

SPINAL ROSAI DORFMAN DISEASE: A CASE REPORT

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INTRODUCTION:

Rosai-Dorfman disease (RDD) or sinus histiocytosis with massive lymphadenopathy may present as extra-nodal disease. We present a case who treated empirically as tuberculous lymphadenitis, whereas intra operative tissues histopathology examination confirmed spinal RDD.

CASE REPORT:

A 31 years old lady was empirically treated as tuberculous lymphadenitis after fine needle aspiration of lymph node showed granuloma but no acid fast bacilli seen. She presented to us with caudal equina syndrome for 4 days. MRI features suggested lower thoracic-lumbosacral epidural lesion with extension into presacral space, right erector spinae muscle and suspicious of osteomyelitis. Emergency skip laminectomy of T10 – T11 & L3 – S1 was performed. Histopathologic examination revealed histiocytes showed lymphocytophagocytosis and positive for CD68 and S100. All TB examinations were negative.

DISCUSSIONS:

RDD is a benign, self-limiting disease with nodal and also extra-nodal involvement. Despite variable in its clinical presentation and response to treatment but the prognosis is usually favourable. Spinal RDD is rare, Xu H et al revealed only 60 cases of isolated spinal RDD were reported from 1969 to 2016. Surgical decompression is beneficial. Our patient was first presented with cervical lymphadenopathy. Empirical TB therapy was started in view of high clinical suspicious. However histopathology examination of spinal sample suggested RDD. Meanwhile culture and molecular methods failed to detect Mycobacterium.

CONCLUSION:

Empirical antiTB treatment has been commonly practised in high prevalence area and it is acceptable. However effort should be made to rule out other causes. Spinal RDD although rare but it should be in the list of differential diagnoses.

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