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Case Report

A Subcutaneous Tumor on the Chest with Hodgkin's Disease like Feature

Takao SHIBATA,
Minoru AKAMATSU, Koichi OHSHIMA, Morishige TAKESHITA,
and Masahiro KIKUCHI

Department of Pathology, School of Medicine, Fukuoka University, Fukuoka, Japan

Summary

A 49-years-old waman had noticed a subcutaneous tumor on the chest since seven years ago. Localized recurrence was repeated after excisional biopsies. First biopsy was diagnosed as benign lymphoid hyperplasia, but histological examination of the second biopsy showed scattered Hodgkin like and multinuclear giant cells. CD15, CD30, KP-1 or other markers are negative and gene analysis could not demonstrate clonality. And the histology of the third biopsy showed L26 positive atypical large cells. pseudo lymphoma, cutaneous Hodgkin's disease, or other lymphoid malignancy are discussed for the candidate of deagnosis.

Case

Case: 49-year-old woman.
Clinical course:
1985 She noticed a pigeon egg-sized subcutaneous tumor on her left chest and the tumor gradually enlarged in size.
1987 First biopsy was done and diagnosed as benign lymphoid hyperplasea.
1990 The tumor recurred and second biopsy was done. Diagnosis was Hodgkin's disease most likely, and followed by chemotherapy comprised of nitrogen mustard, oncovin, procarbadin and predonisolone. But therapy was interrupted because of liver dysfunction.
1991 The tumor reappeared in the same region and only excisional biopsy was performed. No relapse has been seen until now.
Laboratory data:
No significant findings.

Histology (second biopsy)

The tumor was well circumscribed and located in subcutaneous and muscle forming nodules. The epidermis was intact. Nodular proliferation of lymphocytes with lymph follicles, some eosinophils and plasmacytes were noted. There were some scattered Hodgkin like cells and multinucleated giant cells, some with mummified feature(Fig. 1).
Immunohistochemistry: No specific findings were noted in Hodgkin like cells and giant cells (Table. 1).
Gene analysis: Southern blot analysis showed germline configuration in TCR β, γ chain and immunoglobulin heavy chain. EBV could not be detected by Southern blot and PCR.

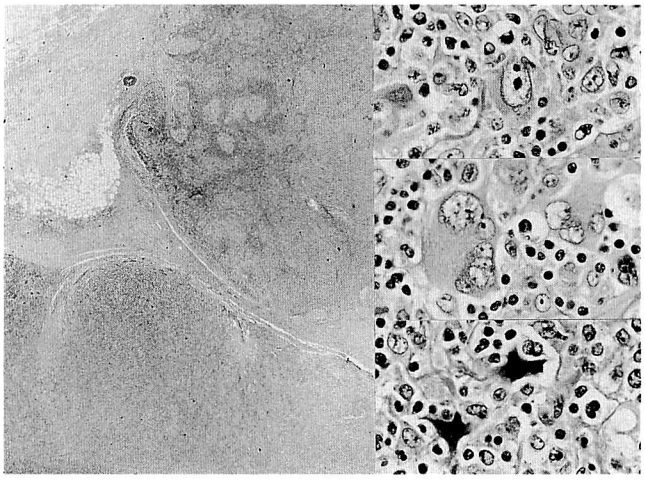

Fig. 1.

Table.1.Immunohistological findings

Antibodies	Ciant cells
CD45 (LCA)	−
CD45RO (OCHL-1)	−
CD3 (1eu4)	−
CD20 (L26)	−
CD30 (BerH2,Ki-1)	−
CD15 (1euM1)	−
Lysozyme	−
CD68 (KP-1)	−
S-100	−
CD25	−
Ki-67	+

Address for Correspondence: Takao SHIBATA, Department of Pathology, School of Medicine, Fukuoka Universety, Nanakuma-cho 7-45-1, Jyonan-ku, Fukuoka 814-01, Japan

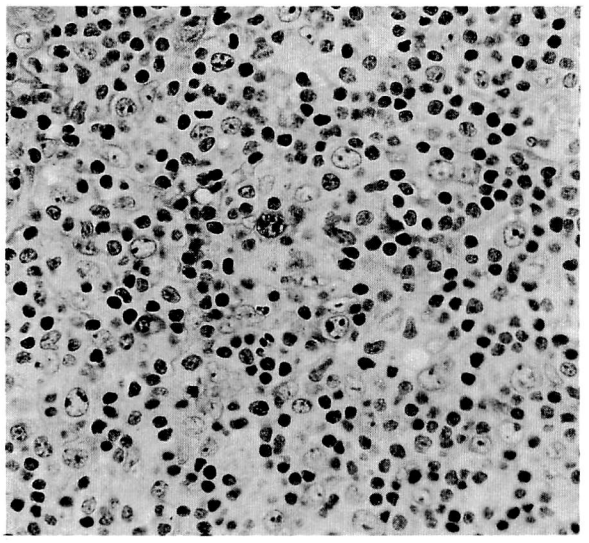

Fig. 2.

Discussion

Sioutos et al reported 4 cases of primary cutaneous Hodgkin's disease[1], presenting skin lesions as papules or nodules. Giant cells in these cases were positive both for CD15 and CD30. In our case, there were not any typical R-S cells by histological or immunological examination. EBV was negative, which detected in giant cells about 50% of Hodgkin's disease in our laboratory using EBER-1 in situ hybridization. Giant cells were negative for S-100 and CD21, so dendritic origin was denied. Such atypical Hodgkin like giant cells were reported in some ATL cases[2], but ATLA was negative. In the third biopsy, L26 positive atypical large cells are scattered(Fig. 2) and B cell lymphoma was suspected but no monoclonarety revealed by immunohistochemical or gene ananlysis. Localized recurrence occurred twice but we have not been seen any more recurrence for 3 years without therapy except excisional biopsy. So it seems benign lesion. Epidermis was intact but clinical course resembles to that of lymphomatoid papulosis, in which lymphoma arises after 5 or more years. Long time follow up is necessary in this case.

Key words: Pseudolymphoma, skin, Hodgkin's disease

References

1) Sioutos N, Kerl H, Murphy SB and Kadin ME. Primary cutaneous Hodgkin's disease Am. J. Dermatopathol. 1994, 16 (1) : 2 - 8
2) Kamihira S, Sohda H, Atogami S et al. Unusual morphological features of adult T-cell leukemia cells with aberrant immunophenotype. Leuk Lymphoma. 1993 12 : 123-130