mm/5 min) and the Rose Bengal staining test [2]. Salivary flow was decreased markedly. Sequential scintigraphy of salivary glands showed no active concentration of technetium during a 60 min period. Sialography showed globular sialectasis. Lip biopsy revealed lymphocyte and plasma cell infiltration and acinar atrophy in the minor salivary glands. Laboratory studies disclosed leucocytopenia, positive rheumatoid factor (1:320), positive antinuclear antibody (1:1200) with a speckled pattern and positive anti-SS-B (1:4). A monoclonal spike was discovered in the gamma-region of the serum. Immunoelectrophoresis identified the monoclonal component as IgG. Serum Ig determination revealed IgG: 3.8 g/l, IgA: 0.12 g/l and IgM: 0.08 g/l. Bone marrow aspiration showed plasma cell infiltration (22%), and X-ray examination showed lytic defect in cranial bone. Chemotherapy with prednisone and melphalan was not effective.

Hyperimmune reaction has been assumed to play an important role in the lymphomagenesis in SS. SS patients have been recognised to have a high incidence of benign monoclonal gammopathy in the serum or urine [6, 7], although multiple myeloma is very rare [8]. Osserman and associates [9] have observed that chronic inflammation may represent a stimulus in the development of multiple myeloma. The exact mechanism remains under speculation. The same immunological disorder may play a role in the pathogenesis of monoclonal gammopathy in SS.

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Vinorelbine in Pregnancy

C. Cuvier, M. Espie, J.M. Extra and M. Marty

Service d'Oncologie, Hôpital Saint Louis, 1 avenue Claude Vellefaux, 75010 Paris, France

FETAL TOXICITY of chemotherapy given during pregnancy is clearly dependant of the time of treatment. Early administration of cytotoxic agents is associated with an increased number of fetal malformations, often with compromised fetal viability. Doxorubicin and vinca alkaloids are considered to be less teratogenic than other agents when used in the first trimester [1]. Exposure in the subsequent two-thirds of gestation does not lead to an increased risk of abnormality. However, low birth weight, intra-uterine growth retardation, premature birth or common toxic side-effects can also be observed. Anthracyclines, antimetabolites, vinca alkaloids are drugs commonly used in breast cancer. Myelosuppression and myocardial necrosis have been described with anthracyclines [2, 3]. Vinca alkaloids seem to be relatively safe: vinblastine as single agent has been used in all trimesters of pregnancy without producing any teratogenic or deleterious effect. Only 2 cases of transient neonatal pancytopenia with vincristine have been observed [1]. No case of 5-fluorouracil toxicity when administered after the first trimester has been reported.

We treated 3 pregnant breast cancer patients with a combination of 5-fluorouracil (5-FU) and vinorelbine (V) [4]. Patients and tumour characteristics are shown in Table 1.

Patient 1 (35 years of age; T3 N0 M0 tumour; 24 weeks pregnant when given chemotherapy) received 2 courses of 5-FU 500 mg/m^2 daily for 5 days and V 30 mg/m^2 days 1 and 5. Because of progression, she subsequently received 6 courses of epidoxorubicin 75 mg/m^2 and cyclophosphamide 1 200 mg/m^2 at 14 day intervals. Patient 2 (33 years of age; T3 N0 M0 tumour; 29 weeks pregnant when given chemotherapy) received 2 courses of 5-FU 500 mg/m^2 daily for 5 days and V 20 mg/m^2 days 1 and 5, and one course with increased doses: 5-FU 750 mg/m^2 daily ×5 days, V 25 mg/m^2 days 1 and 5. Patient 3 (28 years of age; local recurrence; 28 weeks pregnant when given chemotherapy) received 3 courses of 5-FU 750 mg/m^2 daily for 5 days and V 30 mg/m^2 days 1 and 5. Delivery occurred at 34 weeks (caesarian section), 37 weeks (spontaneous) and 41 weeks (spontaneous), respectively. The characteristics of 3 newborns are depicted in Table 1. The only toxic effect that could be attributed to chemotherapy is anaemia at day 21 in case 1; in this case, the mother received

Correspondence to C. Cuvier.
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Table 1. Characteristics of the newborns

Sex	Female	Male	Male
Size (cm)	47	49	51
Weight (g)	2320	3230	3300
Apgar			
1 mm	8	10	9
3 mm	3*	—	—
5 mm	10	10	10
Hair	+	+	+
Dyspmorphic syndrome	—	—	—
Blood count at birth			
WBC	13	8900	17900
Hb	15.4†	18.3	19.8
Platelets	309000	193000	316000

*Secondary apnoea (ventilation). †Secondary anaemia at 9.5 g at day 21; spontaneous recovery.

epidoxorubicin before delivery. The children are now 35, 34 and 23 months old and growth and development remain completely normal. All 3 mothers are in complete remission. Therefore, from these limited data, it seems that vinorelbine could be safely administered during the 2nd and 3rd trimesters of pregnancy.

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Pneumothorax Following Induction Chemotherapy for a Germ Cell Tumour

F.M. Laurencet, G.B. Zulian and P.Y. Dietrich

Division d'Oncologie, Département de Médecine, Hôpital Cantonal Universitaire de Genève, CH-1211, Genève 14, Switzerland

A 26-YEAR-OLD man presented with a one-month history of progressive headache. Magnetic resonance imaging (MRI) revealed a 3.8 cm diameter round lesion in the left cerebellum. General physical examination was normal except for evident cerebellar dysfunction. Alphafetoprotein (αFP) and lactate dehydrogenase (LDH) were within normal limits; human chorionic gonadotropin β (βHCG) was slightly elevated at 5.6 IU/l ($N < 3$ IU/l), while carcinoembryonic antigen (CEA) was up to 457 μg/l ($N < 4.6$ μg/l). Computerised tomography (CT) showed a 3 × 4 cm diameter lesion of the left inferior lung. Because of a rapid worsening of cerebellar functions, cerebellar metastasis was removed, with subsequent complete recovery.

The diagnosis of malignant embryonal carcinoma (EC) was retained, although immunohistochemistry was not pathognomonic (focal staining for CEA and alpha-1-antitrypsin and isolated cells were positive for the βHCG). A first cycle of ifosfamide, cisplatin and etoposide (ICE) was administered. On day 16, the patient complained of a sudden cough and left pleuretic pain. A chest X-ray showed a partial collapse of the left lung (Figure 1), for which a chest tube with negative pressure was inserted and the lung fully re-expanded in 48 h. Response to chemotherapy was suggested by the decline of the CEA level from 457 to 138 μg/l as well as by the necrosis observed on a CT scan. After the second cycle of ICE, CEA was within normal limits and the thoracic lesions were necrotic. Unfortunately, this improvement was transient, and the patient developed a fulminant carcinomatous meningitis. Second-line chemotherapy and local radiotherapy were unsuccessful, and he died within a few days.

Cancer related spontaneous pneumothorax is a rare event [1], and may be observed in three circumstances: at time of diagnosis or during progression; late after chemo- or radiotherapy; and shortly after chemotherapy [2]. The majority of cancer related spontaneous pneumothorax are present at the time of tumour diagnosis [3]. All tumours may be

Correspondence to F.M. Laurencet.
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