CASE REPORT: CHILDHOOD LANGERHANS CELL HISTIOCYTOSIS OF THE CLAVICLE AND HUMERUS

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Sree. RL; Mohd Asihin MA; Mohd Hijaz BZ; Low CA; Darshan K; Shangeetha T; Velman SJ; Nur Rahimah AR
[1]
1. Orthopedic Department, Hospital Shah Alam,Shah Alam Selangor

INTRODUCTION:

Langerhans Cell Histiocytosis (LCH), is a neoplasm characterized by abnormal proliferation of histiocytic cells. We present a case of a rare LCH of the upper limb in a 2 years old girl.

REPORT:

A 2 years old girl, was referred from a primary care center for a left clavicle and left arm swelling. The swelling progressively increasing in size with reduced range of motion of left upper limb. Upon examination of the left clavicle and arm revealed a hard fixed mass over midshaft of clavicle with irregular border was seen. Plain radiograph of left clavicle and left humerus shows osteolytic lesion. MRI revealed an irregular expansile bony lesion occupying the diaphysis of the left humerus and clavicle. There is a solid enhancing periosteal reaction seen along the left humerus. Histopathological examination from the excision biopsy revealed dense aggregates of lymphocytes admixed with eosinophils and plasma cell seen within fibrotic tissue suggestive of Langerhans cell Histiocytosis. Child was subsequently referred to pediatric oncology for further management.

DISCUSSION:

The radiographic features of LCH within a long bone is a lytic, medullary based, metaphyseal, or diaphyseal lesion, with or without periosteal reaction[1]. Various forms of treatment for a solitary lytic lesion affecting a long bone have been attempted. The therapeutic modalities include observation for spontaneous resolution, biopsy, curettage with or without bone grafting, local steroid injection, anti-inflammatory drugs, bisphosphonates, radiotherapy, chemotherapy, and immunotherapy [3].

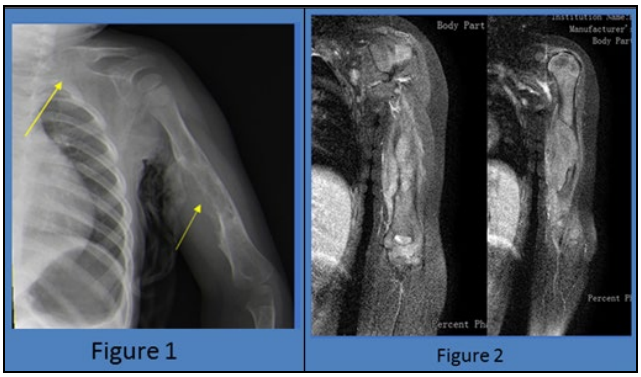

Figure 1 : Plain radiograph images of the left clavicle and left humerus with osteolytic lesion as shown by the yellow arrows. Figure 2: MRI images showing irregular expansile bony lesion occupying the diaphysis of the left humerus

CONCLUSION:

Systemic therapy is indicated for patient LCH as well as for special localizations. The prognosis varies to the response to chemotherapy. In unifocal LCH involving bone has good prognosis.[3]

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