

Castleman Disease Masquerading as Refractory Tubercular Lymphadenitis: A Diagnostic Challenge

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Type of Publication: Case Report

Conflicts of Interest: Nil

Introduction

- Castleman disease is a rare, benign lymphoproliferative disorder with features mimicking tuberculosis (TB).
- It was first described in 1956 by Dr. BENJAMIN CASTLEMAN (angio-follicular lymphoid hyperplasia¹)
- In TB-endemic areas, misdiagnosis of Castleman disease as refractory tubercular lymphadenitis is common.

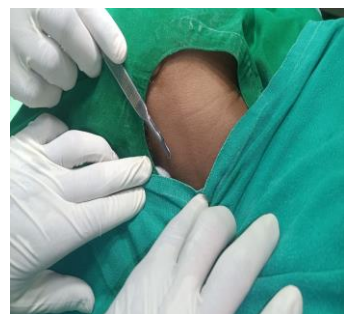


Figure 1

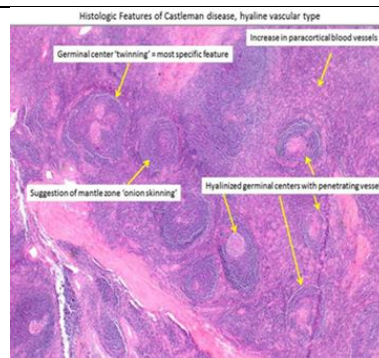


Figure 2



Figure 3

Case Capsule

- 27-year-old male with Right neck swelling since 3 years.

- O/E- Solitary, firm, non-tender, mobile, Level 4 right sided lymph node noted
- FNAC: Suggestive of Tuberculous Lymphadenitis
- Patient was started on antitubercular therapy (6 months)
- Persistent swelling even after 6 months of ATT led to re-evaluation
- Excision biopsy was done
- HPE – Benign reactive lymph-node with follicular hyperplasia, Multiple fragmented lymphoid tissue showing reactive lymphoid follicle with numerous macrophages and many polymorphs. Inter follicular space shows lymphoid cells and few plasma cells , along with sinus histiocytes and congested vascular channels
- IHC positive for CD20, CD3, CD23, MUM1, PAX5.
- Impression- Histomorphology and immuno-profile is suggestive of Castleman’s Disease

Discussion

- Castleman disease can present as either a unicentric (one site involvement) or a multicentric disease² (more than one site involvement)
- On the basis of histopathology, four subtypes are found, namely, the hyaline-vascular variant, plasma cell variant, mixed-cell type, and plasmablastic type (plasmablasts expressing Human Herpes Virus-8 antigen)
- Systemic forms are particularly associated with related neoplasms and autoimmune disorders like Kaposi sarcoma and Follicular dendritic cell (FDC) tumors³.
- Around 30% of patients with POEMS³ disease also have multicentric CD, more precisely the HHV-8 positive variant and Kaposi sarcoma

- Multicentric CD may include: IMMUNOTHERAPY(RITUXIMAB), CHEMOTHERAPY, CORTICOSTEROIDS, ANTIVIRAL DRUGS

Conclusion

- Although rare, CASTLEMAN DISEASE should be included in the differential diagnosis of chronic or recurrent cervical lymphadenopathy unresponsive to conventional therapy.
- CD is often misdiagnosed as TB in endemic regions, misdiagnosis can result in prolonged, inappropriate treatment and delayed definitive management
- Surgical excision remains the cornerstone for unicentric CD.
- Histopathological and immunohistochemical correlation crucial for diagnosis

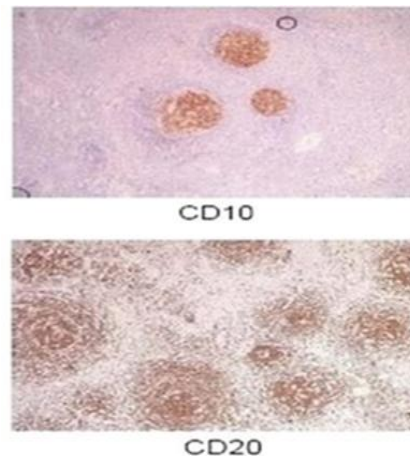


Figure 4

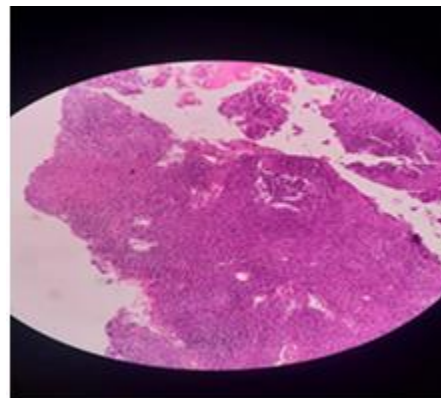


Figure 5

References

1. Wu D, Lim MS, Jaffe ES. Pathology of Castleman Disease. *Hematol Oncol Clin North Am.* 2018 Feb;32(1):37-52. [PubMed]
2. Dispenzieri A, Gertz MA. Treatment of Castleman's disease. *Curr Treat Options Oncol.* 2005 May;6(3):255-66. [PubMed]
3. Han X, Zhou DB. [Advances in etiology and management of Castleman's disease]. *Zhongguo Yi Xue Ke Xue Yuan Xue Bao.* 2009 Oct;31(5):639-43. [PubMed]
4. Shahidi H, Myers JL, Kvale PA. Castleman's disease. *Mayo Clin Proc.* 1995 Oct;70(10):969-77. [PubMed]
5. Simpson D. Epidemiology of Castleman Disease. *Hematol Oncol Clin North Am.* 2018 Feb;32(1):1-10. [PubMed]