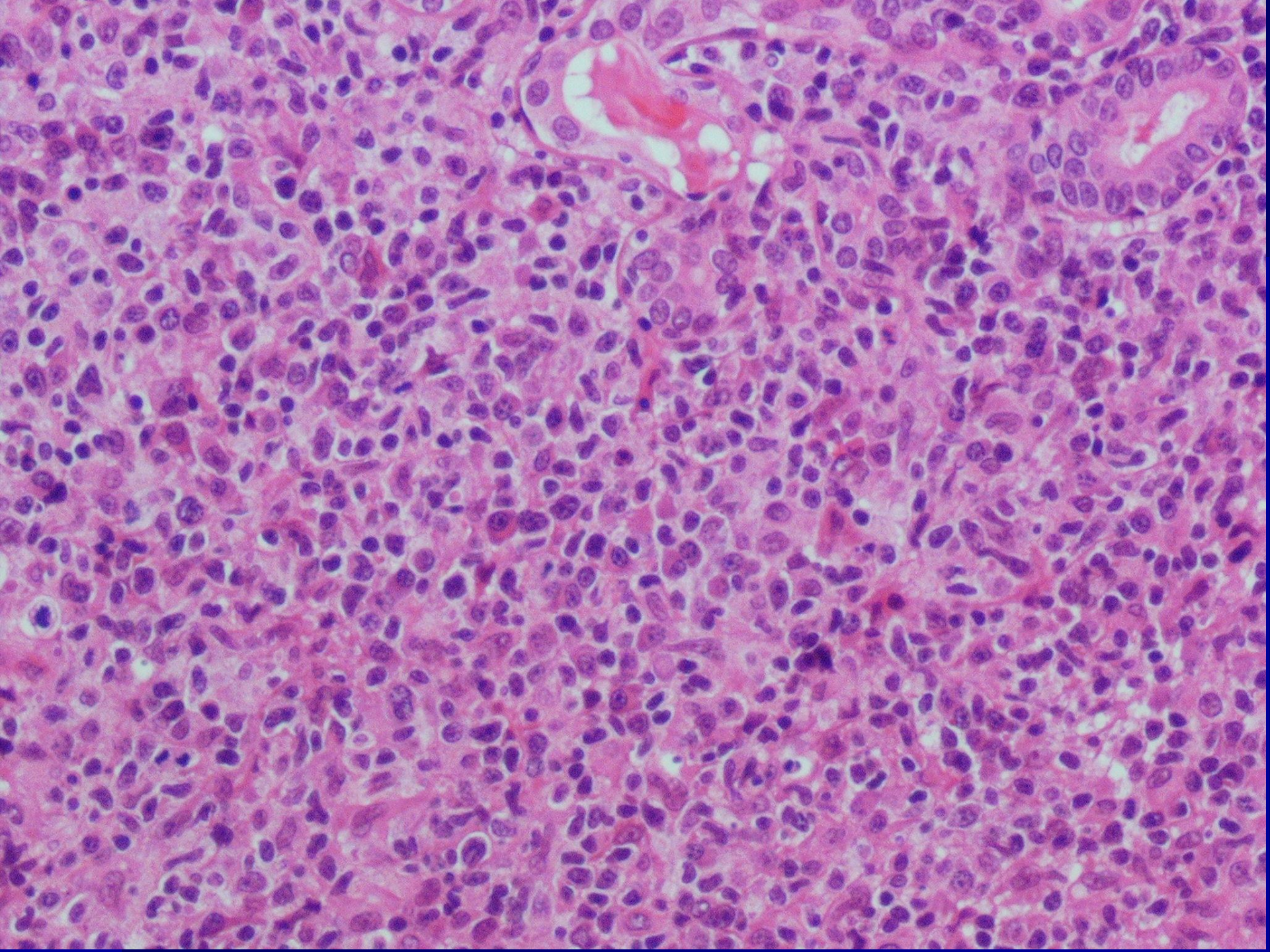
1.28cm A F

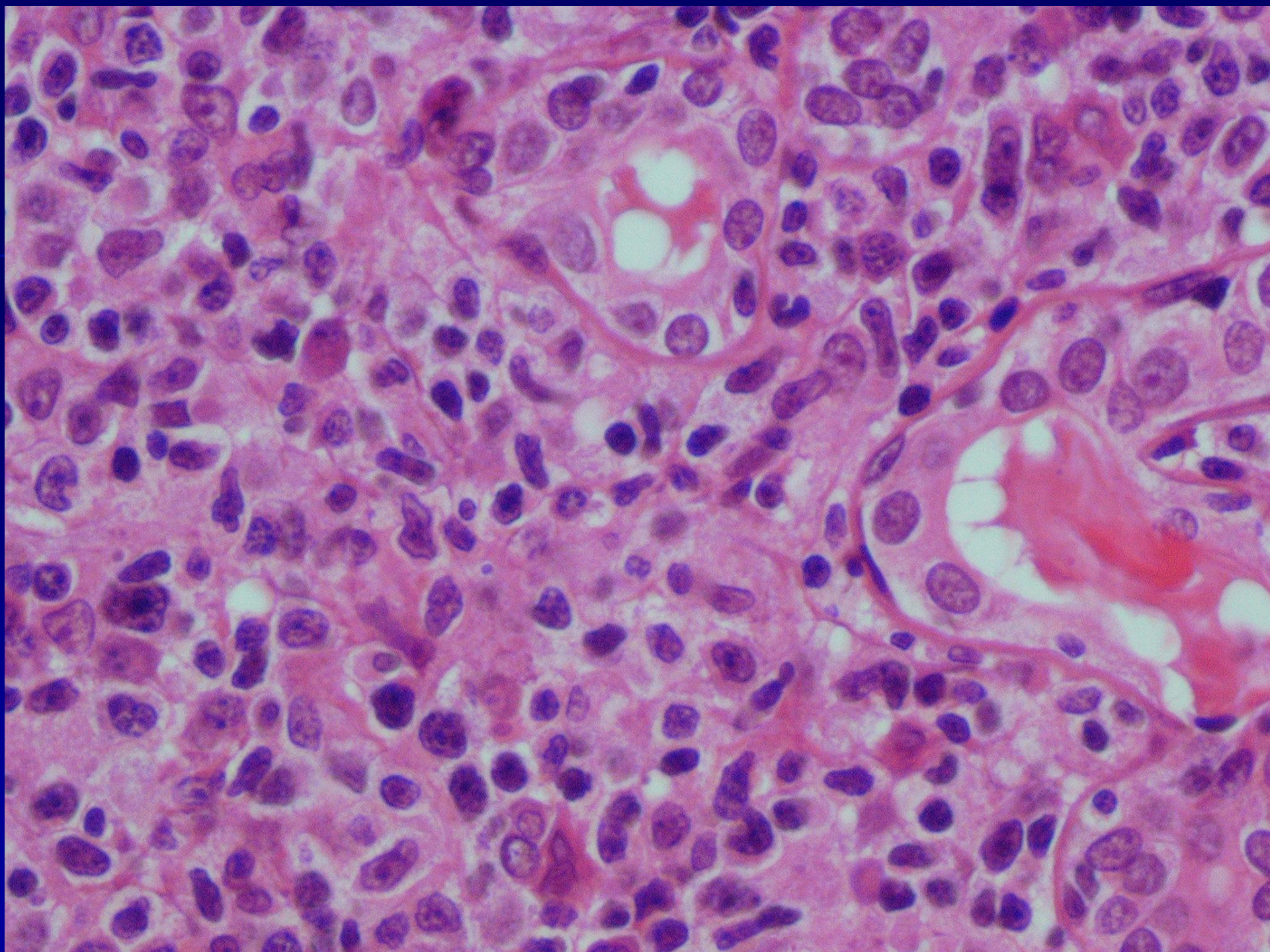
Histologie

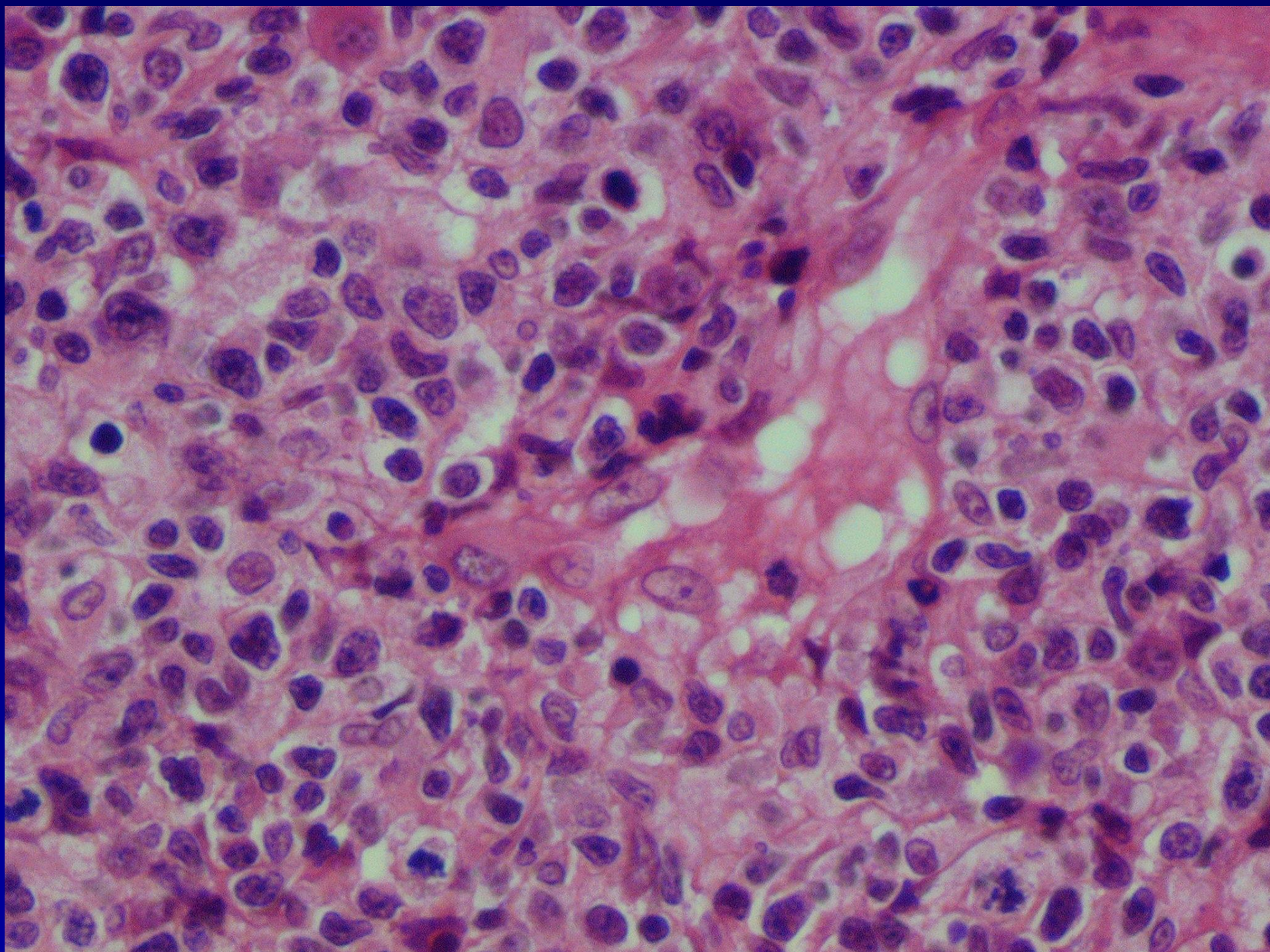
Fosse nasale gauche

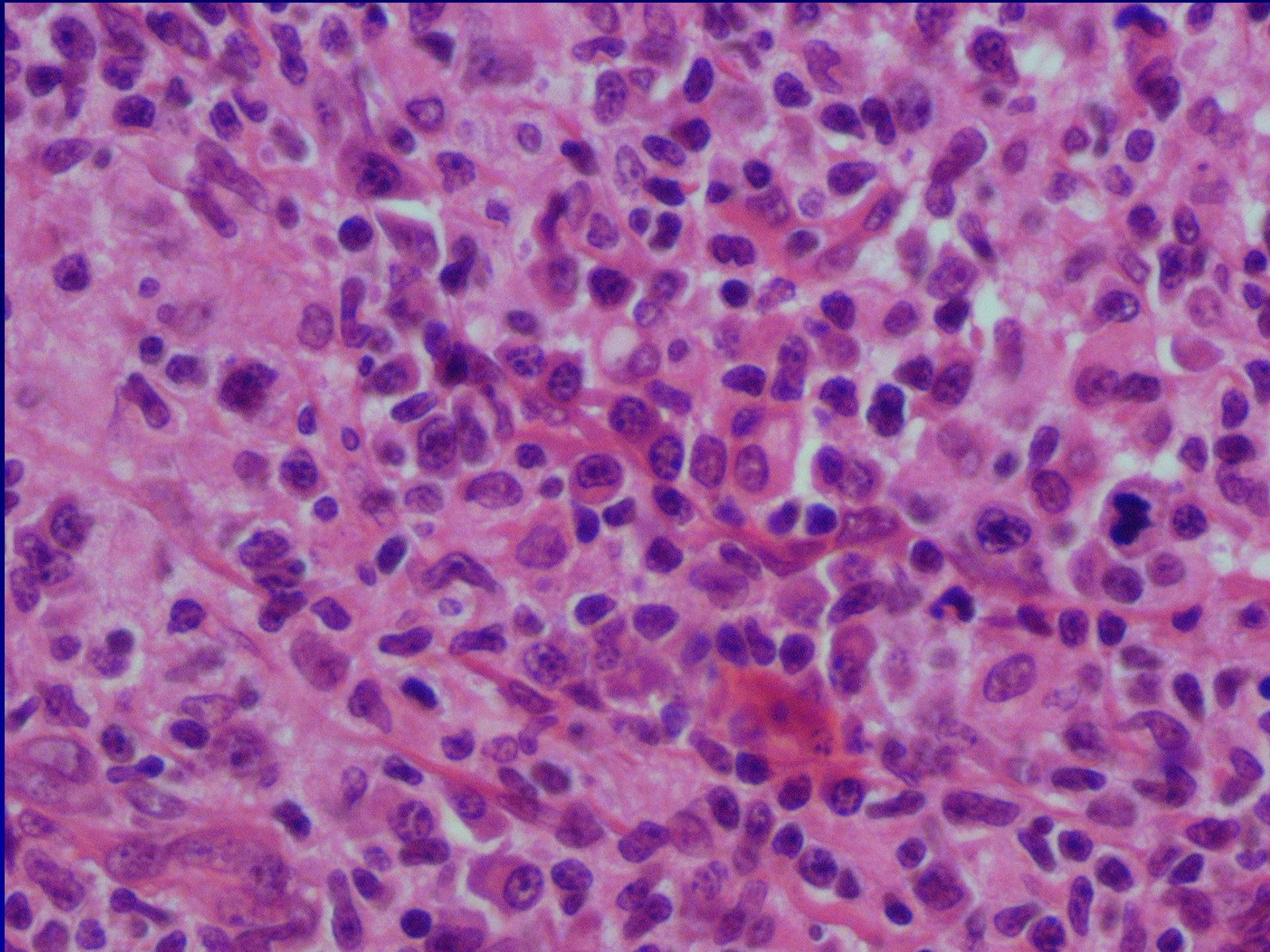


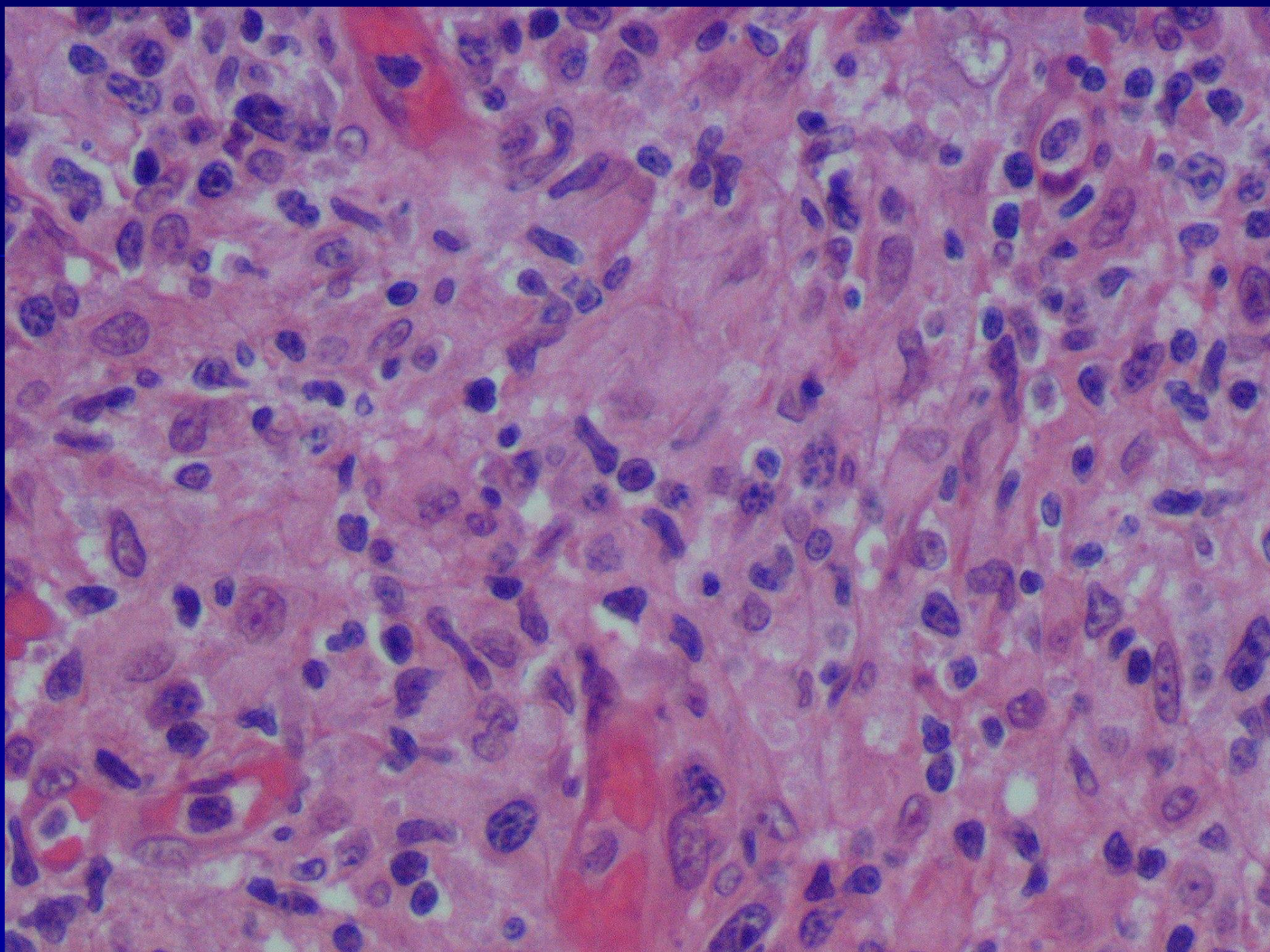




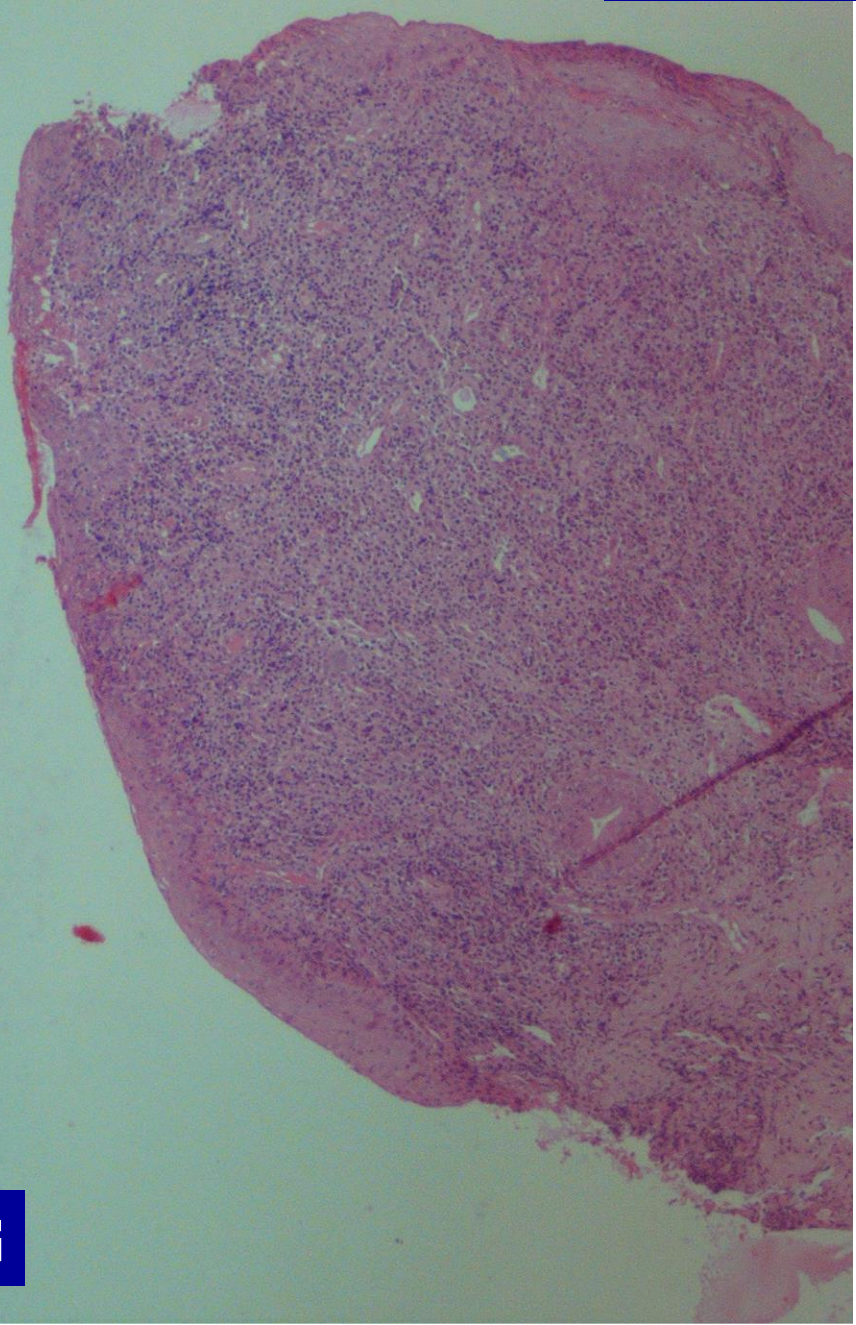




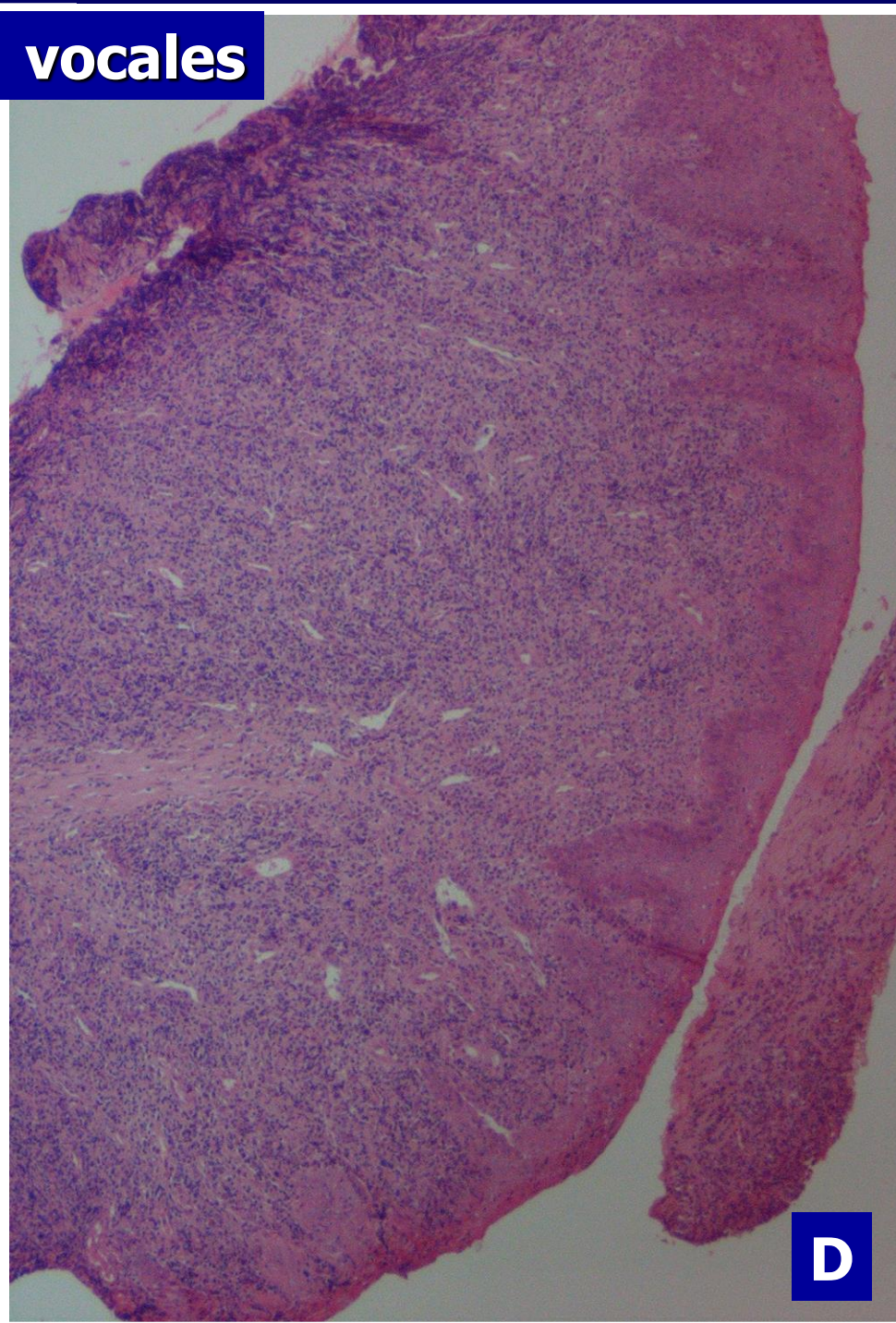




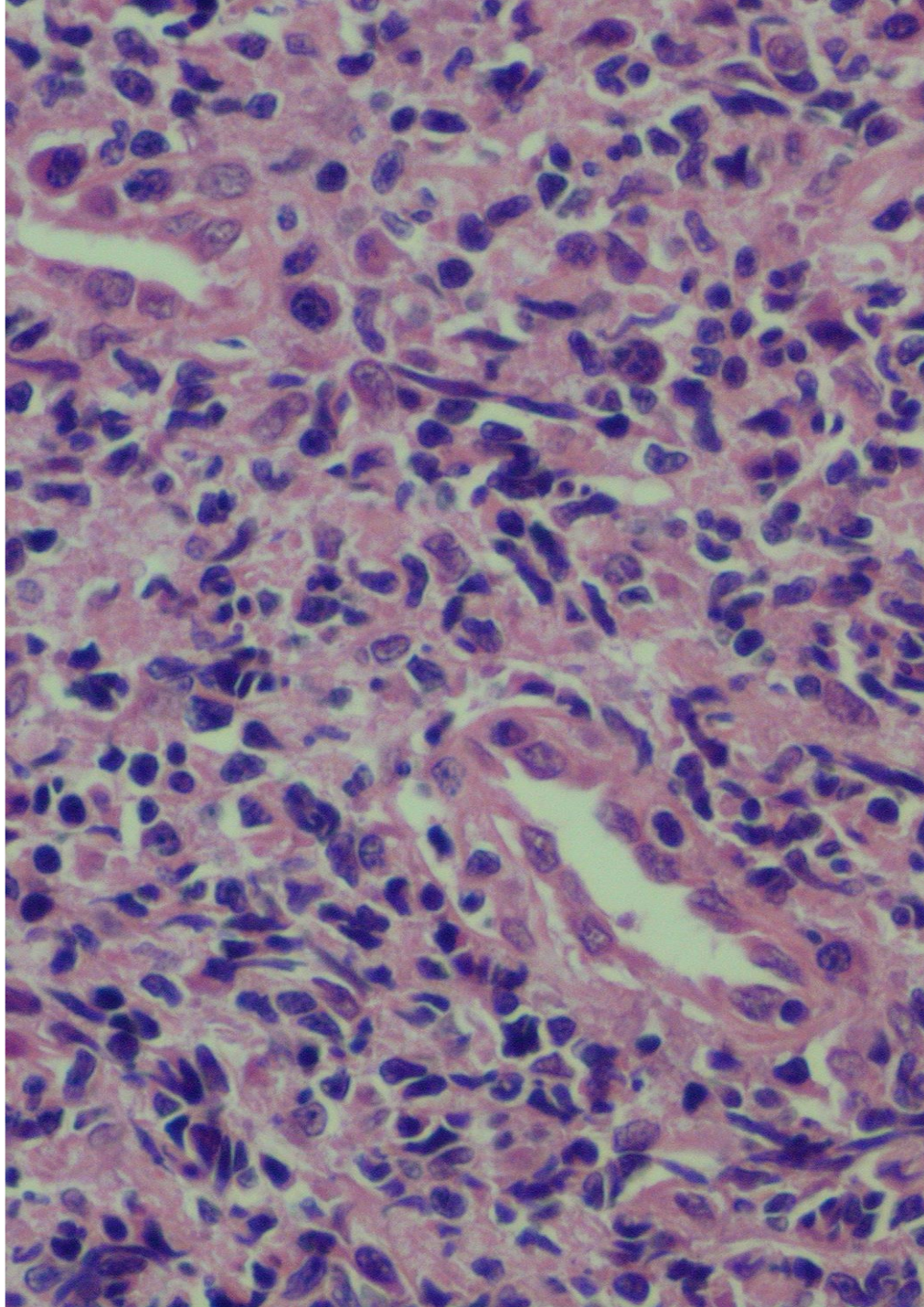
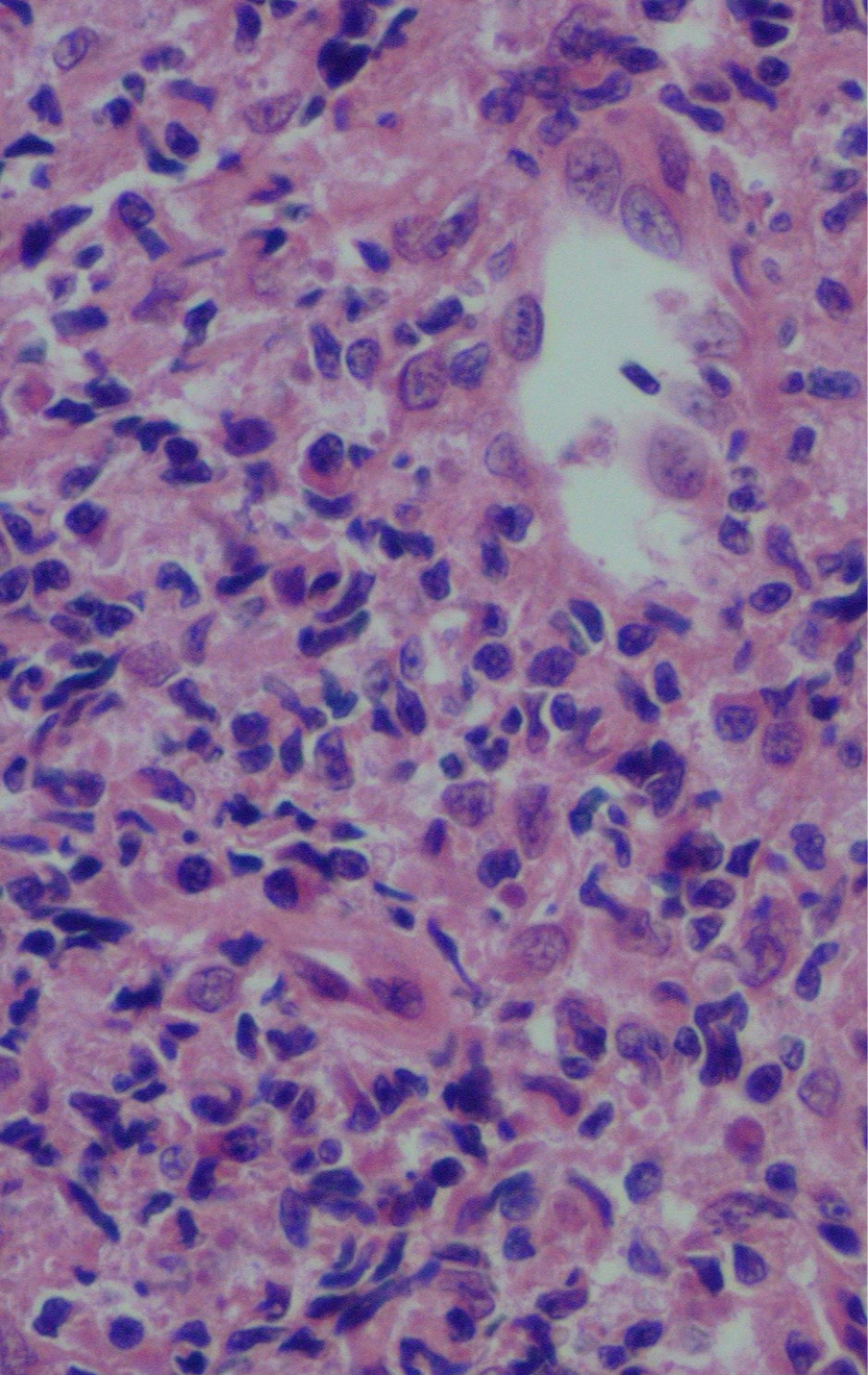
Cordes vocales



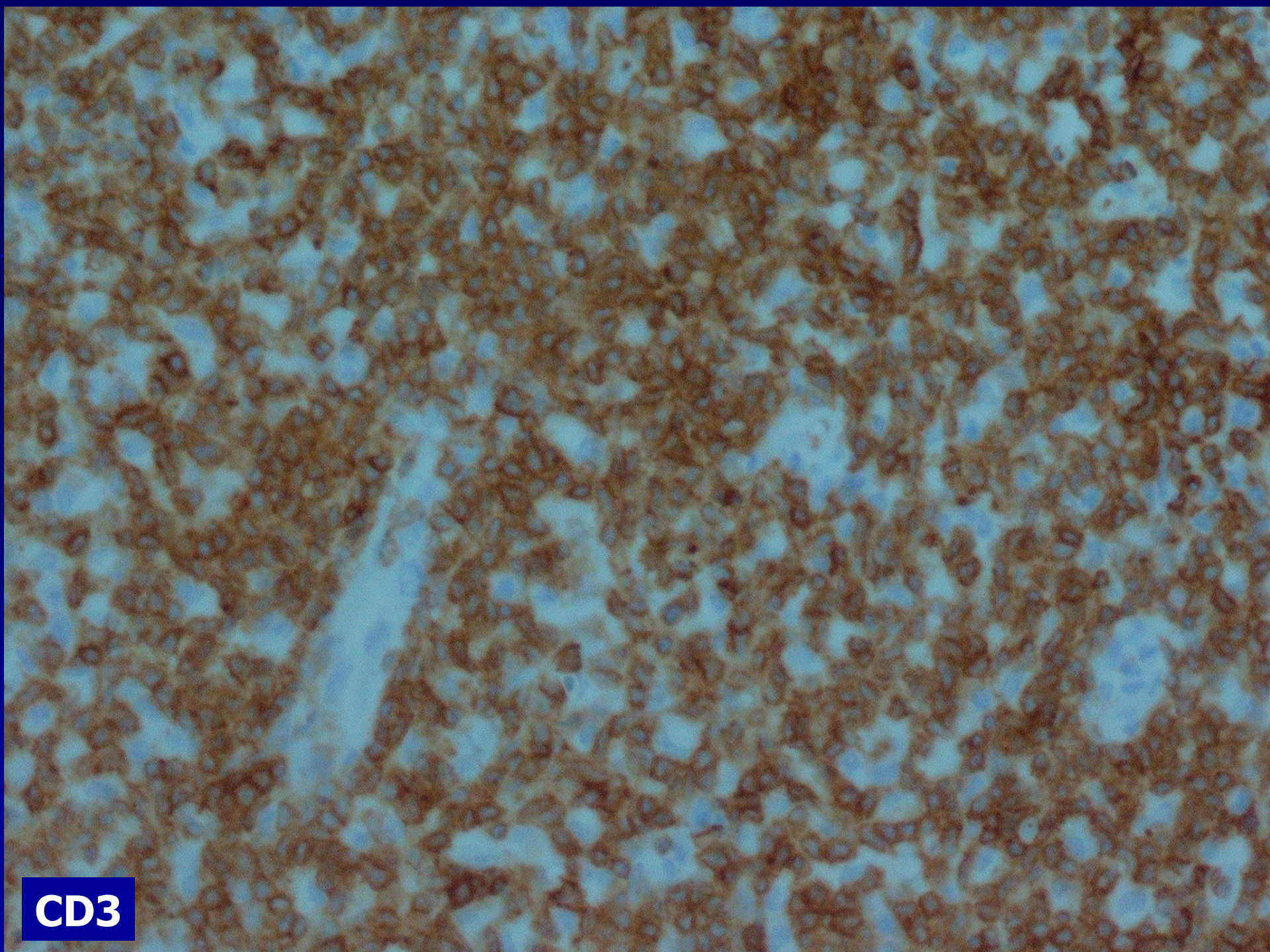
G



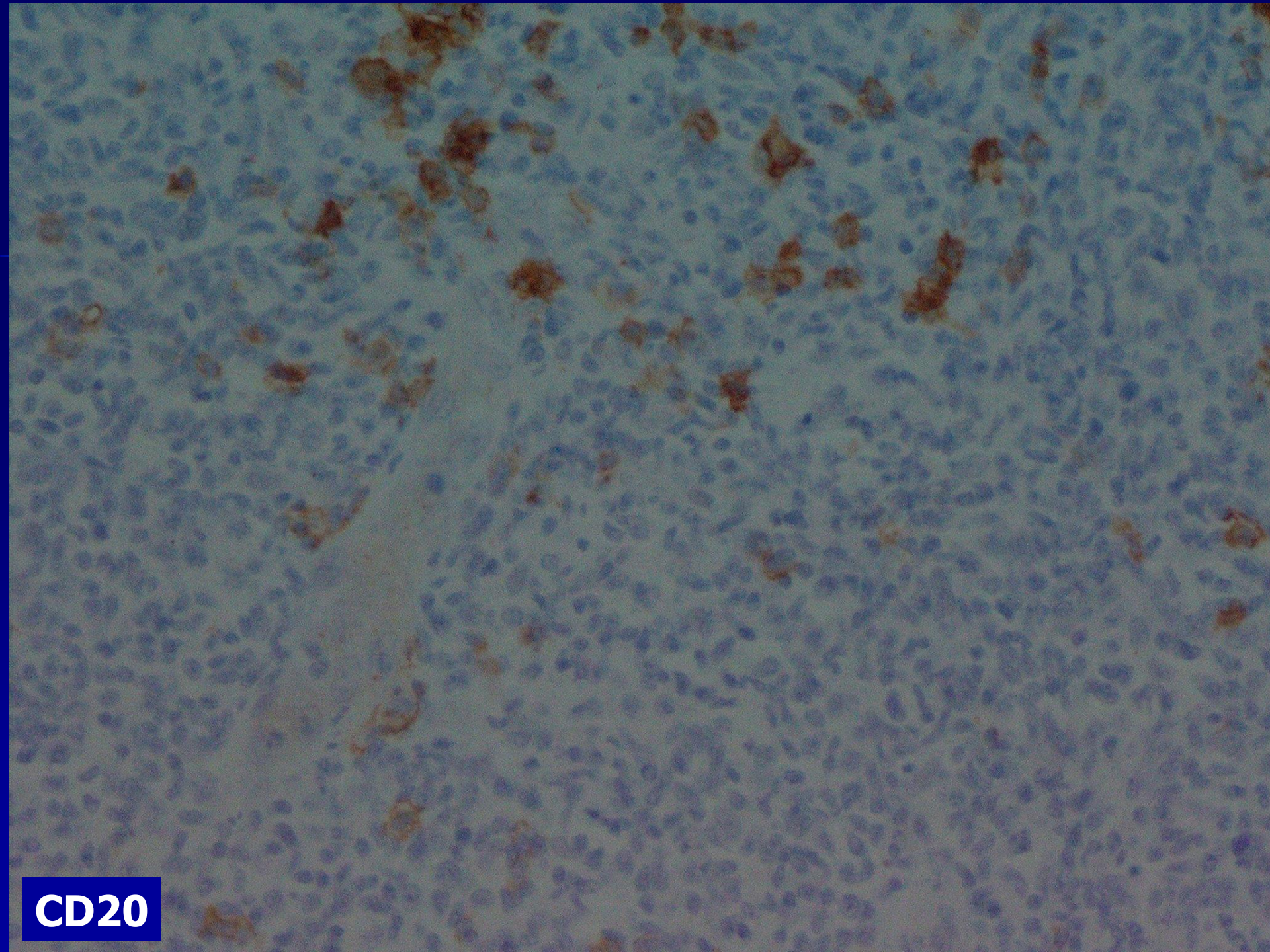
D



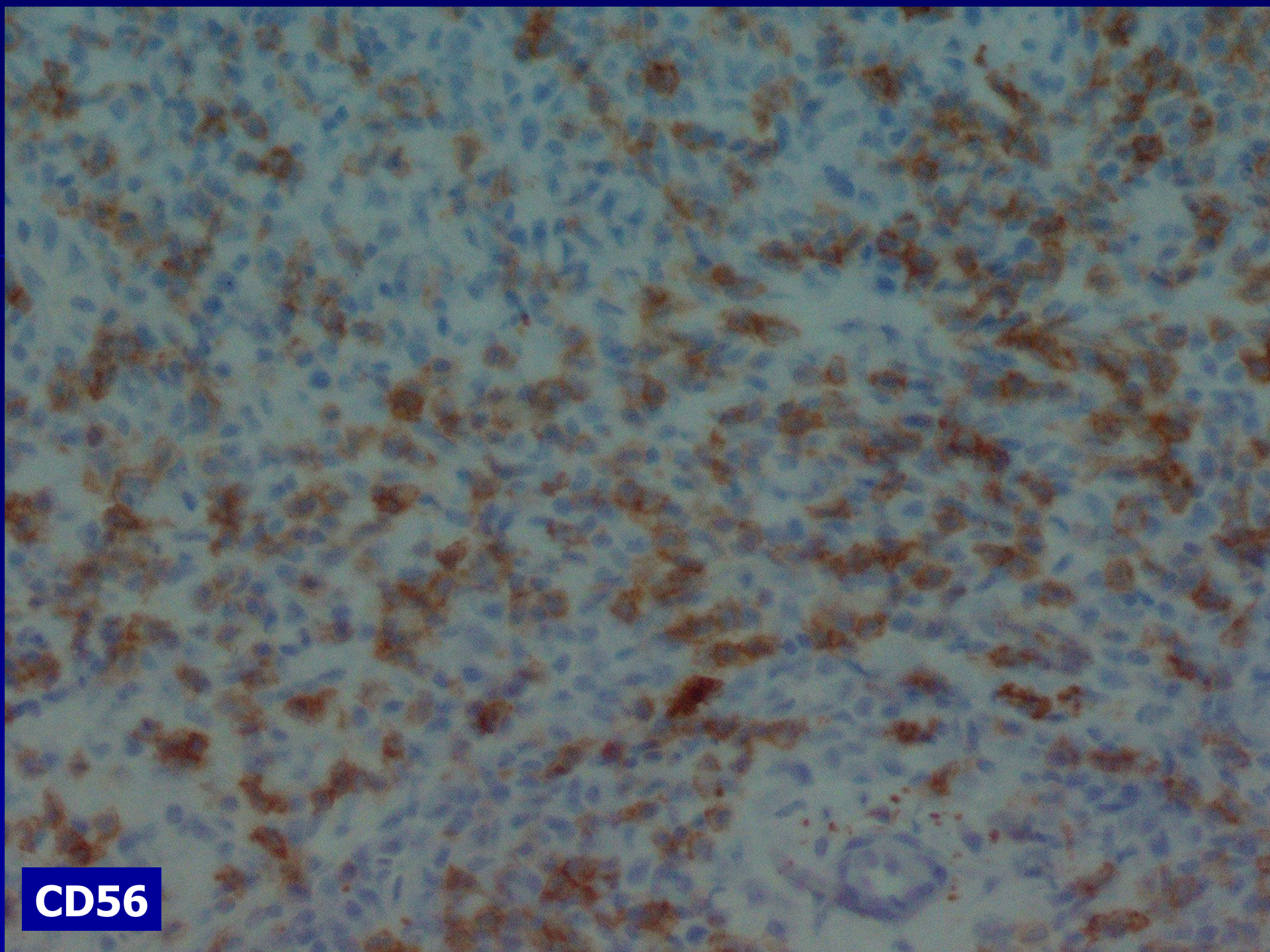
Immunohistochemie



CD3



CD20



CD56

Diagnostics évoqués

- Affection inflammatoire
- Granulomatose de Wegener
- Lymphome T/NK de type nasal
- Lymphome T périphérique SAP

Diagnostic proposé

**Lymphome T périphérique sans
autre précision**

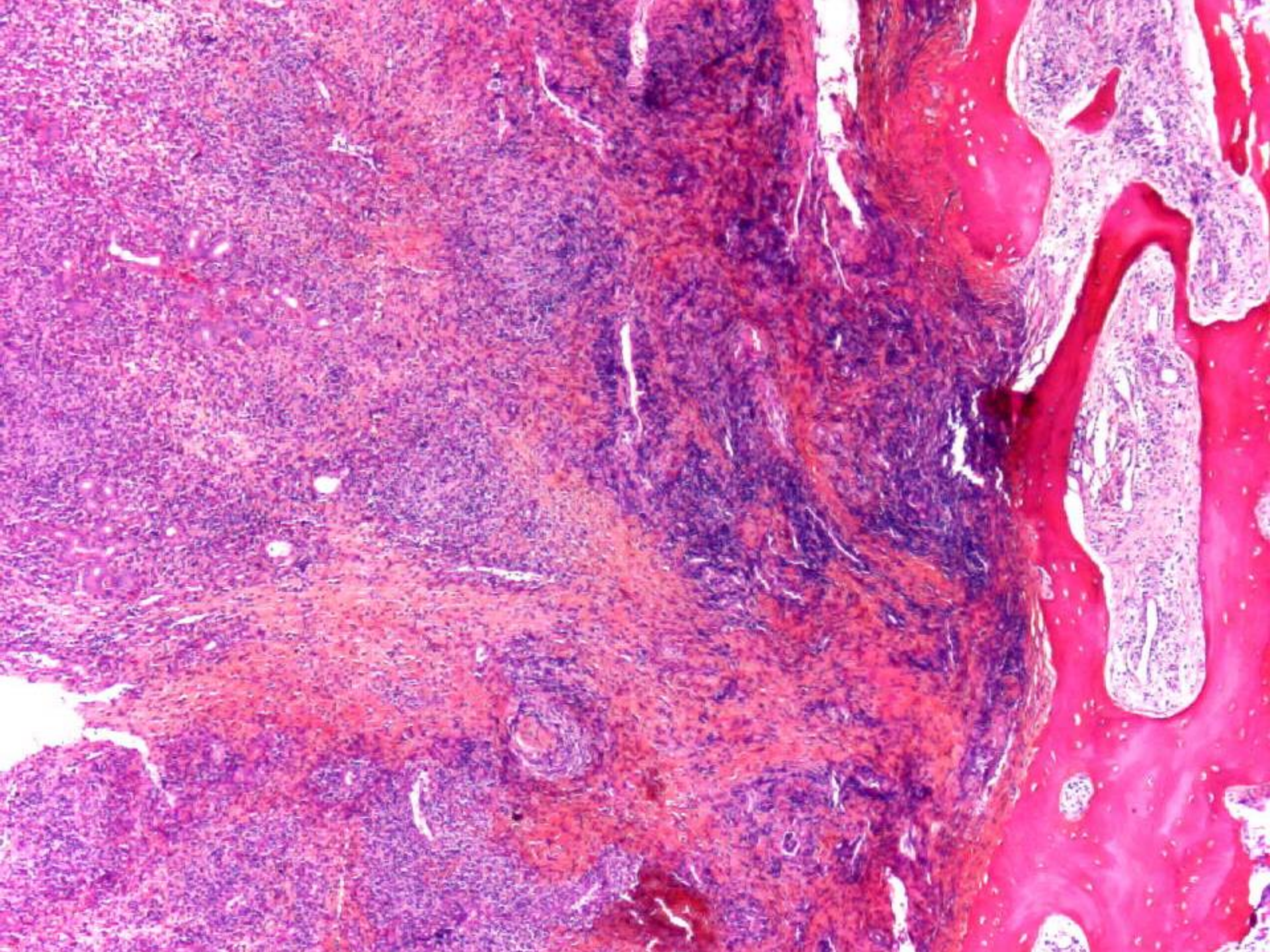
Evolution

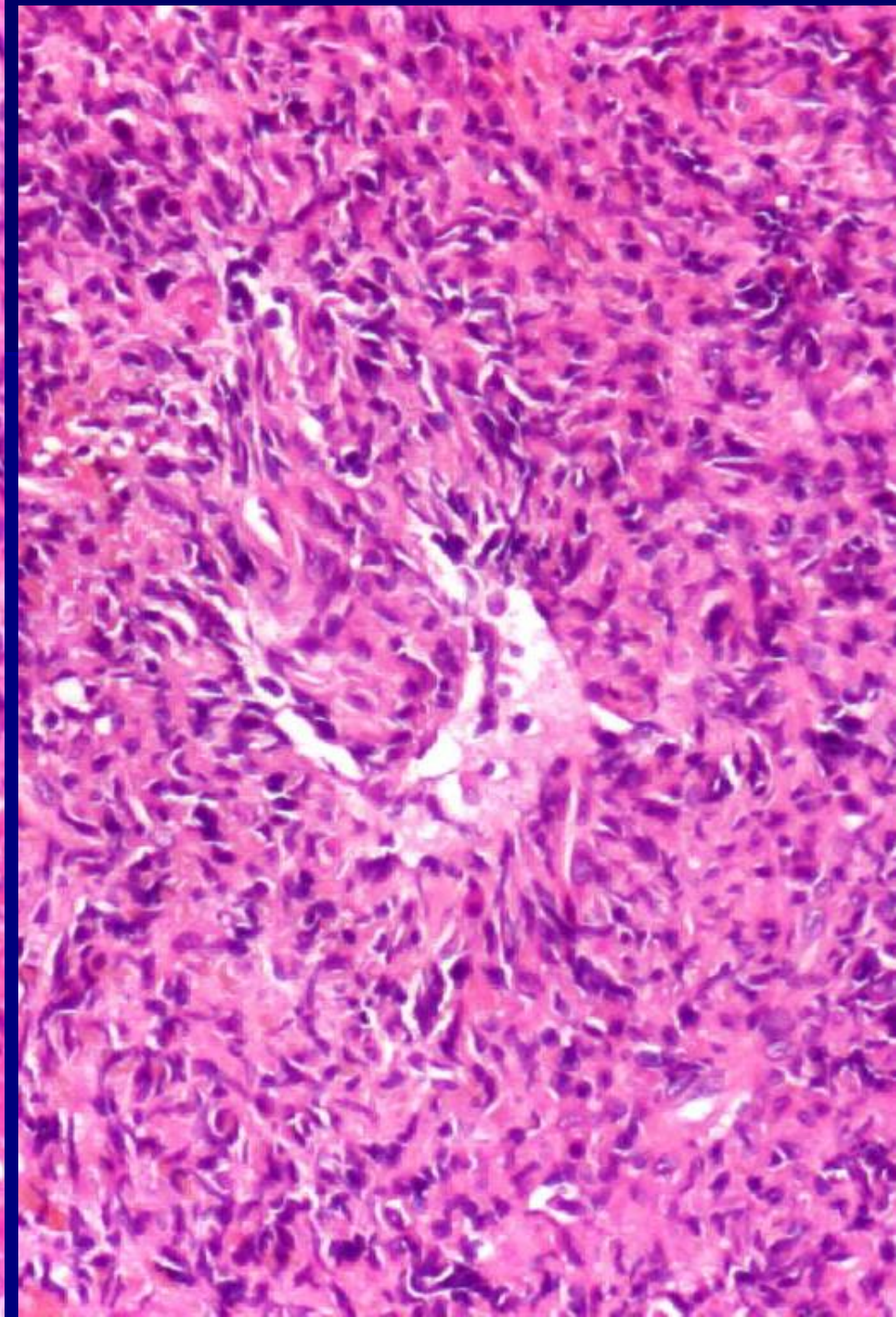
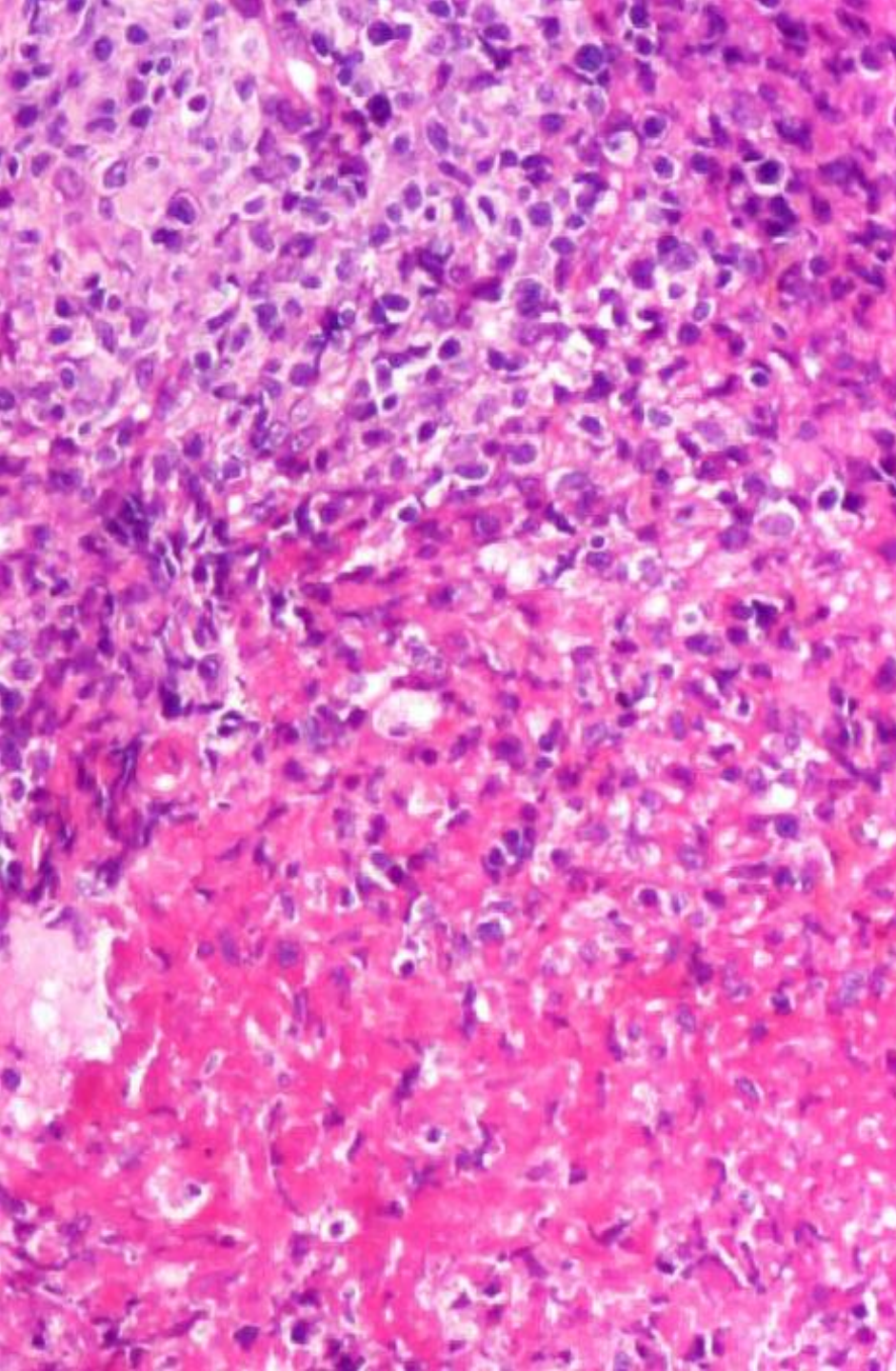
- Bilan d'extension non fait
- Chimiothérapie refusée
- Actuellement en vie (recul de 20 mois)

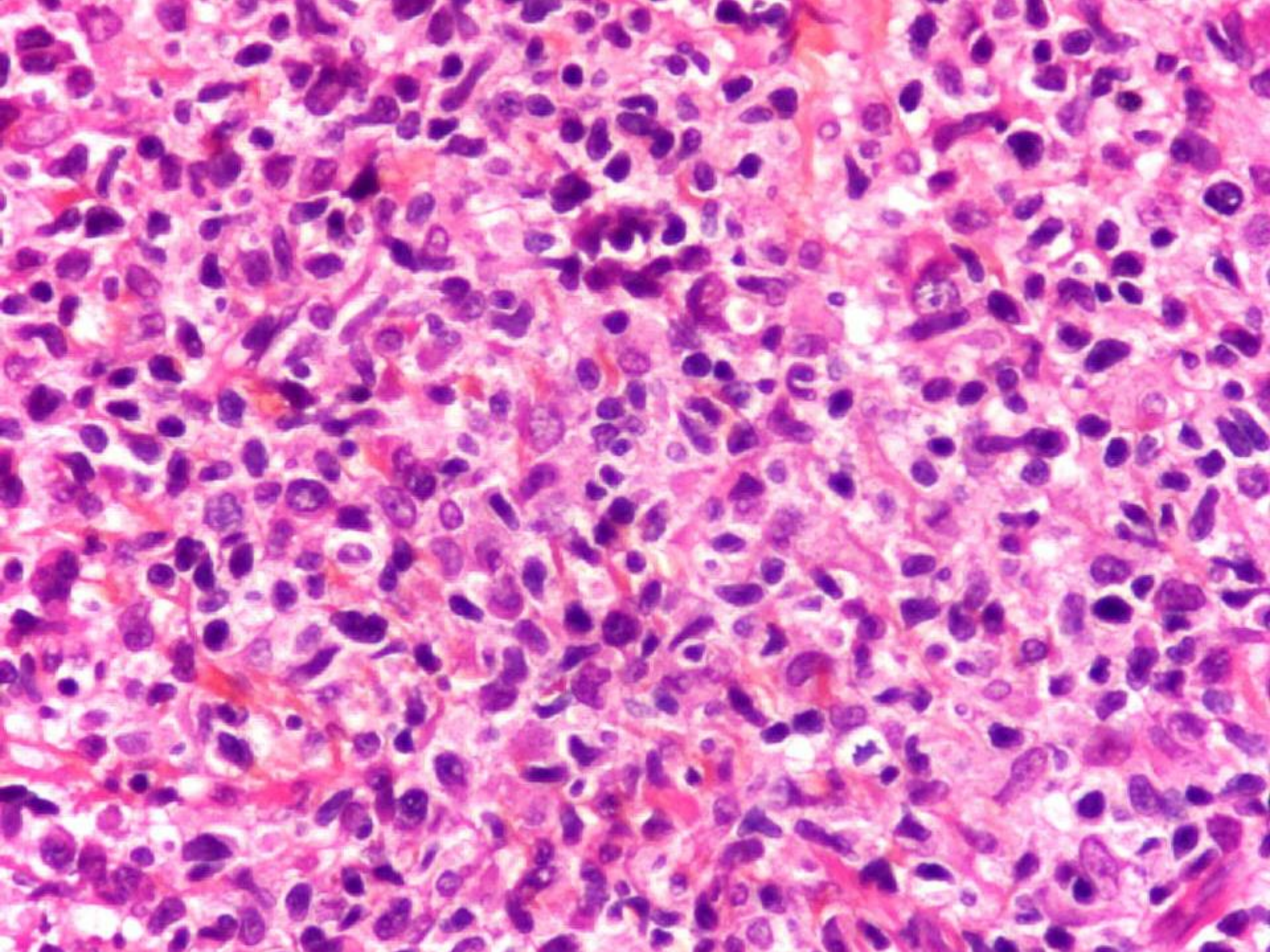


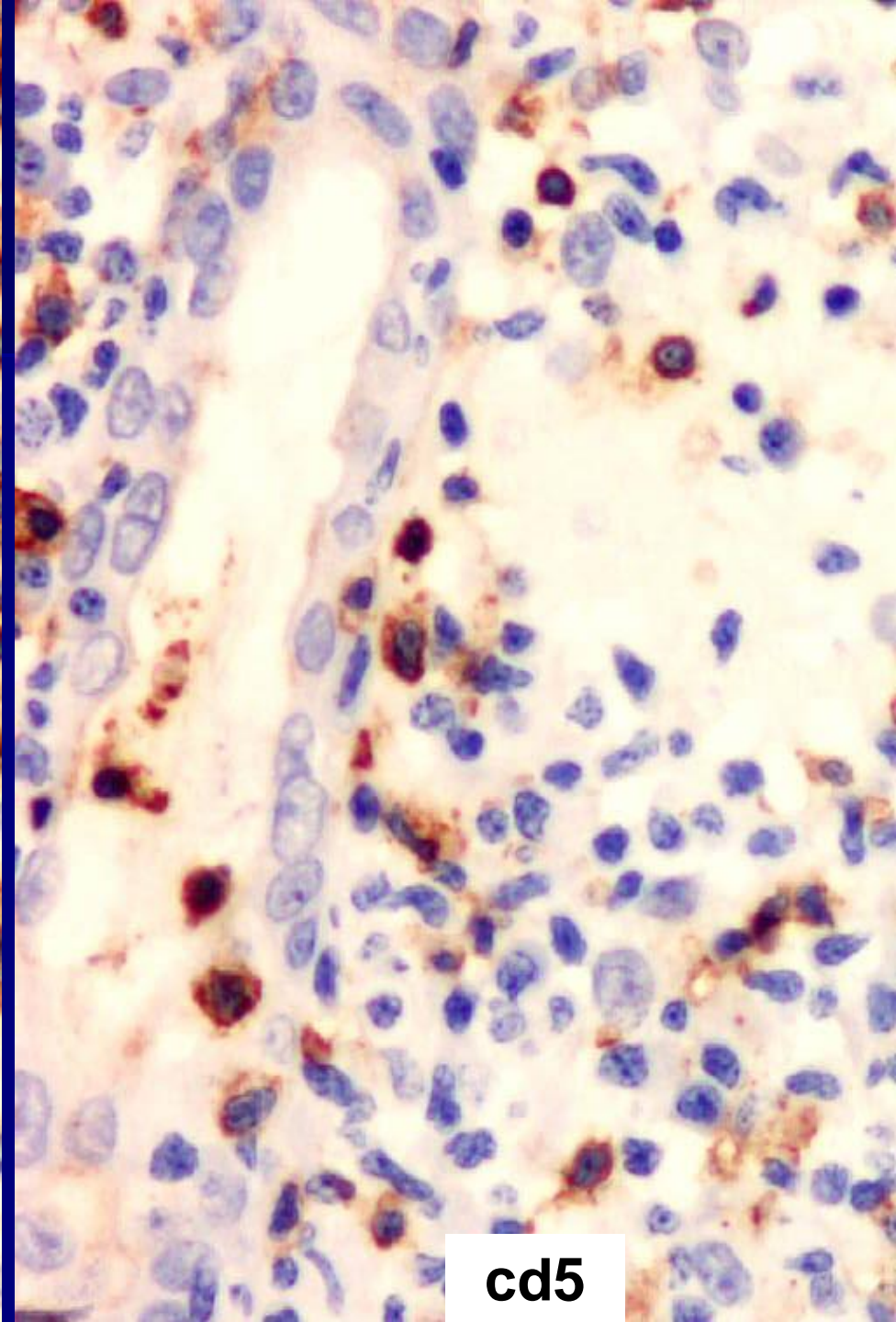
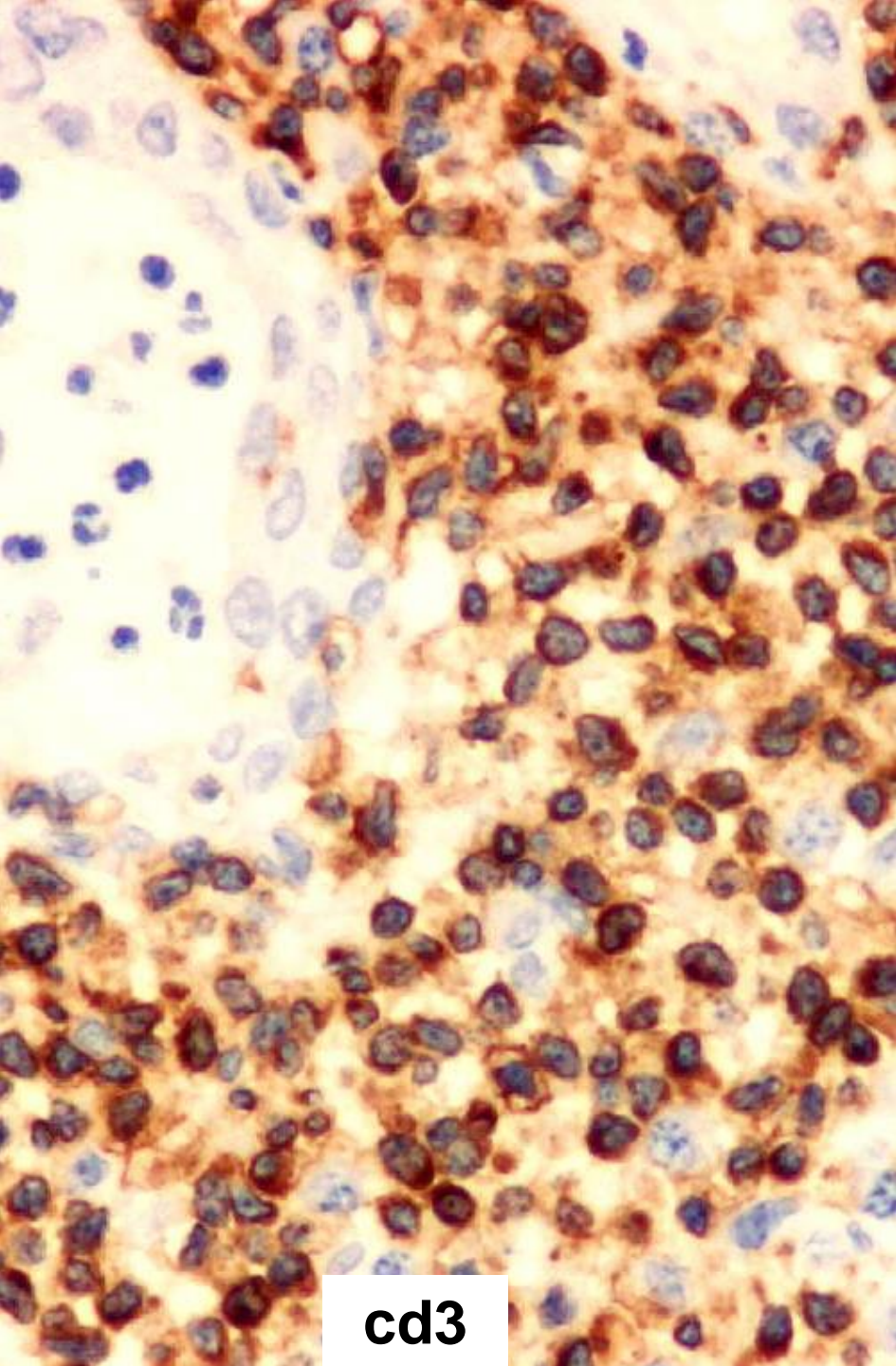
Cas n° 6

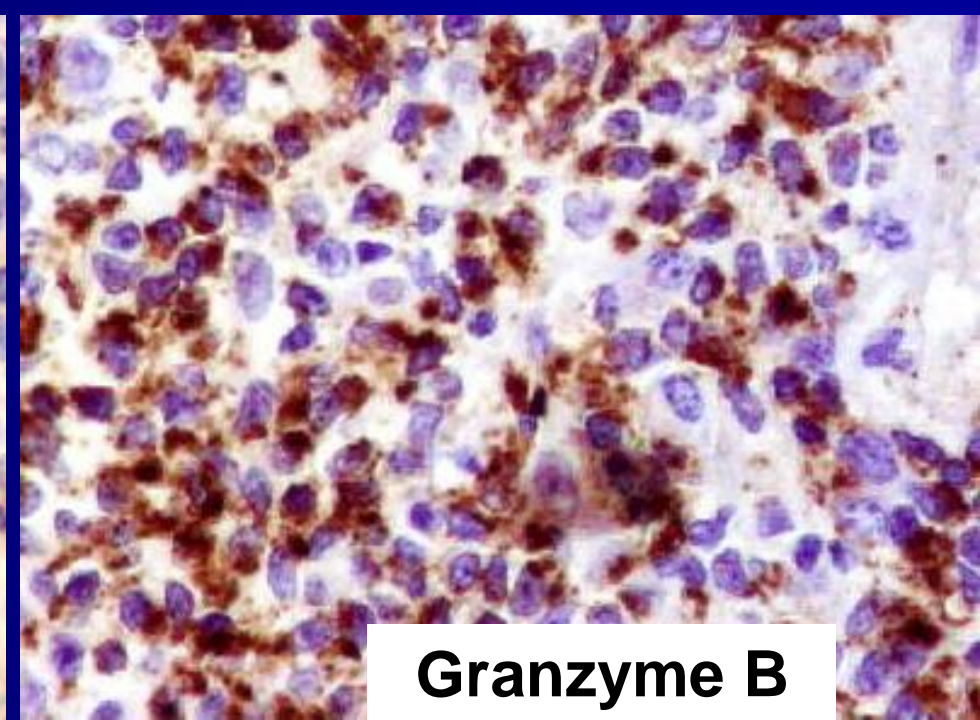
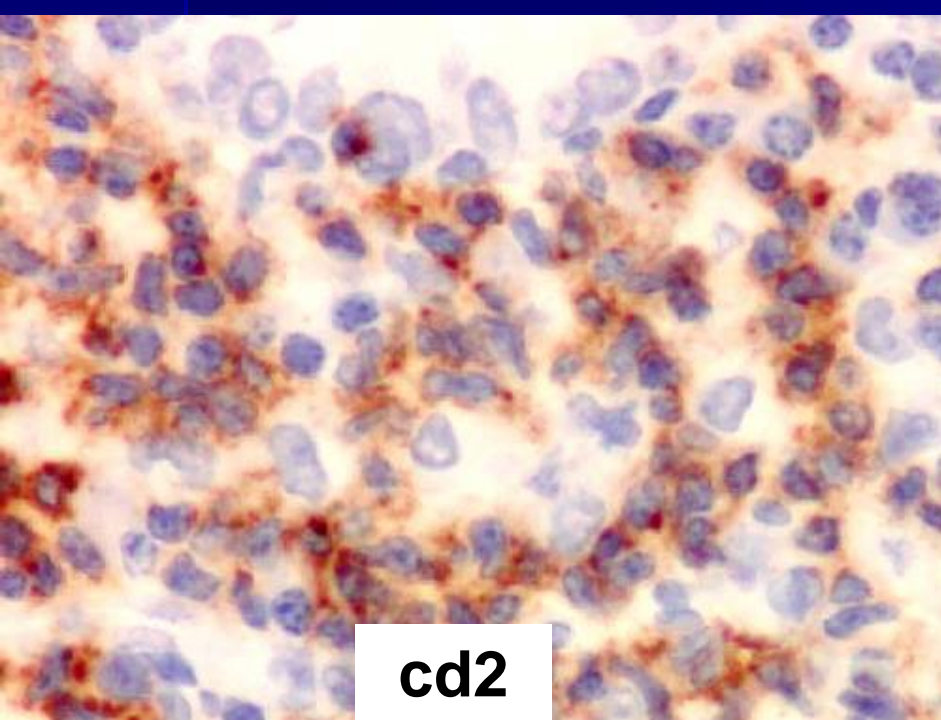
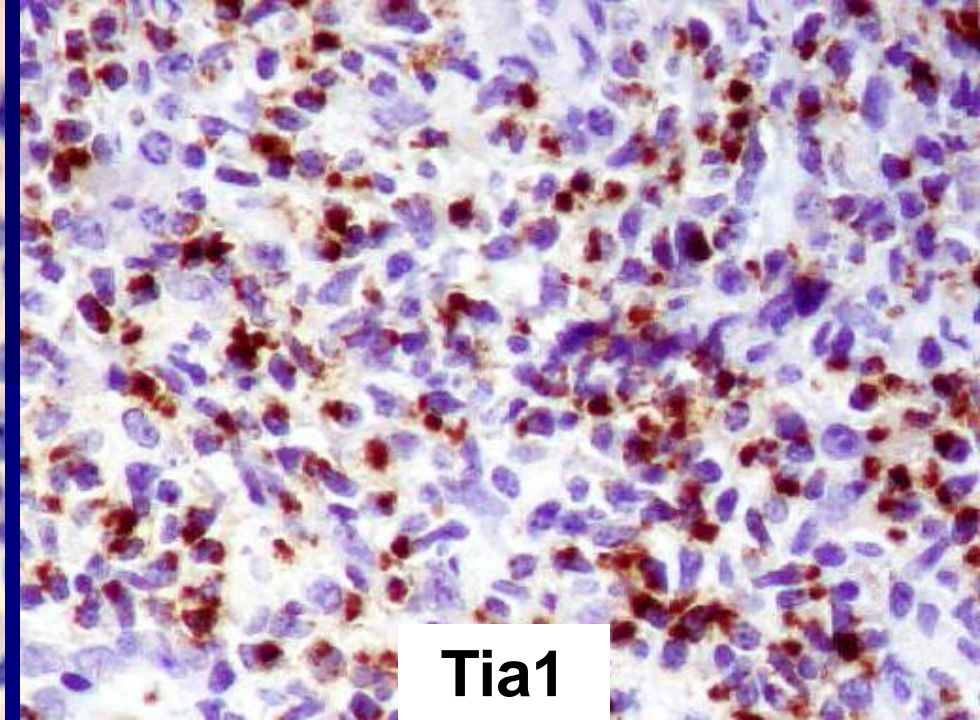
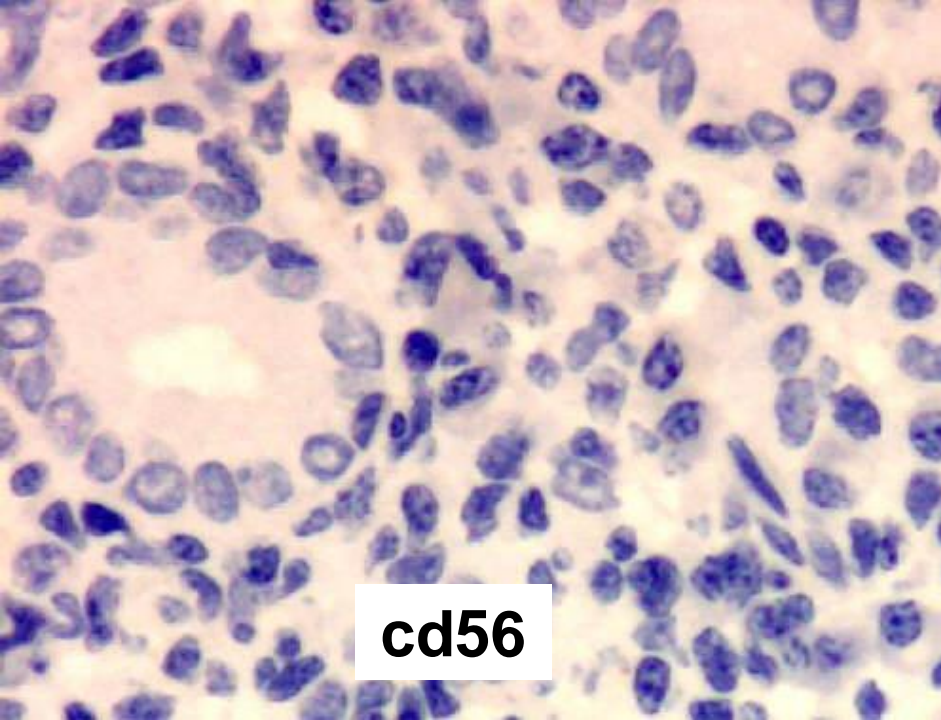
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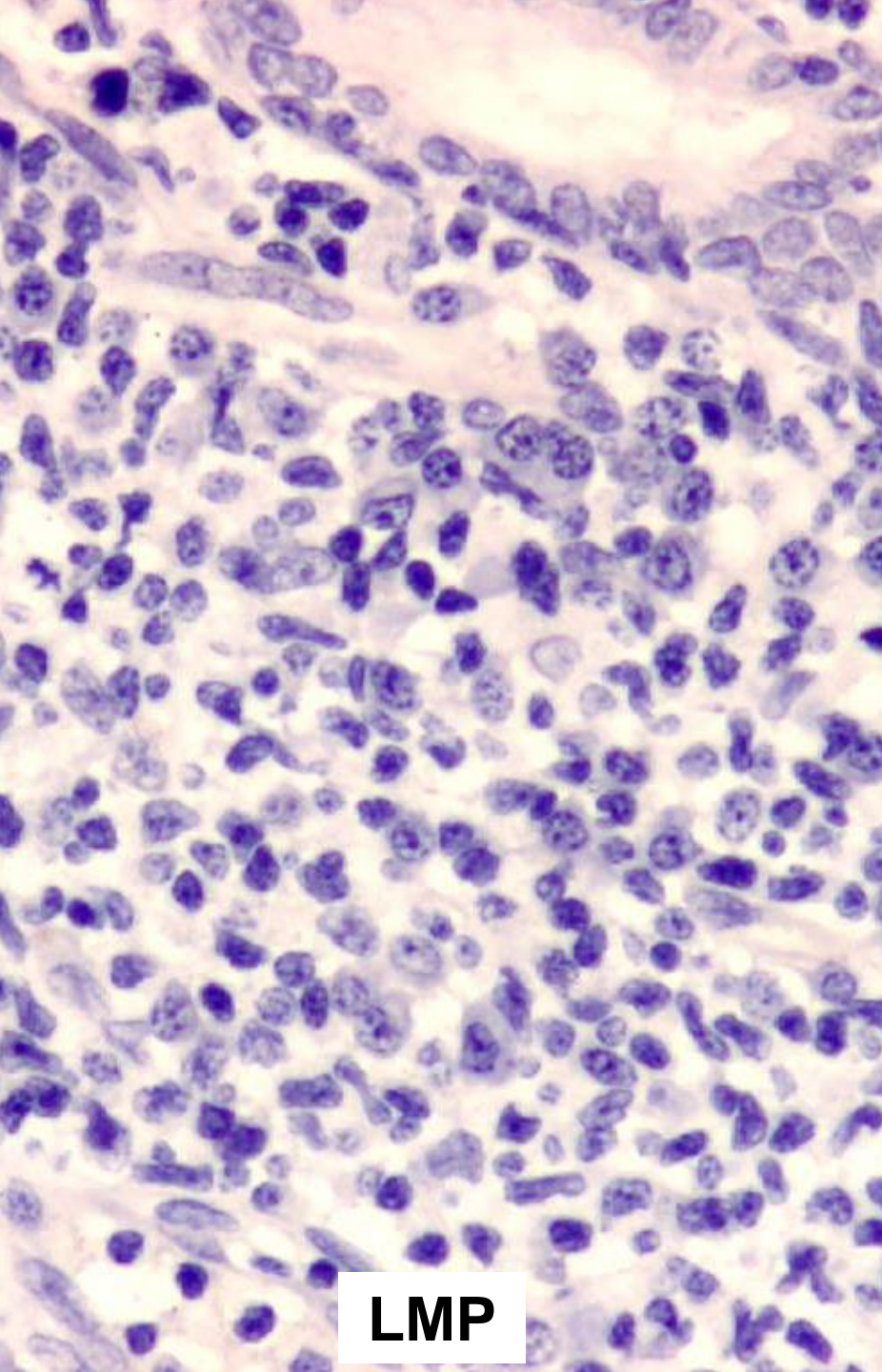




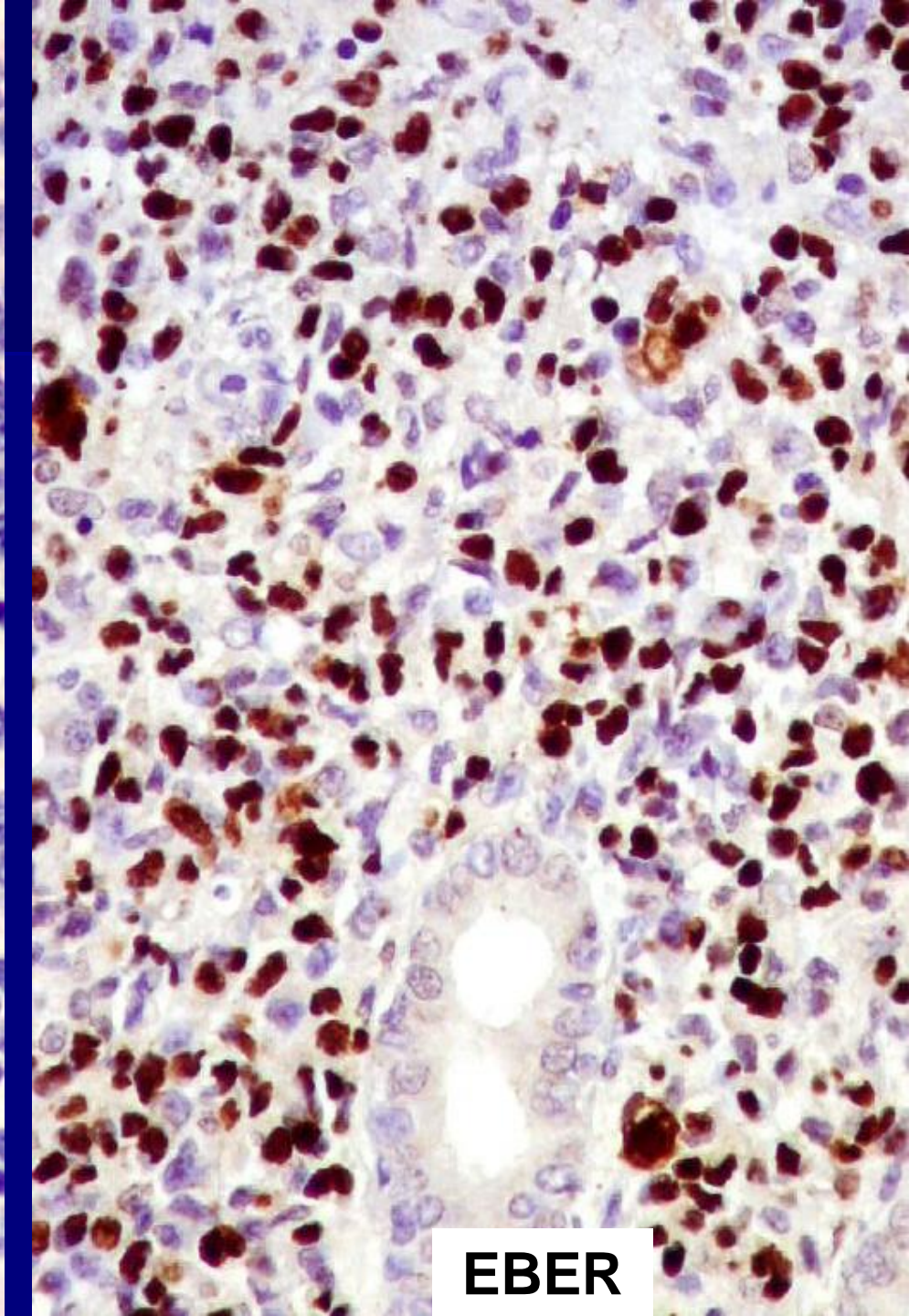








LMP



EBER

Cas n° 6

**Lymphome extra-
ganglionnaire à cellules T-NK
de type nasal de la sphère
ORL**