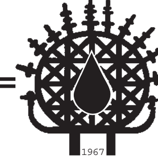
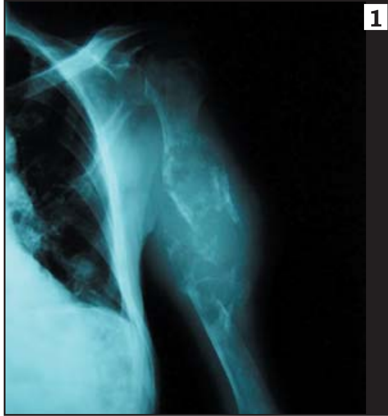
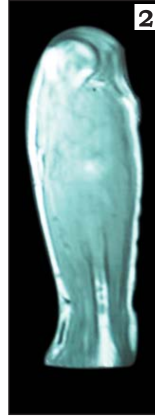
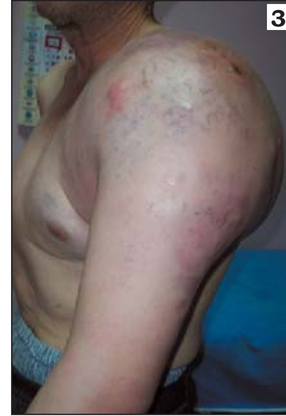
Images in Haematology

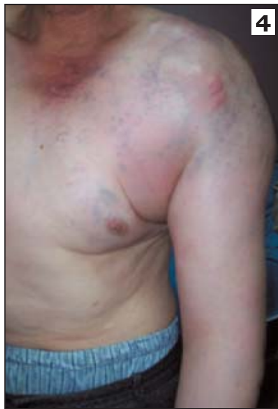
Edited by: Hamdi Akan M.D.

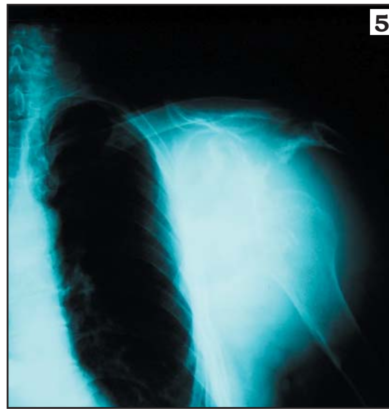












A 83 years old man was admitted to the hospital bacause of swelling and pain in the left arm which occurred 8 months ago. Direct X-ray showed a lytic lesion and a pathologic fracture in the left humerus (Image 1). Magnetic resonance imaging revealed a mass lesion causing cortical destruction and medullary infiltration, invazing adjacent fore arm muscles and surrounding major vessels (Image 2). Remaining physical examination was non-significant. Laboratory examination revealed WBC: 5800/mm^3, Hb: 12.1 g/dL, Htc: 34.9%, PLT: 317.000 and ESR: 8 mm/h, BUN: 33 mg/dL and LDH was 584 U/L. The biopsy from the mass lesion showed a CD20 (+) diffuse large B cell lymphoma. He recevied 375 mg/m^2 Rituximab and radiation therapy.

A 55 years old man was admitted with a progressive lesion on the left shoulder (Image 3,4). The mass was 10 x 15 cm in diameter and LDH was 793 U/L albumin was 3.4 g/dL and ESR was 36 mm/h left shoulder X-ray revealed a destructive lytic lesion in the distal clavicula (Image 5). Computed tomography showed a 15 x 22 cm mass destroying proximal humerus and scapula. Biopsy from the lesion revealed diffuse large B cell lymphoma. He received a course of CNOP chemotherapy and was lost to follow up for 5 months. At the second admission the mass was larger and destroyed 2/3 of the clavicula. He again received CNOP + Rituximab.

Presentation of lymphoma as a solitary lytic lesion is rare and often misdiagnosed clinically as multiple myeloma. Two such cases are presented here.

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