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actin, vimentin, CD34, FVIII positive. The pattern was considered compatible with hemangiopericytoma.

The case exemplifies the extreme histological variability of these lesions. Hemangiopericytoma in the splancnocranium is a rare entity, arising from inside the nasal cavity and extending to the paranasal sinuses. Differential diagnosis includes fibrosarcoma, leiomyosarcoma and atypical hemangioepithelioma, while estesioneuroblastoma is less mentioned[2]. Intranasal hemangiopericytoma appears not to be a separate entity from hemangiopericytomas in other sites

We suggest the establishment of a general registry of these rare lesions in order to allow for better epidemiological review.

1 Broich G, Pagliari A, Ottaviani F; Estesioneuroblastoma. A Review of the data published from 1924 to 1994. (Abs. 302); Anticancer Research 1995, 15: 1749.

2 Eichhorn JH, Dickercin GR, Bhan AK, Goodman ML; Sinonasal Hemangiopericytoma; Am. J. Surg. Path. 1990. 14: 856-866.

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GORLIN'S SYNDROME -A RARE GENETICALLY DETERMINED ASSOCIATION OF NEOPLASMS.

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The *Nevoid basal cell carcinoma syndrome*, known also as Gorlin's Syndrome, is a rare clinicat entity, characterized by an association of multiple basal cell carcinomas, epidermoid cysts of the jaw, enlarged calvaria and abnormalities of the skeleton, together with a large array of associated, less frequent abnormalities. The pathogenesis of the syndrome is still unknown, a 25% decreased DNA repair synthesis in ultraviolet light damaged leukocytes and an increase of sister chromatid exchange frequency with normal chromosome number have been described, often the syndrome shows a chromosomal abnormality with an elongated long arm of chromosome 1 (1qh+) and in forty percent of the patients affected parents can be found. The isolated lesions as basaliomata and keratocysts do not show histologic changes specific for the syndrome.

We describe a case of a 65 year old female with a basaloid carcinoma lesion of the nasal skin. Due to frontal headache for 2 years NMR was performed, which showed a partially intradiploid meningioma of 3 cm of diameter. A CT scan revealed a 1.5 cm bone lesion of the nasal floor, which was biopsied and resulted in an epidermoid cyst. Blood chemistry was normal, liquor analysis revealed a slight increase in IgG, compatible with a monoclonal peak. Echocardiography was normal. Electromyography showed axonal polineuropathy and nervous biopsy confirmed a severe axonal neuropathy with signs of regeneration in the myelinic fibers. Cytogenetic analysis confirmed the presence of a rise in heterochromatin on the long arm of chromosome 1 (1qh+), confirming the diagnosis.

This rare syndrome must be kept in mind in all cases of basaliomas with associated dental, skeletal of neurologic lesions.

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SPONTANEOUS REGRESSION IN RENAL CELL CARCINOMA

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Spontaneous regression of metastatic renal cancer certainly does occur, both in patients who have undergone nephrectomy and in those who have not. Regression occurs, however, only in approximately 0.4 percent to 0.8 percent of patients, or 1 in 125 to 250. There is currently no definite evidence that spontaneous regression is triggered by palliative nephrectomy. In most of the 60 reported cases of regression of metastases with renal cell carcinoma, the metastatic disease has not been proven by biopsy. In addition, evidence has been presented that primary tumors may remain stable for many years without growinq or metastasizing, although the exact incidence of this phenomenon is unknown. Unlike most malignancies, metastatic lesions of renal cell carcinoma, particularly pulmonary parenchymal lesions, have also displayed periods of growth arrest or increased doubling time. The true incidence of this phenomenon is unclear, but has been reported to be as high as 30 percent.

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INTRACRINOLOGY: THE BASIS FOR THE ENDOCRINE THERAPY OF PROSTATE CANCER

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Among all hormone-sensitive cancers, prostate is recognized as being the most sensitive. In fact, the best known characteristic of prostate cancer is its marked sensitivity to