

Mesenteric Castleman's disease

Mezenterik Castleman hastalığı

To the Editor,

Castleman's disease (CD) is enumerated among lymphoproliferative disorders by enlarged lymph nodes (1). The disease is generally localized in the mediastinum. The abdomen is very rarely affected, especially the mesentery (1). Hyaline-vascular type CD is usually localized in the mediastinum, and the description of hyaline-vascular type CD in the abdomen in the literature is generally limited to case reports (2,3). Furthermore, only a few cases have been reported in the literature to date as localized in the mesentery (4,5). Therefore, we wish to discuss herein an asymptomatic case of hyaline-vascular type CD localized to the mesentery, along with a review of the literature.

A 20-year-old man presented because of non-specific abdominal discomfort. He presented a good general status and his vital signs were normal. On routine physical examination, there was a 6 cm mobile mass in the left hypochondrium, and no tenderness on the abdomen. On ultrasound examination, a hypoechoic solid mass was discovered, 65x43 cm in diameter, which showed the distinct vascular pattern on color Doppler sonography. A contrast-enhanced abdominal computed tomography (CT) demonstrated a 6x5x4 cm, well-defined round, solid mass, between the small bowel mesentery, in the mid-abdominal cavity. Routine laboratory investigations were normal. The patient was referred for surgical evaluation by laparotomy. The mass was excised totally. Grossly, the mass was round, well-circumscribed and encapsulated, measuring 6x5 cm. The cut surface was yellow purple and had a rubbery appearance (Figure 1). There were well-circumscribed follicles that contained germinal centers of marked vascular proliferation with hyalinization, and a marked expansion of mantle zones (Figure 2). Histopathological examination of the mass was compatible with hyaline vascular type CD. His postoperative clinical course was uneventful, and he has been free of disease for two years since surgery.



Figure 1. The cut surface was yellow purple and had a rubbery appearance.

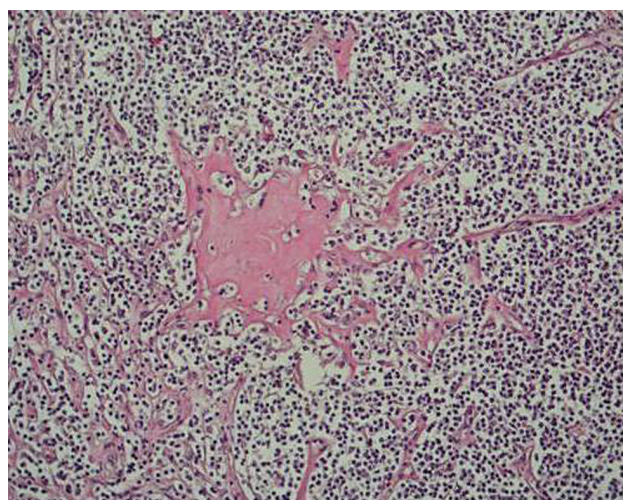


Figure 2. There were well-circumscribed follicles that contained germinal centers of marked vascular proliferation with hyalinization, and a marked expansion of mantle zones.

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Although its etiology has not been completely understood, several etiologic theories have been proposed, such as a chronic inflammatory reaction against an unknown antigen or a defect in immunoregulation resulting in an excessive proliferation of B lymphocytes and plasma cells in lymphoid organs (1,3).

Histologically, lesions of CD are divided into three types, as hyaline-vascular, plasma-cell and mixed. The most common is the hyaline-vascular type (accounting for 85%-90% of cases), and it is found in localized form in 90% of cases, but rarely in multicentric form. This type of CD predominates in the mediastinum and is very rare in the mesentery (1,6,7). Ultrasonography, CT and magnetic resonance imaging (MRI) have been proven to be helpful in diagnosing CD (3,4).

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Abdominal tuberculosis mimicking gastric submucosal tumor

Midenin submukozal tümörünü taklit eden abdominal tüberküloz

To the Editor,

A 40-year-old man complaining of upper abdominal pain had been referred to us for a suspected

gastric tumor. The computed tomography of the abdomen revealed a 5x4 cm mass arising from the

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