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Case Report

Localized Castleman's Disease in the Breast in a Young Woman

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Castleman's disease (CD) is a rare lymphoproliferative disorder of unknown etiology. It typically occurs in adulthood but it may also develop in childhood. Clinically, this disease may be classified as localized (unicentric) or systemic (multicentric). Six cases of breast CD have been described in the literature, and all have been reported in adults. Herein we describe the case of a 15-year-old female who presented with a slow-growing tumor in the right breast. The tumor was excised and histopathological examination demonstrated hyaline vascular variant CD. After two years of follow-up, the patient was asymptomatic without evidence of cervical or axillary lymphadenopathy.

1. Introduction

Castleman's disease (CD), also known as giant angiofollicular lymphoid hyperplasia, is an unusual condition of unknown etiology. Clinically, it may be classified as localized (unicentric) or systemic (multicentric). Localized CD accounts for most of the cases and presents as a mass located in the thorax (30%), the neck (23%), the abdomen (20%), or the retroperitoneum (17%). It rarely affects the axillary region (5%), the groin area (3%), or pelvic region (2%) [1].

Breast CD is uncommon, and only a few cases have been described in the medical literature [2–6]. This disease most typically develops in patients in their fifth decade. Herein we present the sixth case of breast CD reported in the medical literature, in a young female patient.

2. Case Presentation

We present a case of a 15-year-old girl who is 13-week pregnant and consulted the breast specialist due to a 12-month history of noticing a mass in the right breast. It was a slow-growing tumor with no other symptoms. The breast ultrasound scan showed a homogeneous hypoechoic mass with well-defined rounded contours and connective tissue septa showing no calcifications or adjacent tissue retractions. The longitudinal axis, which was parallel to the skin, measured 39 × 36 × 19 mm in size. No other alterations were evidenced. A trucut biopsy of the lesion showed a mature lymphoid infiltrate, possibly of reactive origin, that effaced the ductal structures. Neither necrosis nor mitosis was observed.

The resected quadrantectomy specimen consisted of a mobile tumor, attached to deep structures, with regular margins, firm in consistency and measuring 5 × 3 cm in size. The gross study evidenced a nodular, well-circumscribed, and firm mass, 5 × 3.5 × 2.5 cm in size. Cut sections showed a homogeneous, whitish trabecular pattern with no necrosis on its surface (Figure 1).

Histopathology examination demonstrated a typical lymph node background, a capsule, and a remarkably high number of lymphoid follicles. Some of these follicles exhibited atrophic germinal centers, abundant hyaline material, and peripheral wide zones of small lymphocytes surrounding the germinal centers resulting in an "onion skin" appearance, which is a typical feature of CD, as well as hypervascular interfollicular lymphoid tissue displaying numerous proliferative small caliber blood vessels and some obliterated sinuses. Some skeletal muscle fibers within the capsule periphery were