

Deos Casleman, s Disease Affect the Breast ? Case Report in Middle Age Women

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Abstract:- Castleman , s disease is rare non malignant disease of lymph node , however it can occur in other part of the body , high clinical suspicious need for diagnosis ,almost of cases are diagnosed after surgery and histopathology. Here we report a rare case of disease occurred in the breast .

Keywords:- Castleman , s disease , lymph node, Breast .

I. INTRODUCTION

Castleman Disease (CD) is rare lymphoproliferative disorder in which the primary etiology and pathogenesis is not clearly understood. (1) Other name are Giant Lymph node Hyperplasia, Lymphoid Hamartoma and Angiofollicular Lymph node Hyperplasia. It's named after Benjamin Castleman in 1956 who first described this disease . when he studied group of patients with large thymoma like masses in the anterior medistinum. (2-3) Most cases report an age of onset around or after fifth decade of life . (4) It affect male as well as female . (1)

II. CASE PRESENTATION

Here we report a case of disease in the breast of female of 76 years old , para 4, diabetic and hypertensive for last 10 years , presented with left axillary swelling for more than 20 years gradually increased in size, no fever , cough or contact with tuberculous patient, not alcoholic or smoker, not on hormonal therapy , no family history of breast or ovarian cancer, on examination : no skin ulceration , nipple discharge or apperant breast lump noted . No other groups of lymph node enlarge . Mass of 10*15 cm. firm , mobile arising from left axillary tail. No other mass in both breast or right axilla .Beside ultrasound show multilobulated mass , no area of calcification, mammogram show dense well defined lobulated mass with tubular calcifications in the upper outer quadrant of the left breast , suggestive of a benign mass-BIRADS 3. Phylloid tumour is considered . Benign microcalcification noted in the upperouter quadrant of the Right breast –BIRADS 2 . CT done showed heterogeneous enhancing left breast mass at the outer quadrant, measuring 7.4×7.8×9.4 cm with satellite nodules, left axillary and mediastinal lymphadenopathy which is suspicious of malignancy,Core needle biopsy from

left breast mass suggestive of reactive lymphoid proliferation.. Patient uderwent wide local excision,histopathology of lymph node and breast consistent with Castleman disease , hyaline vascular type.

III. DISCUSSION

Exact etiology is unknown, but may be due to viral infection such as Human Herpis Virus -8 (HHV-8, associated with MCD in 50% of cases) and Human Immunodeficiency Virus (HIV), other suggest genitic mutations or inflammation as possible causes. (5)

The disease can be unicentric disease: usually does not cause symptoms and affect one group or multi -centric disease affect more than one lymph node groups and associated with symptoms, abnormal blood count and dysfunction of vital organs and usually associated with viral infection . Patient may developed Kaposi sarcoma ,Hodgkin and non Hodgkin lymphoma.There are 3 histological type of Castleman disease which are hyaline type (80-90%),usually asymptomatic, plasma cell type (10%) and mixed type (<1%) ,the latter two present with symptoms in form of constitutional,gstrointestinal and musculoskeletal symptoms. (4,7)

Surgical excision is the main effective modality of treatment leads to 95 % cure and resolution of symptoms. If the disease involved area that is difficult to be handled by surgery, steroid, radiotherapy, lymphoma based chemotherapy. Anti_ CD20 mAb (rituximab), anti_ IL6 , Immunomodulatory and antiviral can be tried . (8)

IV. CONCLUSION

Up to date the pathology , etiology and management of castle man disease are not clear. High clinical judgement is need to manage these cases and to differentiate it from malignancy.

➤ Ethical Approval

Verbal consent was obtained from the patient for publication of this case report .

REFERENCES

- [1]. Fausto F, Miles G, Cecile L. Department of Human Pathology , University Hospital of Messina .Multicentric Castleman Disease : An Unusual Breast Lump .Journal of Clinical Oncology. 2009 ;27(28) .
- [2]. Castleman Disease wiki <https://en.wikipedia.org>.
- [3]. Sunita B, Urmi C, Narayanan P, Archana B. Unicentric Castleman Disease at an unusual site. Medical Journal.2014;7(3) 346-348.
- [4]. Rafael P, Jose I, Patricia L . Localized Castleman Disease in the Breast in a Young Woman . Hindawi Publishing Corporation .Case Reports in Pathology. 2016 ,Article ID 8413987, 3.
- [5]. rare-disease <https://rarediseases.org>.Castleman disease.
- [6]. Neetu R, Emmanuel C. Castleman Disease .MedScape .Feb 2020.
- [7]. Melissa C, William C .Shiel J. <https://www.medicinenet.com> .Castleman Disease.
- [8]. Frits V,Katie S, Susann S ,Bart B .Castleman Disease in the 21 st Century : An Update on Diagnosis , Assessment , and Therapy. Clinical Advance in Hematology and Oncology.2010 ;8.