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UNUSUAL PRESENTATION OF ANTERIOR MEDIASTINAL MASS

General Medicine

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KEYWORDS

INTRODUCTION

Approximately half of all mediastinal lesions are asymptomatic and are detected on chest radiographs taken for unrelated reasons. The absence of symptoms suggests that a lesion is (maybe) benign, whereas the presence of symptoms suggests malignancy. In adults, 48-62% of lesions are symptomatic, whereas the percentage of symptomatic lesions is higher in children (58 to 78%).

The most common symptoms are cardiorespiratory - in particular, chest pain and cough. Other manifestations are heaviness in the chest, dyspnea, signs of superior vena caval obstruction with facial swelling, and cyanosis. Recurrent respiratory infections are also common.

Cutaneous paraneoplastic manifestations in Hodgkin Lymphoma (HL) have been well described. These include eczema, prurigo, mycosis fungoidosis and erythema nodosum. Pruritus is a well-recognized presenting symptom of Hodgkin lymphoma [1,2].

We report a 70 year old man who presented with pruritic skin lesions and was later diagnosed to have Hodgkin lymphoma. This serves to illustrate the point that intractable eczema or prurigo should warn the clinician a possibility of underlying sinister process.

Background

The clinical syndrome described by Thomas Hodgkin's in 1832 is now taken to be confined to a particular histological type of lymphoma characterized by destruction of lymph node architecture, proliferation of large abnormal cells derived from monocytes and usually Reed Sternberg cells (RS Cells). Nodular sclerosing Hodgkin's lymphoma tends to be the more benign variant, the other types often progressing from lymphocyte predominant through mixed to lymphocyte depletion. All types of Hodgkin's lymphoma may involve the lung, although the lymphocyte predominant does so less frequently than do the others.

Cutaneous Hodgkin lymphoma was first described by the German physician Grosz in 1906. This rare condition is thought to have decreasing incidence in recent decades, owing to the improved treatment modalities of patients with Hodgkin's lymphoma. In addition to rarity, skin involvement carries an ominous prognosis but can be indolent if systemic disease was controlled properly. Cerroni et al. found that histology of cutaneous specific manifestations of Hodgkin lymphoma correlates with that of the nodal counterpart in most cases [3-5].

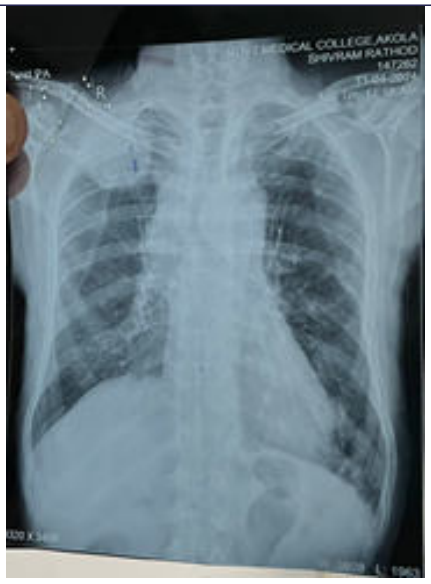
Case Report

A seventy year old male presented with intractable pruritus with dryness followed by circular patches of thick, inflamed skin on back chest neck and face for six months.

These lesions were initially noticed over the extremities and later spread proximally to involve his back and face. Examination revealed extensive erythematous violaceous scaly plaques and hypo pigmented patches. A clinical diagnosis of discoid lupus erythematous was made [6,7].

He had no respiratory symptoms other than mild cough for two months. Though he did not complain any respiratory distress he had suprasternal in-drawing and use of accessory muscles. He had no history of orthopnea, night sweats, syncope or weight loss in the recent past. He had normal hematological profile, normal liver function tests and normal ECG with deranged renal function (and patient was diagnosed as CKD)

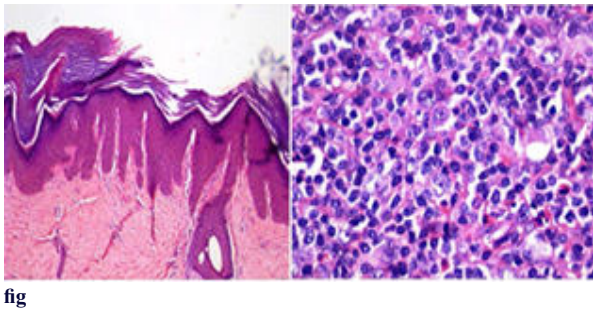
Routine chest radiograph showed right apical area lesion.



fig

CT Chest revealed evidence of a 8.4X8.1X7.8cm superior mediastinum mass encasing trachea, superior vena cava, bilateral brachiocephalic veins, bilateral pulmonary arteries and arch of aorta With diagnostic possibilities of Lymphoma or Thymoma. Multiple randomly distributed solid nodules in bilateral lung concerning for metastasis. 4.3X4.5cm large pleural based mass in apical region of right thorax with adjacent focal erosion of inner cortex of posterior aspect of third rib. Mild cardiomegaly, mild pericardial effusion measuring 11mm along left ventricular wall.

Skin biopsy showed pronounced epidermal atrophy and lymphocytic infiltrate in dermis. The features were consistent with Discoid Lupus Erythematous.



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Right anterior mediastinotomy and biopsy of lesion showed a tumor with cells arranged in lobular pattern separated by thin fibro vascular tissue. Cells were heterogeneous, composed of lymphoid cells, eosinophils, histiocytes. Lacunar type of Reed-Sternberg's cells were seen. Occasional typical Reed-Sternberg's cells also seen. Features were those of Hodgkin lymphoma – Nodular sclerosing type (Figure 3).

Patient was to standard chemotherapy. (ABVD- Adriamycin [doxorubicin], bleomycin, vinblastine, dacarbazine regimen) but the outcome was not significant

Fig

DISCUSSION

Pruritic skin lesions have been known to pre-date clinically evident B and T cell lymphomas by years. Pruritus and lupus erythematous have been associated with Hodgkin Lymphoma. The mechanism of itch in malignancy is unclear and has been attributed to histamine release, tumor metabolites, immunological mechanisms and dry skin. The other paraneoplastic skin manifestations in Hodgkin Lymphoma are eczema, mycosis fungoides and erythema nodosum.

Pruritus continues to challenge physicians because of its nonspecific nature and the infrequency with which it is caused by Hodgkin's lymphoma. Clinicians, especially family practitioners, primary care internists, and dermatologists, need to remember Hodgkin's lymphoma as a possible cause of intractable itching. Finally, incidentally discovered anemia, thrombocytopenia, neutropenia, lymphopenia, hypoalbuminemia, or elevated erythrocyte sedimentation or similar findings encountered either incidentally or in the assessment of fatigue, unexplained weight loss, fever, night sweats, or other constitutional symptoms may suggest the presence of Hodgkin's lymphoma. Imaging tests followed by an appropriate biopsy or performance of a bone marrow biopsy should provide the additional information necessary to pin down a diagnosis of Hodgkin's lymphoma, if present [8-10].

CONCLUSION

This case is being highlighted for its interesting presentation and to sensitize physicians to suspect an underlying sinister neoplastic disease in patients presenting with chronic dermatosis. High degree of clinical suspicion is required as anterior mediastinal mass may have paucity of clinical symptoms at presentation. Early diagnosis may help in improving the prognosis.

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