

CASTLEMAN DISEASE – A DIAGNOSIS TO BE CONSIDERED WHEN INVESTIGATING A RETROPERITONEAL TUMOR

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1. BACKGROUND

Retroperitoneal tumors include a vast spectrum of benign and malignant lesions, often entailing a challenging diagnosis due to late presentation, intricate location and lack of typical symptoms. The diagnostic study usually starts with a contrast enhanced Computed Tomography (CT) scan, but only histological examination provides definite diagnosis. The authors present a rare retroperitoneal tumor, highlighting the difficult diagnosis of Unicentric Castleman Disease (UCD) in this location.

2. MATERIAL / METHODS



22 year-old

Presenting with history of lumbar back pain and dyspareunia.

32x22mm retroperitoneal lesion between the aortocaval vessels

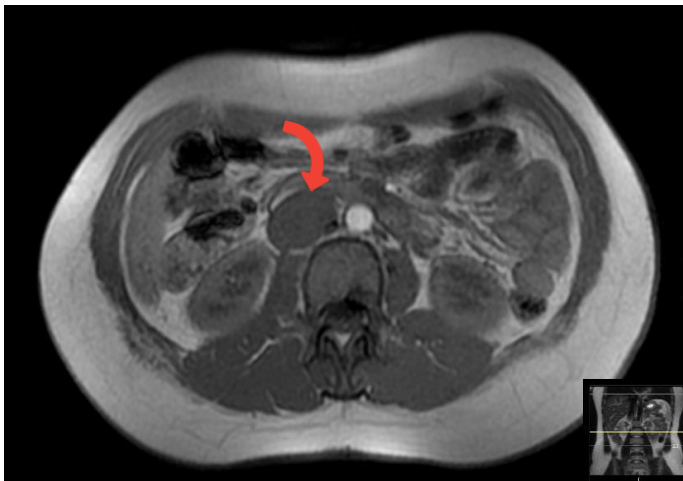
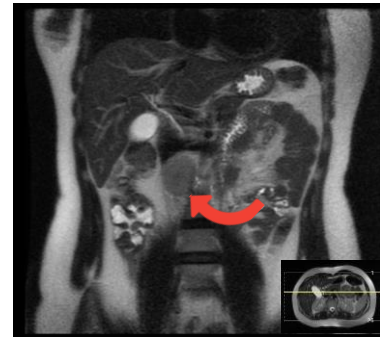
Endovaginal Ultrasound

Solitary 40x30x25mm mass, posterior to the Inferior Vena Cava (IVC)

CT and Magnetic Resonance Imaging

Functional activity of the tumor was ruled out.

Surgical excision was then proposed. The procedure started with laparoscopy, but the mass was then resected with the assistance of a small upper midline incision, due to unclear boundaries and adhesion to the IVC and Renal Vein.



3. RESULTS

Histopathological study

Complete excision of a 40x32x21mm lymph node consistent with CD- Hyaline Vascular (HV) Subtype.

No post-operative complications nor neurological deficits were mentioned. The patient was discharged home after 4 days.

Due to evidence of complete clinical, laboratorial and imagiological response to treatment, the patient began follow-up and there was no documented recurrence after 6 months.

4. DISCUSSION

CD - rare benign lymphoproliferative disorder¹⁻³

UCD -Single or region of lymph nodes¹⁻⁵

Multicentric, MCD- Multiple lymph nodes¹⁻⁵

Histological Subtypes¹⁻⁵

HV

Plasmocytic

Mixed

UCD

> Mostly asymptomatic - incidental diagnosis³⁻⁵

> The enlarged lymph nodes may cause compression symptoms of surrounding structures³⁻⁵

About 17% are retroperitoneal.⁵

Gold standard approach is the complete surgical excision of the involved lymph node(s)^{2,3,5}

> almost always curative, with an overall survival rate higher than 90%.^{3,5}

Laparoscopy may provide a minimally invasive alternative to open exploration and benefits with regard to patient morbidity and convalescence.²

5. CONCLUSION

Although UCD represents a rare entity and the retroperitoneum is not its most frequent location, it should not be excluded from the differential diagnosis of retroperitoneal tumors.

References:

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