Castelmanova bolest koja se pokazala kao tumorska parakardijalna tvorba

Castelman's disease presenting as tumorous paracardial formation

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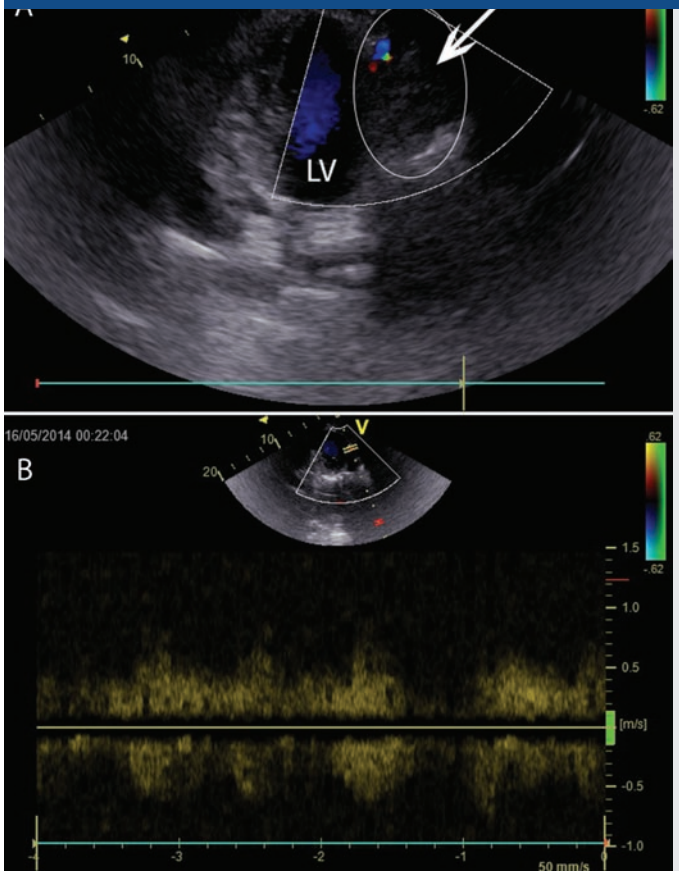
UVOD: Castelmanova bolest je rijetka limfoproliferativna bolest benignog tijeka. Klinički se manifesira kao lokalizirana i multicentrična.

PRIKAZ SLUČAJA: Prikazujemo slučaj od ranije zdrave 24-godišnje žene koja se javila na Hitni kirurški prijam Kliničkog bolničkog centra Split zbog protrahiranih bolova u leđima koji su nastali dva dana ranije kada je doživjela prometnu nezgodu. U sklopu dijagnostičke obrade urađena je rendgenska snimka torakalnih organa kojom se postavi sumnja na tumorsku tvorbu prednjeg medijastinuma. Žurna obrada se nadopuni MSCT-om prsišta i transtorakalnom ehokardiografijom koje su ukazale na postojanje moguće pseudoaneurizme lijeve klijetke (**slika 1**). Daljnjim dijagnostičkim postupcima (MSCT angiografija) odbaci se

INTRODUCTION: Castelman's disease is a rare benign lymphoprolipherative disease. Clinically it can manifest as unicentric or multicentric.

CASE REPORT: We present a clinical case of previously healthy 24-years-old woman that was observed at surgical emergency unit at University Hospital Split because of back pain that occurred 2 days earlier when she suffered a traffic accident. A chest radiograph was performed. It showed a suspect tumorous mass localized in anterior mediastinum. Urgent investigation was further extended by MSCT of the thorax and by transthoracic echocardiography that raised suspicion for existence of left ventricle pseudoaneurysm (**Figure 1**). The patient was hospitalized at the Department of Cardiology. Using a MSCT angiogra-

FIGURE 1.



Transthoracic echocardiography image showing paracardial tumour mass (within ellipse, marked by arrow) adjacent to left ventricle (LV) (Panel A). The tumor was well vascularized, pulsed Doppler flow-line spectrum indicating low resistance flow (Panel B).

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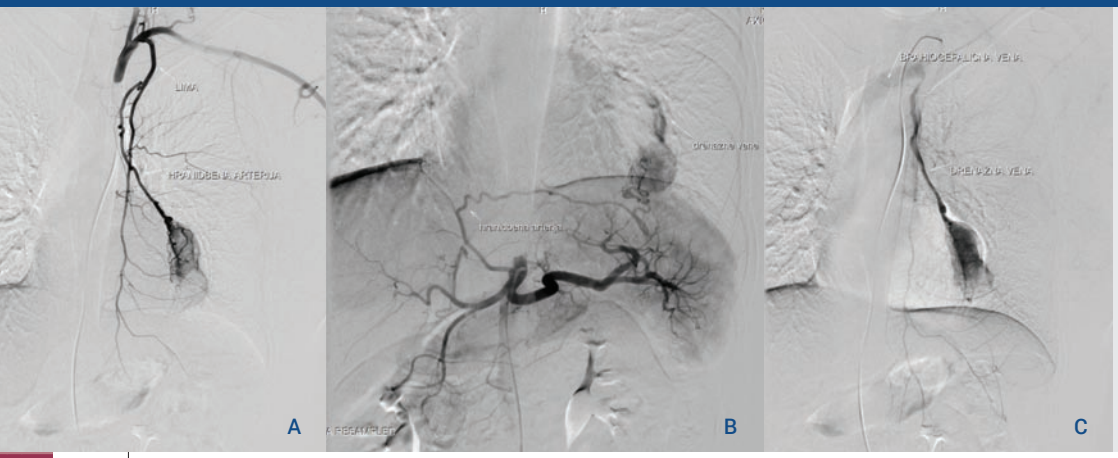
dijagnoza pseudoaneurizme, već se opiše dobro vaskularizirana, nepravilna, ekspanzivna tumorska tvorba lokalizirana uz lijevi ventrikul veličine 3x6,3 cm. Diferencijalno dijagnostički opisana tvorba mogla bi odgovarati hemangiomu. Slikovna obrada se nadopuni digitalnom supstrakcijskom angiografijom (DSA) kojom se utvrdi izrazito dobra vaskularizacija opisane tvorbe (**slika 2**). Magnetnom rezonancijom srca tvroba se prikaže kao solidna, glatkih kontura, dobro imbibirana i vaskularizirana, bez znakova invazije miokarda i/ili perikarda (**slika 3**). Odlukom kardiolooko-kardiokirurškog konzilija donese se odluka o operacijskom zahvatu ekscizije tvorbe pod radnom dijagnozom hemangioma. Uradi se uspješan zahvat koji prolazi bez komplikacija. Patohistološkom analizom utvrdi se da se radi o tkivu limfnog čvora s karakterističnim promjena koje bi odgovarale hijalino-vaskularnom tipu Castelmanove bolesti. Na daljnim kontrolnim pregledima bolesnica je bez ikakvih subjektivnih tegoba, te bez znakova relapsa bolesti.

ZAKLJUČAK: Castelmanova bolest je rijedak entitet te najveći broj publiciranih opisa slučajeva navodi lokalizaciju tvrobe u medijastinumu, međutim, do sada nije opisan slučaj parakardijalne lokalizacije.

phy the mass was characterized as well vascularized, irregular, expansive tumor localized adjacent to left ventricle measuring 3x6.3 cm. The diagnosis of left ventricle pseudoaneurysm was excluded and the mass resembled properties of haemangioma. Imaging analysis was extended by digital subtraction angiography (DSA) that also showed exceptional vascularization of the tumor (**Figure 2**). By using magnetic resonance imaging the neoplasm was shown as solid mass with smooth contours, very well imbibed and vascularized without signs of myocardial or pericardial invasion. The early diagnosis of haemangioma was established and the cardiologic-cardiosurgery team made a decision to perform excision of the tumor. The operation was performed successfully and without further complications. Histopathological analysis of the tumor showed the lymph node tissue that had characteristic features for hyaline-vascular type of Castelmanís disease. Currently the patient undergoes regular medical check-ups and she is without any symptoms and signs of relapse of the disease.

CONCLUSIONS: Castelmanís disease is a very rare entity for which mediastinal localization has been presented in the majority of published cases. However, paracardial localization has not been described previously.

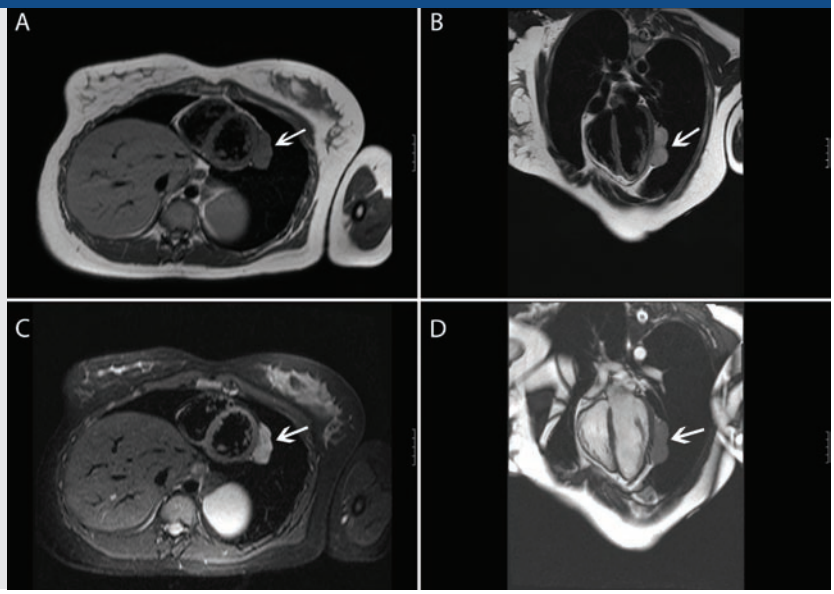
FIGURE 2.



Digital subtraction angiography showing vascularization of the tumor. Cranial portion of the tumor was irrigated from left internal thoracic artery (LIMA), corresponding feeding artery indicated by the arrow (Panel A). Caudal portion received arterial supply from coeliac trunk (Panel B). Venous branches were part of left brachiocephalic trunk basin (Panel C).

FIGURE 3.

Magnetic resonance imaging of the heart and paracardial tumors mass (indicated by the arrow). Panel A showing T1 weighted sequence, panel B T2 weighted sequence, panel C turbo inversion recovery magnitude (TIRM) sequence, and panel D true fast imaging with steady state free precession (TRUFI) sequence.



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