Presenter: Chathuri Weerasinghe

Email: chathuriw589@gmail.com

Complete Author List: Dr. W M C L Weerasinghe, Prof. S T Kudagammana, Prof. A H H M Jayaweera, Dr.

H C M Hettiarachchi, Dr. K V C K Dharmadasa

Title: Unicentric-mesenteric Castleman disease in a child: an unusual presentation

## Abstract:

## INTRODUCTION

Castleman disease(CD) is a rare non-malignant lymphoproliferative disorder. It is rarely seen in children. Two subtypes include unicentric Castleman disease(UCD) and multicentric Castleman disease(MCD). The etiology is multifactorial. Histological subtypes are hyaline vascular (80%–90%), plasma cell (10%), and mixed (2%). CD commonly occurs in the mediastinum (70%) and rarely in the mesentery. UCD is best managed surgically whereas, MCD requires surgery and chemo-radiotherapy. There are few reported cases of childhood UCD but none in Sri Lanka.

## **CASE REPORT**

A 12-year-old previously well boy presented with generalized abdominal pain, dyspeptic symptoms, weight loss, and anorexia for one month. He was pale, had angular stomatitis, and had a palpable mass in the left hypochondrium. On investigation, the ESR was 62mm in the first hour and CRP was 84mg/L. Blood picture and iron studies suggested iron deficiency anemia (Hb 7.5 g/dl) with negative HIV and HHV8 antibodies. An ultrasound scan of the abdomen showed a highly vascular hypoechoic mass. Contrast-enhanced computed tomography of the abdomen demonstrated a well- defined mass anterior to the left renal hilum (4cm x 3cm x 2.5cm) arising from the root of the small intestinal mesentery. He underwent surgical removal of the mass, and the postoperative period was uneventful. Histology showed a significantly enlarged lymph node with regressive follicles and concentric onion skin appearance to the mantle zone suggestive of hyaline vascular Castleman disease. No atypical cells were seen. Immunohistochemistry studies confirmed the reactive nature of the follicles.

## **DISCUSSION**

Our patient presented with unicentric-hyaline vascular Castleman disease at the root of the small intestine mesentery, which is rarely involved. It demonstrates a good prognosis following complete surgical resection. UCD needs further follow-up due to the increased risk of lymphoma, a rare possibility of recurrence and to monitor the anemia.