Multifocal Langerhans Cell Histiocytosis in an Adult

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Key words: eosinophilic granuloma, bone involvement, pituitary involvement, diagnostic imaging

(Intern Med 51: 119-120, 2012)

(DOI: 10.2169/internalmedicine.51.6630)

Picture 1.

Picture 2.

Picture 3.

Picture 4.

A 30-year-old man visited our hospital complaining of the left lower jaw swelling. The past history of cranial bone disease and thoracic vertebra lesion led to the diagnosis of Langerhans cell histiocytosis (LCH) 8 years previously. A head computed tomography (CT) showed a bone lesion in the left ramus of the mandible spreading into the adjacent masseter and temporal muscle (Picture 1). A chest CT demonstrated multiple cystic structures predominant in the upper lobes (Picture 2). Bone scintigraphic study identified uptake of ^{99m}Tc-methylene diphosphonate in the left mandible, left rib 7, thoracic vertebra, and ilium, etc (Picture 3). Magnetic

resonance imaging showed the absence of the normal posterior pituitary bright spot (Picture 4). He was treated with prednisolone; however, the clinical course was unfavorable. He is now undergoing chemotherapy (vinblastine-

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Received for publication September 27, 2011; Accepted for publication October 11, 2011

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prednisolone-6-mercaptopurine) (1). LCH in adults is extremely rare (1) and multifocal LCH is reported to have an unfavorable prognosis (2).

The authors state that they have no Conflict of Interest (COI).

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