INTERNATIONAL SEVEN JOURNAL
OF HEALTH RESEARCH
ISSN: 2764-9415

Castleman's disease: A case report

Doença de Castleman: Um relato de caso

DOI: 10.56238/isevjhv3n1-016
Receipt of originals: 16/01/2024
Publication acceptance: 06/02/2024

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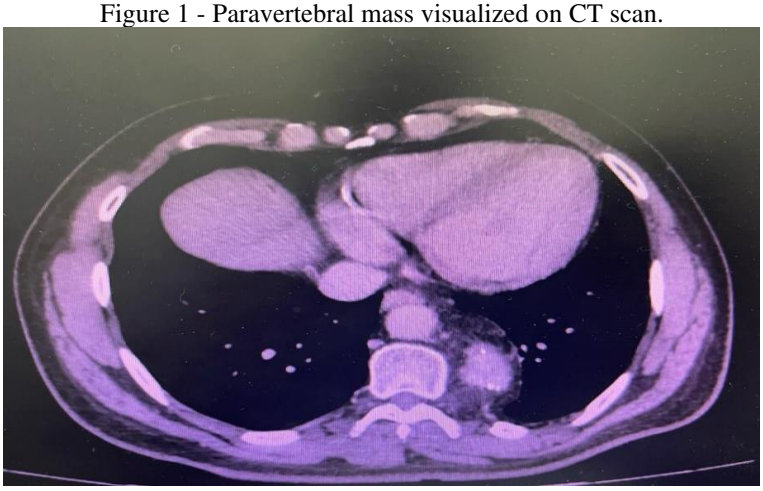
ABSTRACT

Case presentation: A 59-year-old asymptomatic male patient was admitted to the service for treatment of diffuse B-cell non-Hodgkin's lymphoma.

Figure 1 - Paravertebral mass visualized on CT scan.



During the evaluation, with PETCT, a mass was found located in the left paravertebral region, extending to the level of T8 and T11, measuring about 9.7 x 7 x 3.5 cm with predominant fat density, containing, within it, a nodular area with soft tissue density and intermediate calcifications measuring 4.4 x 3.6 x 2.7 cm. In view of the situation, it was decided to perform thymectomy for resection of Castleman's tumor.

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Figure 2 - Mediastinal mass being dissected by videolaparoscopy.

Figure 3 – Intraoperative view showing tumor mass adhered to the thoracic aorta.

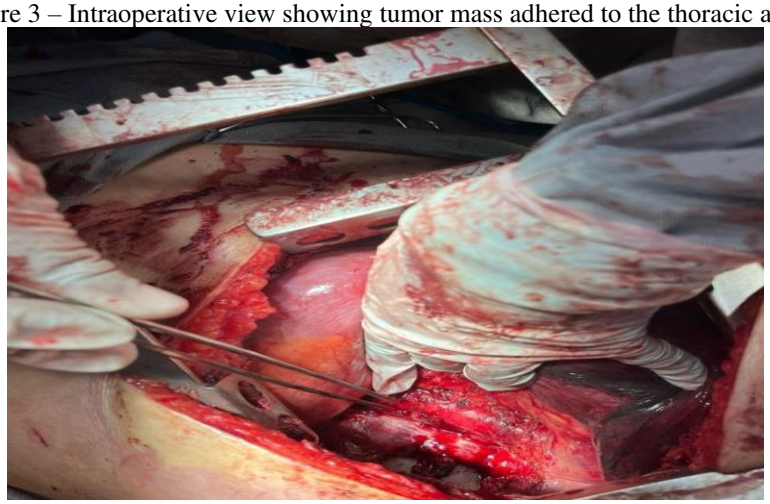
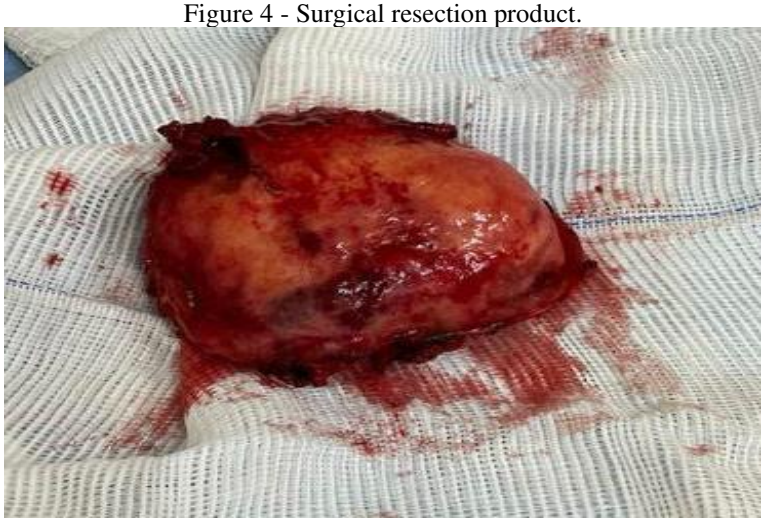


Figure 4 - Surgical resection product.



Castleman's disease (CD) was first described by Benjamin Castleman in 1950 as a disease characterized by the proliferation of mediastinal lymph nodes. It was possible to observe the occurrence of lymphoproliferative disorders that manifest histologically with angiofollicular lymph node hyperplasia with capillary proliferation, follicle hyperplasia, and cellular infiltration of plasma cells.

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In addition, based on its microscopic characteristics, it was possible to classify it according to its histology and three subgroups: vascular hyaline, plasma cells, and mixed or intermediate. In 1980, a new classification was established, now divided into unicentric CD (UCD), where the disease is reversible, and multicentric CD (MCD), which is characterized by systemic, progressive and potentially fatal involvement.
Other studies have also shown that, although it is a lymphoproliferative disorder, it is not characterized as a neoplasm, but is a risk factor for it, such as non-Hodgkin's lymphomas (NHL) and Hodgkin's lymphoma (HL). In addition, there is a strong association between NHL and CD, where 15 to 20% of patients with CD develop NHL, with the diffuse type of large B cells being the most common.

Keywords: Castleman, Thymectomy, Lymphomas.

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