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| **A rare case of mediastinal dendritic neoplasm** |
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| **Introduction:**  Dendritic cell neoplasm is a rare tumour of the mediastinum. It is a difficult neoplasm to diagnose via core biopsy.  **Case presentation:**  We present the case of a 64-year-old male with symptoms of cough, fever, and unintentional weight loss with large paratracheal mass on a computed tomography scan. 18-fluorodeoxyglucose positron emission tomography-CT (FDG-PET/CT) showed avid right paratracheal mass with multiple areas of FDG accumulation including supraclavicular fossa, coeliac axis, porta hepatis and portocaval regions, retro-peritoneal lymph nodes and multiple foci in liver. He underwent linear endobronchial ultrasound guided (EBUS) needle biopsy that returned lymphohistiocytic infiltrates that were non diagnostic. He was further investigated with mediastinoscopy and biopsy of the right paratracheal mass showing large histiocytes with abundant foamy cytoplasm consistent with dendritic cell tumour. He was treated with CHOEP regimen (cyclophosphamide, hydroxydaunorubicin, oncovin, etoposide and prednisolone). A progress FDG-PET/CT scan revealed improvement in the size and the FDG uptake.  **Conclusion:**  Dendritic cell neoplasm is rare and difficult to diagnose with core biopsy. Therefore, excisional biopsy is needed to confirm the diagnosis.  **Keywords**: Dendritic neoplasm, mediastinal lymphadenopathy    **Grant Support: Nil** |