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Unicentric Axillary Castleman Disease: A Case Report

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Introduction

Castleman disease, also known as giant angiofollicular lymphoid hyperplasia, is a rare lymphoproliferative disorder of unknown etiology and pathogenesis. Two different histological types can be described, the hyaline vascular type and the plasma cell type. This - disease can affect any lymphoid tissue in the body and present with localized (unicentric) or systemic (multicentric) symptoms. The unicentric disease usually presents as lymphadenopathy and typically has a benign course. On the contrary, multicentric disease has a worse prognosis and is characterized by systemic inflammatory symptom, including fever, anemia, weight loss, and hypergammaglobulinemia. Only six cases of breast localization have been described in medical literature. An axillary location has been reported in only 2% of cases. The differential diagnosis of an axillary mass in a woman includes metastases, lymphoid neoplasms and a number of reactive, inflammatory, and benign conditions.

Case Report

The patient was a 38-year-old female, came to our attention after a bilateral breast ultrasound, which reported a 35 mm palpable lymphadenopathy in the left axilla. The patient had a negative family history for breast cancer but one brother with leukemia. Her past medical history reported pituitary microadenoma and allergic asthma. She underwent bilateral mammography and ultrasound guided left axillary core needle biopsy. The histological examination revealed a reactive lymphadenomegaly, so an indication for a three months follow-up was given. Three months later an ultrasound of the left axilla showed a persistent, diffusely vascularized lymphadenopathy. For this reason we proposed to the patient a surgical excisional biopsy of the left axillary lymph node, for definitive diagnosis, in day surgery, using the Radar Scout localization technique.

The patient had a regular postoperative recovery, without complications. The histological examination revealed a Castelman like lymphadenopathy. Blood exams were normal. PET staging confirmed the disease was confined in that single lymph node. Consequently no adjuvant treatment was necessary, while only clinical and instrumental follow-up was planned.

Conclusion

This case illustrates a rare presentation of unicentric Castleman disease, initially misdiagnosed with reactive lymphadenomegaly. The definitive diagnosis was reached by excisional lymph node biopsy; PET confirmed an unicentric form of the disease. Surgical management was curative, without adjuvant treatments necessary. Regular follow-up is essential to monitor the absence of recurrences.

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