

Is It Always Pott Disease With Kyphotic Deformity

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INTRODUCTION:

Lymphomas rarely involve the vertebral column. The clinical manifestations of lymphoma can closely mimic tuberculous spondylitis¹. Lymphoma of bone is usually secondary to lymphoma of lymphoid tissue.

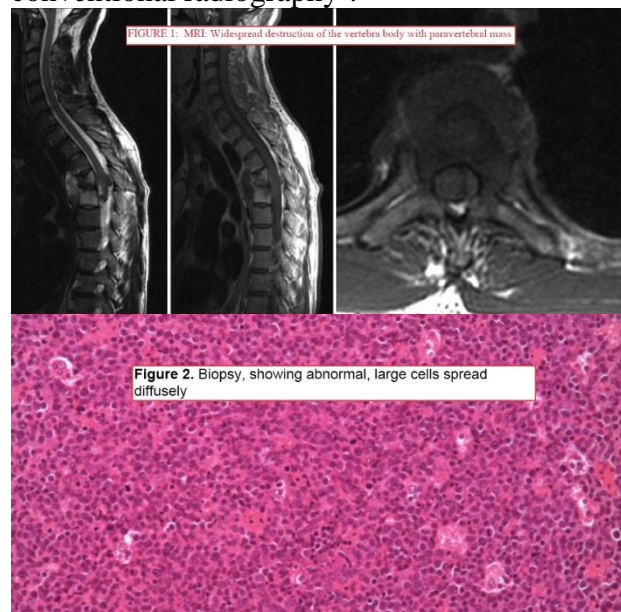
CASE REPORT:

A 20 year old presented with pain in tower back, continuous low grade fever and loss of appetite for four months. Clinical examination revealed “twist tenderness” at upper thoracic. Mantoux test was positive (15x10 mm). Radiograph of spine revealed destruction of the spine body with kyphotic and paravertebral shadow. The MRI scan revealed widespread destruction of the vertebra body and the underlying disc along with a paravertebral mass. Correlating the clinical, laboratory and radiological, a diagnosis of Pott’s spine was made and medication was started. However, the patient showed no improvement and, subsequently, developed features of upper motor neuron disease involving the lower trunk and both legs. Ct guided biosy specimen was obtained. Histopathological examination diagnosis was non-Hodgkin’s lymphoma (Histiocytic type) according to Rappaport’s classification was made. Patient was refer to Hematologist team for furthur managemnt after decompression and instrumentation was done.

DISCUSSION:

Primary malignant lymphoma of spine is a distinct clinicopathological entity. Lymphomas rarely involve the vertebral column, closely mimicking Pott’s spine when they do¹. Lymphoma of spine has a variable clinical presentation and patients present late in the course of the disease. Roentgenographically, a combination of bone production and bone destruction is seen involving a wide area³. Frequent occurrences of osteoporosis and bone destruction can make it difficult to differentiate lymphoma from Pott’s spine, the hallmark of

which is reduced disc space with osteoporosis. Histiocytic type of non-Hodgkin’s lymphoma is known to involve bone besides the lymphoid system but the involvement of vertebral column is rare³. Such lymphomas have a more pleomorphic origin than the large cell lymphomas of lymphoid origin and are less aggressive as compared to their lymphoid origin counterparts². Although bone is rarely involved in Hodgkin’s disease, the involvement of vertebral column is more common. The osseous lesions of Hodgkin’s disease are often asymptomatic and not easily detected by conventional radiography³.



CONCLUSIONS:

Thus, lymphomas of spine, although rare, cause considerable differential diagnostic difficulty from tuberculous spondylitis which is common in our country.

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