

Accepted Manuscript

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Valeria Lami, Lorenzo Ruggera, Alex Anh Ly Nguyen, Giuseppe Nicolò Fanelli, Fabio Vianello, Filiberto Zattoni

PII: S1558-7673(18)30147-2

DOI: [10.1016/j.clgc.2018.03.008](https://doi.org/10.1016/j.clgc.2018.03.008)

Reference: CLGC 1040

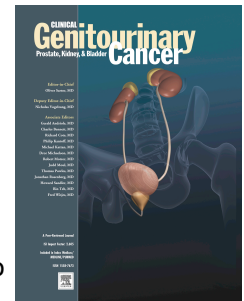
To appear in: *Clinical Genitourinary Cancer*

Received Date: 7 March 2018

Accepted Date: 21 March 2018

Please cite this article as: Lami V, Ruggera L, Ly Nguyen AA, Fanelli GN, Vianello F, Zattoni F, Rosai-Dorfman disease: case report of an unusual testicular involvement and review of literature, *Clinical Genitourinary Cancer* (2018), doi: 10.1016/j.clgc.2018.03.008.

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Rosai-Dorfman disease: case report of an unusual testicular involvement and review of literature

Valeria Lami*; Lorenzo Ruggera*; Alex Anh Ly Nguyen*; Giuseppe Nicolò Fanelli*; Fabio Vianello*; Filiberto Zattoni*

*Department of Surgery, Oncology, and Gastroenterology - Urology Clinic, University of Padua

** Department of Medicine, Surgical Pathology and Cytopatology Unit, University of Padua

CLINICAL PRACTICE POINT

The Rosai-Dorfman disease is an idiopathic nonmalignant histiocytosis, first described in 1969, commonly affecting childhood. The typical presentation is with fever, leukocytosis, and nonpainful cervical lymphadenopathy. Extra-nodal manifestation is described in adulthood in up to 25% of cases, with an intra-scrotal involvement in less than 1% and is associated with underline immunological and hematologic disorder. We describe the 10th case of testicular Rosai-Dorfman disease in an otherwise healthy adult patient.

INTRODUCTION

Rosai–Dorfman disease (RDD), also known as sinus histiocytosis with massive lymphadenopathy, was described as a distinct clinicopathological disorder in 1969 by Rosai and Dorfman. It is an idiopathic nonmalignant histiocytosis that typically presents with fever, leukocytosis, and nonpainful cervical lymphadenopathy. Extranodal involvement is also been described in up to 25% of cases, commonly involving skin, soft tissue, upper respiratory tract and bone. Rarer localizations are in central nervous system, gastrointestinal tract and genitourinary system, while an intrascrotal involvement has been detected in less than 1%. (1).

Classical head and neck nodal forms are more common in childhood and early adulthood (second and third decades of life) with male predominance and self-limited behavior. Multifocal and extranodal forms are more often described in olders with underline immunological disorder. In these subjects RDD has more chronic course, with symptoms usually related to compression and invasion of the involved organs. (2) In RDD staging, scans of neck, chest, abdomen, and pelvis are recommended. Moreover laboratory analysis including rheumatoid factor, antinuclear antibody test, immunoglobulin levels, erythrocyte sedimentation rate and screening for EBV, cytomegalovirus, HHV-6, HHV-8, and HIV are

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