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Rosai-Dorfman Disease in Cervical Lymph Nodes: The Challenges of Diagnosis in a Resource Limited Setting and Use of Immunohistochemistry in the Diagnosis

Maladie de Rosai-Dorfman dans les Ganglions Lymphatiques Cervicaux: Les Défis du Diagnostic dans un Contexte de Ressources Limitées et L'utilisation de L'immunohistochimie en le Diagnostic

G. O. Ogun*†, B. L. Awosusi†, A. A. Oladeji‡

ABSTRACT

We report a case of Rosai-Dorfman disease in a 28-year-old Nigerian woman with a 7-year history of painless prominent bilateral neck swelling which waxed and waned over the years. She had two misdiagnosis hence appropriate therapy was not initiated over the years. She was eventually referred for independent opinion and was diagnosed correctly with review of the histology sections and with the use of CD45, S100, CD 68, CD 15, CD 20, synaptophysin and AE1/AE3 immunohistochemistry markers.

Classic features on Haematoxylin and eosin stained sections and positivity of the lesional cells for S100 and CD68 were diagnostic of Rosai-Dorfman disease. She was subsequently placed on oral steroids with minimal objective reduction in the neck circumference from 57 to 46 cm.

After two months, she was managed with three courses of chemotherapy (cyclophosphamide, doxorubicin hydrochloride, vincristine and prednisolone) which resulted to a significant sustained reduction in her neck circumference to 36 cm. She has been on follow up for about a year without a recurrence. *WAJM 2021; 38(3): 282–286.*

Keywords: Rosai-Dorfman disease, Immunohistochemistry, Cervical lymph nodes, Chemotherapy, misdiagnosis.

ABSTRAIT

Nous rapportons un cas de maladie de Rosai-Dorfman chez une femme nigériane de 28 ans avec des antécédents de 7 ans de gonflement bilatéral indolore du cou qui a augmenté et diminué au fil des ans.

Elle a eu deux erreurs de diagnostic et une thérapie appropriée n'a donc pas été initiée au fil des ans. Elle a finalement été référée pour opinion indépendante et a été diagnostiquée correctement avec la revue des coupes histologiques et avec l'utilisation des marqueurs immunohistochimiques CD45, S100, CD 68, CD 15, CD 20, synaptophysine et AE1 / AE3.

Les caractéristiques classiques des coupes colorées à l'hématoxyline et à l'éosine et la positivité des cellules lésionnelles pour S100 et CD68 étaient diagnostic de la maladie de Rosai-Dorfman. Elle a ensuite été placée sous stéroïdes oraux avec une réduction objective minimale de la tour de cou de 57 à 46 cm.

Après deux mois, elle a été prise en charge par trois cours de chimiothérapie (cyclophosphamide, chlorhydrate de doxorubicine, vincristine et prednisolone) qui ont entraîné une réduction significative et soutenue de la circonférence de son cou à 36 cm. Elle fait un suivi depuis environ un an sans récurrence. *WAJM 2021; 38(3): 282–286.*

Mots clés: Maladie de Rosai-Dorfman, immunohistochimie, ganglions lymphatiques cervicaux, chimiothérapie, diagnostic erroné