Multifocal Langerhans Cell Histiocytosis in an Adult

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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 99mTc-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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prednisolone-6-mercaptopurine) (1). LCH in adults is extremely rare (1) and multifocal LCH is reported to have an unfavorable prognosis (2).

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References
