

Images in Clinical Oncology

PRIMARY NON HODGKIN'S LYMPHOMA OF STERNUM



fig-1a T1W Sagittal MR showing isointense soft tissue mass arising from the sternum

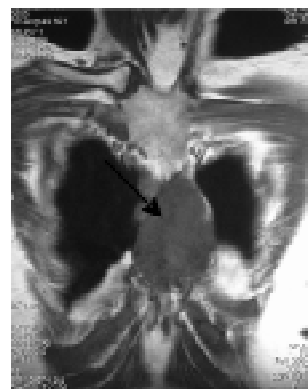


fig-1b T1W coronal MRI showing same soft tissue mass

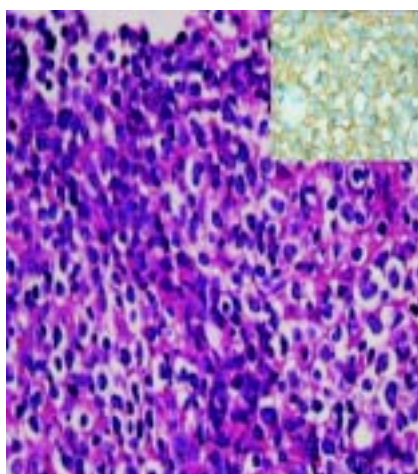


fig-2 Biopsy showing Non Hodgkin's Lymphoma diffuse large cell type (H&E 40x) with CD20 immunostaining showing membrane positivity (inset)

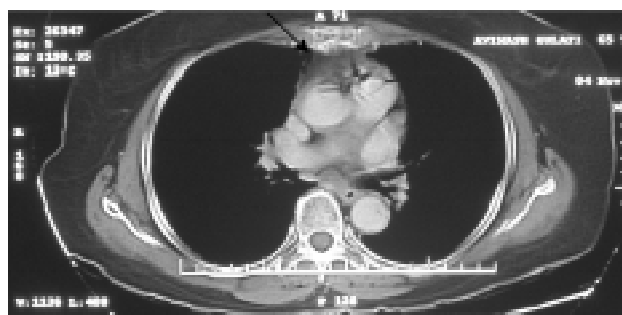


fig 3 Axial CAT Scan mediastinal window complete resolution of mass (post treatment)

A 61 years old lady presented in august 2004 with history of chest pain-3 months and sternal swelling of 2 months duration. Examination revealed prominence of lower sternum with mild tenderness in lower sternum and 2nd to 4th ribs. MRI revealed soft tissue mass arising from the body of the sternum (fig 1). 99mTc MDP Bone scan showed intense uptake in mid and lower part of sternum. Trucut biopsy from the mass confirmed diagnosis of Non Hodgkin's Lymphoma -diffuse large B cell type (fig 2). Bone marrow was not involved. Serum LDH was 136 U/L. She received 4 cycles of CHOP chemotherapy. Post 4 cycles CAT scan showed complete resolution of soft tissue mass and mild sclerosis. Thereafter, she received involved field radiotherapy to sternum (45Gy /25# /5 weeks). Follow up CAT scan was normal(fig 3). She is presently in complete remission and on regular follow up.

Primary skeletal involvement in NHL is rare (3-5%). Spine and long bones are common sites. Treatment consists of multiagent chemotherapy and local radiotherapy. Prognosis is excellent.

Aarti Gupta, S P Kataria, Kamlesh Kumar*, S.Subramanian**

Department of Medical Oncology, Pathology*, Radiodiagnosis**

All India Institute of Medical Sciences New Delhi.