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Castleman’s disease in interpectoral lymph node mimicking mammary gland neoplasia

Sir,

Castleman’s disease is a rare lymph node pathology characterized by angiofollicular hyperplasia of unknown etiology. There are two histological variants, the hyaline-vascular variant (80-90% of the cases) and the plasma cell variant (10%); however, in some cases, characteristics of both forms may be present, constituting a mixed variant of the disease (2%). Two clinical forms of the disease have been defined, the localized or unicentric form and the multicentric or generalized form. The hyaline-vascular variant generally affects young people, is localized and most often affects the mediastinum. To the best of our knowledge, this is the first case report of Castleman’s disease in interpectoral lymph nodes mimicking mammary gland neoplasia.

A 31-year-old Brazilian woman with the absence of constitutional symptoms was admitted to a hospital reporting a nodule in her breast that had been present for the past 2 years and a previous unsuccessful attempt at surgical removal of the nodule in a small town hospital. Physical examination revealed a hard nodule with limited mobility, situated at the junction of the upper quadrants of the right breast, mimicking mammary gland neoplasia. However, ultrasonographic examination revealed a hypoechogetic nodule with well-defined margins, measuring...
4.5 × 3.0 cm, situated under the pectoralis major muscle [Figure 1]. Mammography did not show any lesion in breast parenchyma and fine needle aspiration cytology (FNAC) of the mass was inconclusive. The patient was submitted to excision of the nodule and during surgery, the lesion was found to be interpectoral. Gross examination of the specimen revealed a lesion measuring 4.3 × 3.5 × 3.1 cm with an undulated, gray external surface and a compact, whitish-gray cut surface. Histology revealed an altered lymph node architecture resulting from follicular lymphoid hyperplasia, most of the follicles presenting central capillaries with a deposit of hyaline material, surrounded by small, uniform, mature lymphocytes, forming concentric circles, all of which characterize the hyaline-vascular variant of Castleman’s disease [Figure 2]. Serology for HIV was negative and diseases like lupus, rheumatoid arthritis, and lymphoma were excluded.

Castleman’s disease is a rare, benign form of hyperplasia affecting lymphoid tissue. Its etiology is unknown; however, hyperplasia or hamartomatosis resulting from chronic inflammation has been suggested.[4] The majority of the multicentric cases are of the plasma cell variant, the type that is more frequently associated with malignancy and significant morbidity and mortality.[2,3] The hyaline-vascular form on the other hand, is the most common variant, usually unicentric, generally affecting the abdomen and mediastinum and is associated with local compressive clinical symptoms, rarely presenting systemic manifestations.[1-6] However, interpectoral location mimicking mammary gland neoplasia has not yet been reported.

The diagnosis of Castleman’s disease is based on clinical and histopathological criteria.[1,2] The principal differential diagnoses, depending on the localization, include tuberculosis, lymphadenitis, lymph node metastasis, lymphoma, and other neoplasia.[1-4] Treatment of the unicentric forms of the disease, both the hyaline-vascular and the plasma cell variants, consists of surgical resection of the lesion. Patients are cured in almost 100% of cases and there are few recurrences.[2,3] In the present case, the patient is being followed-up and there are no signs of recurrence in 2 years following the treatment.

da Silva BB, Lopes-Costa PV, Melo PM, Pires CG
Department of Gynecology, Federal University of Piauí, Teresina, Piauí, Brazil

Correspondence:
Benedito Borges da Silva, E-mail: beneditoborges@globo.com

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