Itching for a Diagnosis

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INTRODUCTION

There are several techniques for obtaining an accurate tissue diagnosis. However in certain disease processes, less invasive testing methods can often lead to a significant delay in diagnosis. Such delays can place the patient at a higher risk for developing serious complications.

CASE DESCRIPTION

A 34-year-old woman presented to clinic with an initial complaint of pruritic feet. Examination revealed mild plantar erythema associated with excoriations and was given topical antifungals. Two weeks later, she returned with ongoing pruritis and a new, nontender neck mass consistent with an enlarged cervical node confirmed by ultrasound. Other enlarged nodes were also demonstrated throughout the cervical chain bilaterally. Upon further questioning, she had noted over a 30-pound weight loss over the last eight weeks. She was referred to ENT for fine needle aspiration which illustrated several necrotic cells and was nondiagnostic prompting a referral for excisional biopsy. However, she developed acute dyspnea with stridor and went to the ER where CT of the neck showed bilateral lymphadenopathy with tracheal deviation.

She was transferred to Sacred Heart Medical Center for concern of imminent airway compromise. She was started on steroids and had an excisional biopsy. Tissue sampling was diagnostic for classical Hodgkin's lymphoma. She had complete resolution of her respiratory symptoms after starting appropriate inpatient chemotherapy. Her pruritis also improved as she continued treatment of her underlying malignancy.

RESULTS

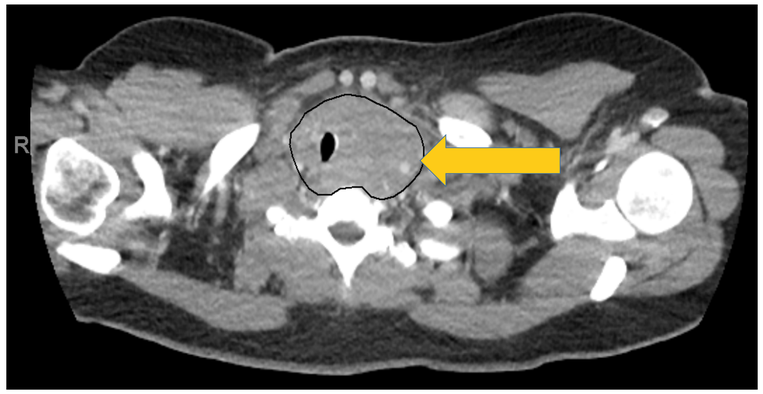

Figure 1: CT soft tissue neck demonstrating a soft tissue mass encasing the trachea with accompanied rightward deviation.

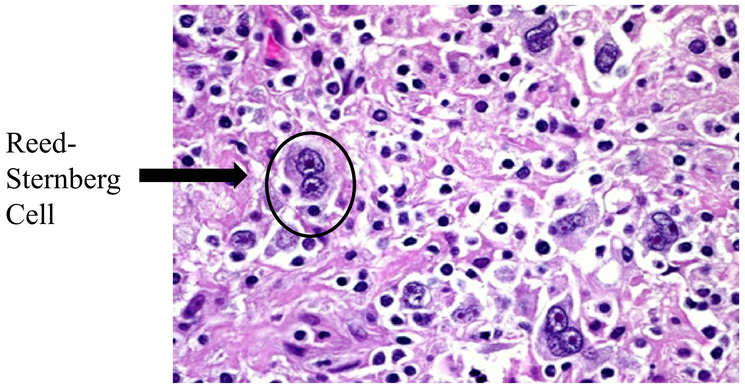

Figure 2: Excision lymph node biopsy demonstrating Reed-Sternberg Cells.

DISCUSSION

Lymphadenopathy, constitutional symptoms and pruritis are often recognized to have begun weeks to months prior to workup instigation. Hodgkin's lymphoma is subdivided into classical and nodular lymphocyte-predominant (NLPHL). Classical Hodgkin's lymphoma represents the majority of cases and behaves as an aggressive neoplasm compared to the more indolent NLPHL.

CONCLUSION

This case illustrates the importance of early excisional biopsy for diagnosis of lymphoma prior to development of complications due to advanced disease. Although fine needle biopsy may seem less invasive, it can delay diagnosis of lymphomas due to the common pathogenesis of the disease causing central lymph node necrosis. Excisional biopsy is the preferred form of tissue biopsy because it provides abundant material for microscopic evaluation, specialized testing and histological subtyping necessary to provide appropriate treatment.

The diagnosis of HL is often delayed due to vague presenting symptoms and a common tendency towards less invasive testing. One should pursue an excisional biopsy rather than fine needle in patients in patients with systemic symptoms such as pruritis and lymphadenopathy.

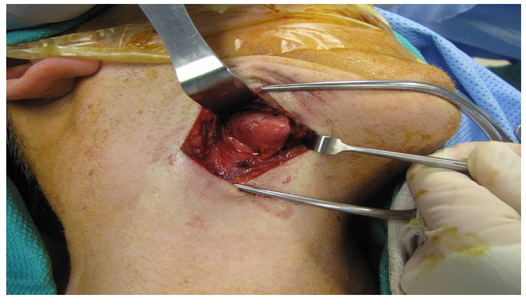

Figure 3: Surgical excision of a cervical chain lymph node.

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