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CASTLEMAN'S DISEASE IN THE CLINIC OF MAXILLOFACIAL SURGERY

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Abstract

Angiofollicular hyperplasia of the lymph nodes was first described by Benjamin Castleman in 1954, when solitary mediastinal hyperplasia of the lymph nodes was detected in a patient [3]. It is often not accompanied by systemic manifestations. A.R. Keller et al. (1972) classified two histological variants of the disease: hyaline-vascular, occurring in 91% of cases, and plasma cell variant. According to the authors, in 70% of cases the tumor was localized in the chest, in 15% of cases the tumor was localized in the tonsils, lymphoid tissue of the nasopharynx and tongue, in 11% - in the retroperitoneal space, in 4% of cases in the peripheral lymph nodes. The hyaline-vascular type of lymphoma B occurs in 90% of cases, is localized in the neck and is equally common in both sexes [2]. The information we have collected about the pathology has now allowed us to distinguish three morphological variants of Castleman's disease: hyaline-vascular, plasma cell and mixed cell [1]. According to E.K. Egorova, the hyaline-vascular variant occurs in 48.7% of patients, plasma cell - in 23.7% and mixed cell - in 27.6% of patients. Castleman's disease is divided into local and generalized (multicentric). Quite recently, a "subvariant" of generalized Castleman's disease has been described, known as the plasmablastic variant of Castleman's disease, which is the most aggressive. It was first described in a group of patients whose disease was accompanied by the presence of POEMS syndrome. Subsequent research showed that this variant is associated with herpes virus type 8 (HHV8) and the development of plasmablastic lymphoma [1]. Manifestations of Castleman's disease on the face or neck are a reason for oncological alertness.

Introduction

Case study: Patient G., 51 years old (medical record No. 1874380) was hospitalized in the maxillofacial surgery department of the Andijan State Medical Institute (ASMI) of the Republican Scientific Center for First Aid (Republican Scientific Center for First Aid) No. 21, Andijan on December 21, 2021 with a diagnosis of lateral cyst of the neck on the right.

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The patient complained of discomfort in the right lateral surface of the neck due to the presence of a tumor-like formation that appeared about 18 years ago. The neoplasm developed slowly over a long period of time and did not bother, but three weeks ago, painful sensations appeared in the neck. The general condition at the time of examination is satisfactory. Consciousness is clear. Body position is active. Skin is of physiological color. Heart sounds are rhythmic, BP 130/80 mmHg, HR - 60/min.

Local status: face is symmetrical. Skin of the face is of physiological color. The mucous membrane of the oral cavity is light pink, moist. The palatine tonsils are not enlarged. On the lateral surface of the neck on the right, in front of the sternocleidomastoid muscle at the level of its upper third, a tumor-like rounded formation measuring 3.0 × 4.0 cm is determined, not fused with the surrounding tissues, the skin color above it is unchanged, the skin is gathered into a fold.
In the preoperative period, the following studies were performed: CBC from 11/28/2018 erythrocytes - 4.44 × 1012 / l, Hb - 126 g / l, platelets - 281 × 109 / l; Leukocytes - 5.9×109 /l, ESR - 16 mm/h; leukocyte formula: eosinophils - 4%, segmented - 57%, lymphocytes - 33%, monocytes - 6%. Biochemical blood test from November 28, 2018. Total protein - 71 g/l; total bilirubin - 5.0 μmol/l, cholesterol - 4.7 mmol/l, creatinine - 73 μmol/l; ALT - 10 U/l, AST - 12 U/l, CRP - 25 g/l. Urine test from November 28, 2018: specific gravity 1020; protein - negative; acidic reaction. ECG from November 29, 2018: sinus rhythm, 60 beats/min; EOS horizontal. Magnetic resonance imaging (MRI) of the head and neck from 01.06.2018: along the posterior contour of the right submandibular salivary gland, an extraorgan space-occupying formation is determined - a hyperplastic lymph node with clear, even contours with a heterogeneous structure, with a capsule displacing the gland forward, not invading it, measuring 50 × 25 × 40 mm.
Data of ultrasound examination (US) of the neck area from 15.04.2010: in the submandibular region on the right, a group of lymph nodes is visualized 41 × 21 mm; 24 × 9 mm; 18 × 11 mm of hypoechoic structure. Ultrasound examination of the neck from 30.05.2016 showed an increase in the right submandibular salivary gland to 56 × 20 × 21 mm with a heterogeneous internal echostructure with hypoechoic areas. Based on clinical, laboratory and instrumental data, a preliminary diagnosis of lateral cyst of the neck on the right was made. Under endotracheal anesthesia on 24.12.2018, the neoplasm was removed after dissection of the subcutaneous muscle of the neck. The macropreparation was a tumor-like solid formation of an oval shape with a smooth surface, measuring 5.0 × 3.5 cm. On section: homogeneous brown tissue. The macro specimen was sent for histological examination. Nylon sutures were applied to the wound.
In the postoperative period: smooth course, skin healing by primary intention. Sutures were removed on the seventh day. Histological report No. 56702-09 dated 12/28/2018: angiofollicular hyperplasia of the lymph node (see figure). Preservation of the lymph node structure with hyperplasia or hyalinosis of the germinal centers and pronounced diffuse plasma cell infiltration is detected.

Conclusion

The patient was discharged from the hospital on 01/03/2019 in a satisfactory condition. The described observation is interesting due to its rarity in the maxillofacial region. Manifestations of Castleman's disease on the face or neck are a reason for the surgeon to be oncologically alert and expand the doctor's differential diagnostic capabilities.

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