[PICTURES IN CLINICAL MEDICINE]

Malignant Lymphoma Mimicking Retroperitoneal Fibrosis

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Picture 1.

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Picture 2.

A 69-year-old man presented with a complaint of abdominal discomfort. The findings of computed tomography mimicked the features of retroperitoneal fibrosis: a soft tissue mass surrounding the inferior vena cava, bilateral renal pelvises and mesenterium with no evidence of lymphadenopathy (Picture A-a and b). Although the serum levels of LDH and IgG4 were normal, the serum soluble interleukin-2 receptor level was elevated (1,580 U/mL). A histopathological examination of the resected mesenteric specimens revealed chronic inflammation with prominent fibrosis (Picture B-a), preserved lymphoid follicles with reticular formation of CD21⁺ follicular dendritic cells (Picture B-b), and no evidence of obliterative phlebitis. An examination under high-power magnification showed the proliferation of CD20⁺, CD10⁺ and bcl-2⁺ medium-sized atypical lymphocytes (Picture B-c to f). The patient was diagnosed with the sclerosing variant of grade 1 follicular lymphoma (FL) without bone marrow infiltration and showed complete remission following chemotherapy. The sclerosing variant of FL accounts for 74% of retroperitoneal non-Hodgkin lymphoma cases (1).

However, malignant lymphoma presenting as retroperitoneal fibrosis in the absence of lymphadenopathy is rare (2).

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

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