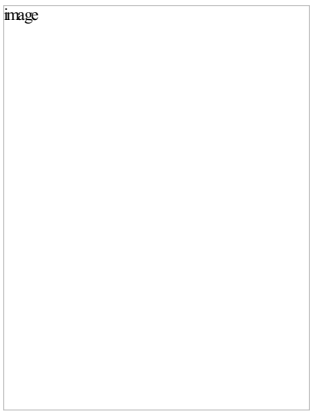

Retroperitoneal follicular dendritic cell sarcoma in a young woman: Diagnosis and treatment challenges

Rym Bouriga, Nihed Abdessaied, Makram Hochlef, Najoua Mallat, Mohamed Mahjoub, Badereddine Sriha, Slim Ben Ahmed

www.elsevier.com/locate/bios

PII: S0147-0272(17)30011-9
DOI: https://doi.org/10.1016/j.currproblcancer.2017.12.001
Reference: YMCN362

To appear in: *Current Problems in Cancer*

Cite this article as: Rym Bouriga, Nihed Abdessaied, Makram Hochlef, Najoua Mallat, Mohamed Mahjoub, Badereddine Sriha and Slim Ben Ahmed, Retroperitoneal follicular dendritic cell sarcoma in a young woman: Diagnosis and treatment challenges, *Current Problems in Cancer,* doi:10.1016/j.currproblcancer.2017.12.001

Retroperitoneal follicular dendritic cell sarcoma in a young woman: diagnosis and treatment challenges

Rym Bouriga, Nihed Abdessaied*, Makram Hochlef, Najoua Mallat+, Mohamed Mahjoub[#], BadereddineSriha*, Slim Ben Ahmed.

Department of medical oncology ,Universty Hospital FarhatHached Sousse, Tunisia.

* Department of Pathology, University hospital FarhatHached Sousse, Tunisia.

+ Department of radiology, University hospital FarhatHached Sousse, Tunisia.

[#]Department of hospital hygiene,University hospital FarhatHached Sousse, Tunisia.

Correspondence:

Rym Bouriga, MD

Address: N°49 Rue Inb Sina Avenue Ibn Khouldoun
4070 M'Saken, Tunisia.

E-mail: rymbouriga@yahoo.fr

Abstract:

Introduction: Follicular dendritic cell sarcoma (FDCS) is an uncommon tumor that usually arises in lymph nodes, especially in the cervical, mediastinal, or axillary areas, but rarely in extranodal sites. Few cases have been reported in English literature so far. The scarcity may be partially due to under-recognition of this entity. Through this case report we analyzed the difficulties of clinical and pathological diagnosis of this rare tumor with its unusual location mistaken it with gynecological cancer's iliac lymph nodes metastases. We also discussed its systemic treatment options.

Case report: A 48-year-old female presented with a loss of weight and epigastralgia. Computed tomography (CT) showed a mass of 5cm of diameter, located close to iliac vessels. Investigation for gynecologic cancers was negative and a partial tumor resection was performed. Pathological examination readdressed the diagnosis of (FDCS). Microscopically, the tumor was composed of a proliferation of spindle to ovoid cells arranged in fascicles, whorls and storiform pattern, accompanied by sprinkling of small lymphocytes. The nuclei of the tumor cells were elongated spindled or ovoid shape with vesicular chromatin and distinct small nuclei. Immunohistochemically, the tumor cells were positive for CD21, CD23 but negative for any type of cytokeratin. Even pathological diagnosis was misleading, therapeutic management was more challenging with this unusual locationparticularlyassociated with anaggressive clinical course. Two lines of chemotherapy gave different responses.