

# Sadece Plevral Efüzyon ile Kendini Gösteren Lenfoma Olgusu

## Lymphoma Presented with Only Pleural Effusion

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### ÖZET

Ekstranodal lenfomalar tüm lenfoma hastalarının %3 ile %5'ini oluşturmaktadır. Lenfomanın organ tutulumu böbrekler, mediasten, perikard, özofagus, rektosigmoid ve psoas gibi çeşitli anatomik lokalizasyonlarda tariflenmiştir. Yazımızda, toraks bilgisayarlı tomografisinde plevral efüzyon ve kalınlaşma ile kendini gösteren plevral lenfoma olgusunu sunmaktayız.

**Anahtar Kelimeler:** plevral efüzyon, lenfoma

### ABSTRACT

Extranodal lymphomas comprise only 3% - 5% of all lymphomas. Organ envelopment by lymphoma has been described in a variety of anatomical locations including the kidneys, mediastinum, pericardium, oesophagus, rektosigmoid and psoas. We report a case of lymphoma of the pleura with pleural effusion and thickening apparent on chest computed tomography.

**Key Words:** pleural effusion, lymphoma

### INTRODUCTION

Extranodal lymphomas comprise only 3% - 5% of all lymphomas. Organ envelopment by lymphoma has been described in a variety of anatomical locations including the kidneys, mediastinum, pericardium, oesophagus, rektosigmoid and psoas. Malignant lymphomas arising in MALT remain localized until late in their natural history and thus carry a better prognosis than lymphomas arising in lymph node tissue of similar stage(1,2).

### CASE

A 75-year-old woman admitted to the clinic with symptoms of cough and sputum for 2 weeks. With auscultation of the thoracic sides, bronchial sounds were less at the right hemithorax. On her other physical examination there was no markable pathology. A full blood count revealed in normal ranges with; hemoglobin; 11,5g/dl, white blood cell count; 7000/mm<sup>3</sup>, platelets; 251000/mm<sup>3</sup>. There was bronchitis and benign ovary cyst excision for two times in her previous medical history. There was no relevant family history. Her chest radiograph showed pleural effusion on the right side (Figure 1). Thorax

computed tomography showed bilateral pleural thickening and loculated pleural effusions adjacent to pericard anteriorly and vertebral column posteriorly and also atelectasis at related parenchymal sides because of the fluid compression (Figure 2,3). Abdominal examination was normal radiologically. Her bronchoscopic evaluation revealed no pathology. Pleural fluid has exuda characteristics but microbiologic and cytologic results were not diagnostic. Video assisted thoracoscopic surgery (VATS) was performed to the patient for diagnosis. Plaques were excised from posterior pleura and frozen-section examination was revealed chronic fibrinous pleuritis. Final pathology was lymphositic or marginal zone lymphoma. The patient was referred to hematology clinic for chemotherapy. She is well treated without any symptoms on her 24 months follow-up.

### DISCUSSION

Intrathoracic non-Hodgkin's lymphoma usually presents with roentgenographic evidence of mediastinal lymph node enlargement, pulmonary masses, pleural effusion, and a clinical picture of a systemic disease with

lympadenopathy. Pleural disease associated with non-Hodgkin's lymphoma is described with pleural effusion, solid pleural involvement and plaques. But the presentation of non-Hodgkin's lymphoma with pleural effusion as the major roentgenographic abnormality and no clinical peripheral lymphadenopathy or organomegaly is unusual(1,2).

Surgical intervention, whether by thoracotomy or video assisted thoracoscopic surgery, is required for diagnosis in the majority of patients seen with primary pulmonary lymphoma(1). Recently VATS is using widely for solid or cystic mediastinal, pleural or pulmonary, pericardial or timic lesions with the aim of diagnosis and treatment. Although it is not cost effective for operation and must be performed in experienced hands, it has cosmetically advantage with also shorter drainage time and hospitalisation, less postoperative pain and analgesia gaining, returning early to the job. So it has a cost-effectivity in total hospitalisation (4.6).

Presentation of a lymphoma as pleural encasement is an unusual feature of this case. Pleural disease associated with non-Hodgkin's lymphoma is well described, most common manifestation being a pleural effusion. Surgical intervention, whether by thoracotomy or VATS, is required for diagnosis in the majority of patients.

#### REFERENCES

- 1) Çelikoğlu F, Teirstein AS, Krellenstein DJ, Strauchen JA.: Pleural effusion in Non-Hodgkin's Lymphoma. Chest 1992;101:1357-1360.
- 2) Parnell AP.: Case report: Non-Hodgkin's lymphoma presenting as an encasing pleural mass. The British Journal of Radiology 1995;68:926-927.
- 3) Ferraro P, Trastek VF, Adlaka H, Deschamps C, Allen MS, Pairolero PC.: Primary Non-Hodgkin's Lymphoma of the Lung. Ann Thorac Surg 2000;69:993-997.
- 4) Mouroux J, Venissac N, Leo F, Guillot F, Padovani B, Hofman P.: Usual and unusual locations of intrathoracic mesotelial cysts. Is endoscopic resection always possible? Eur J Cardio Thorac Surg 2003;24:684-688.
- 5) Hazelrig SR, Landreneau RJ, Mack MJ, Acuff TE.: Thoracoscopic resection of mediastinal cysts. Ann Thorac Surg 1993;56:659-660.
- 6) Iwasaki A, Hiratsuka M, Kawahara K, Shirakusa T.: New Technique for the Cystic Mediastinal Tumor by Video-Assisted Thoracoscopy. Ann Thorac Surg 2001;72: 632-633.



Figure 1. Chest radiograph of the patient

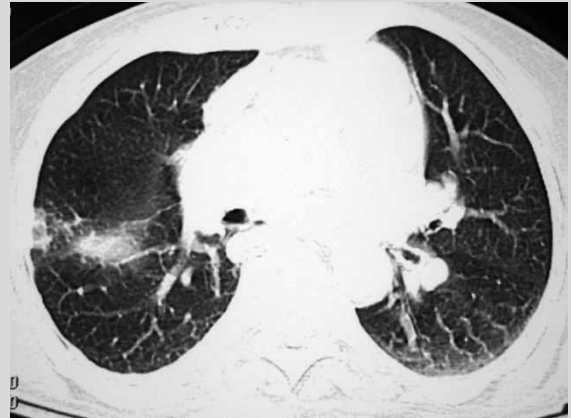


Figure 2. Thorax CT of the parenchyma



Figure 3. Thorax CT of the mediastinum