

CASE 003

Authors: Dr. Reena Mittal MD, Dr. Kevin Ferguson MD, Dr. Varun Hatwal MD, Dr. Jatin Sarin MD and Dr. Bhavna Khandpur MD.

Acknowledgement: Vikas Srivastava, Rahul Singh Bhadauriya, Vandana Sharma, Azad Singh.

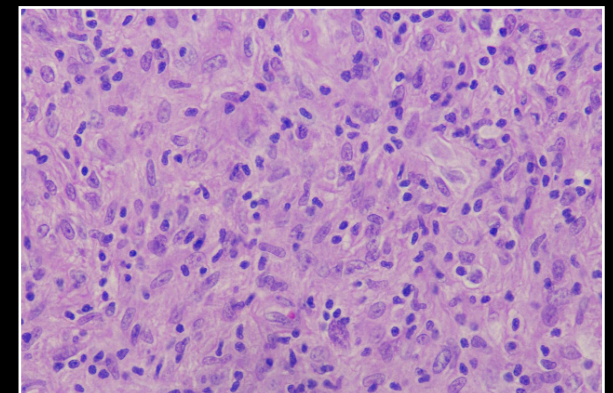
Langerhans Cell Histiocytosis, masquerading as Hodgkin's Lymphoma, and presenting with spinal cord compression.

CLINICAL HISTORY

A 72 year old male presented with back pain and restricted motion of spine complicated by paraparesis. Clinical examination revealed features of spinal cord compression. Non-invasive imaging modalities revealed spinal/epidural mass within the thoracic region of the spinal cord. Peripheral blood investigations and serum biochemical investigations were within normal limits. There was no evidence of any lymphadenopathy or hepatosplenomegaly. There was no family history and no personal history of present or past malignancy. The patient underwent decompression surgery and the tissue excised was submitted for histopathologic examination at the primary institution. At the primary institution a question for Classical Hodgkin's Lymphoma was raised and the case was sent to our facility for a second opinion.

INVESTIGATIONS

We received paraffin blocks of the same tissue for review and immunohistochemistry. Morphological examination of biopsy tissue revealed ill-defined collection of spindle cells amidst a mixed inflammatory background that revealed preponderance of eosinophils. Scattered large cells were also seen and these revealed abundant cytoplasm with hyperchromatic nucleus and prominent nucleolus. Only occasional spindle cells showed nuclear grooving. No granulomas were seen and there was no evidence of necrosis. Based on the morphology, differential diagnosis of extra nodal Hodgkin's Lymphoma, Metaplastic Carcinoma, and Langerhans Cell Histiocytosis (LCH) was considered.



H/E