

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Hematology Quiz – Case 28

A 32-year-old male patient presented to our Department complaining of an asymptomatic inguofemoral mass of approximately 9 cm maximal diameter. The lesion was painless, semi-hard to hard in texture and was not associated with any other sign of inflammation. No constitutional symptoms (fever, weight loss, night sweats), pruritus or alcohol-induced pain were reported. The patient denied any significant medical problem and was not taking any medication. There was no other abnormal physical finding. Complete blood counts, erythrocyte sedimentation rate and a full biochemical profile were absolutely normal. Whole body computed tomography did not reveal any other abnormal finding. A fine needle aspiration of the lesion was diagnostic (figures 1–5).

Comment

The large inguofemoral mass in this young patient most likely was due to the presence of enlarged lymph nodes. Given the size of the lesion and the absence of inflammatory signs, a serious underlying disease could be suspected. Among "serious" diseases, granulomatous lymphadenopathies (tuberculosis, sarcoidosis) are not likely based on the anatomic pattern of presentation. Thus, the cause of lymphadenopathy was probably malignant. Hodgkin's lymphoma is the most likely malignant diagnosis in this age group, although pure infradiaphragmatic disease is rare and has a predilection to affect older patients. Non-Hodgkin's lymphomas and metastatic

tumors are far less frequent in young patients. Among solid tumors, isolated inguinal lymphadenopathy can be caused by anal cancer, squamous cell carcinomas of the genital areas, cervical cancer or malignant melanoma of the lower extremities. Testicular cancer affects inguinal nodes only in the setting of orchiopexy or scrotal involvement, while nodal dissemination of soft tissue sarcomas is rare.

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ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2012, 29(1):130–131

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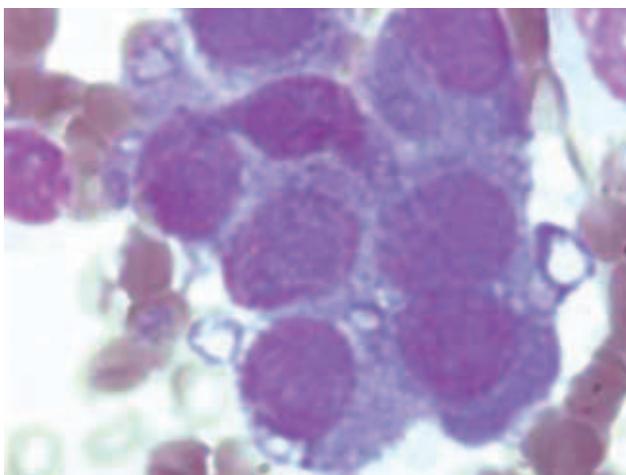


Figure 1

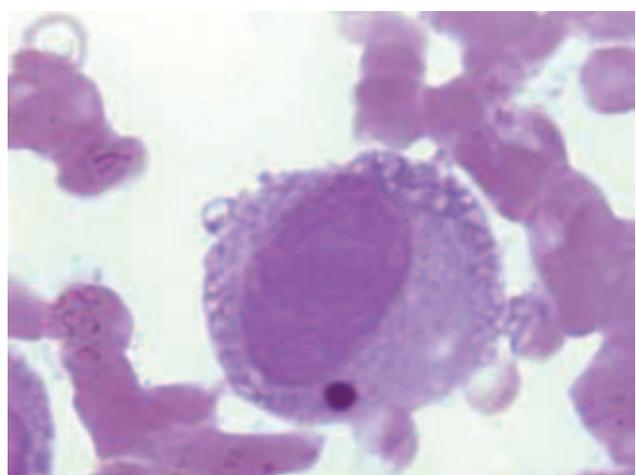


Figure 2

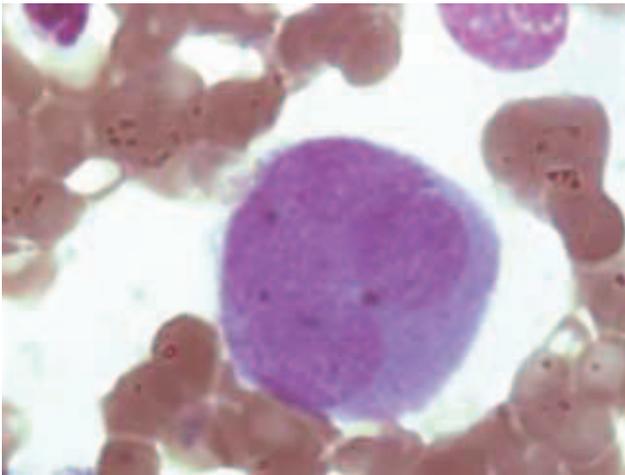


Figure 3

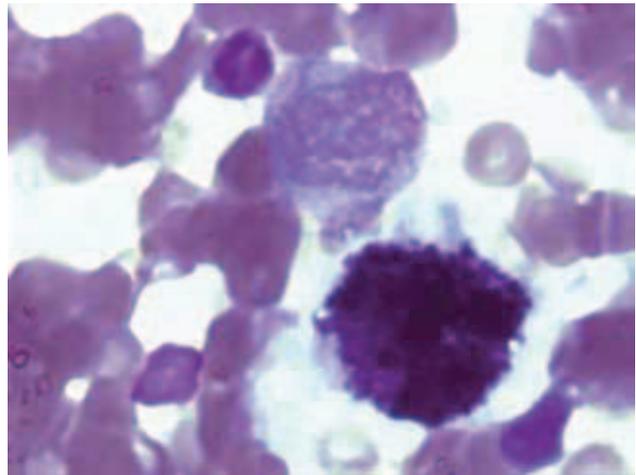


Figure 5

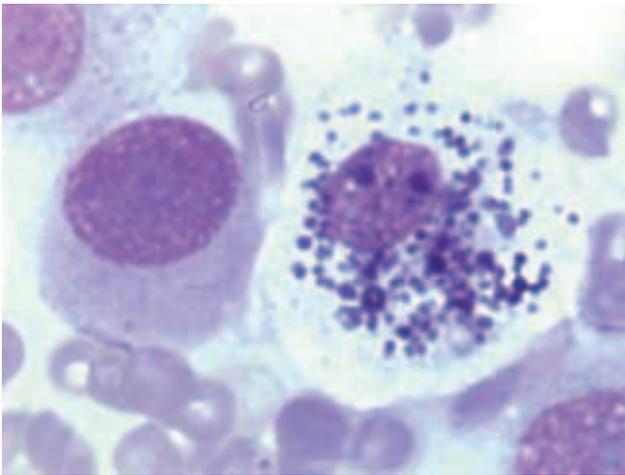


Figure 4

The cytological appearance of lymph node aspiration in this case is characteristic of metastatic melanoma. The lymph node is infiltrated by a monotonous population of cells, some of which have scanty, fine, cytoplasmic black granules, which represent melanin. Rare cells are almost filled by these granules. In the immunocytochemistry S-100 is the most sensitive marker and other markers such as HMB-45, MART-1/Melan-A, tyrosinase and MITF demonstrate a relative good specificity. The Ki67 is a useful marker for distinguishing benign from malignant melanocytic tumors. All these findings confirm the diagnosis of melanoma by the histologic and immunohistochemical examination of excisional biopsy material.

In fact, the patient reported that he had a cutaneous nevus removed from his left leg one year ago. No histological examination

had been performed.

This case underlines the significance of the histological examination of any lesion removed from the human body. Furthermore, the need for a detailed history taking and a thorough physical examination is highlighted.

References

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Diagnosis: Malignant melanoma of inguino-femoral lymph nodes