

Lymphadenoma Of The Spine

A CASE REPORT

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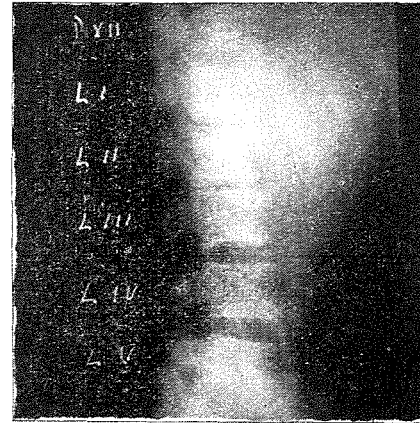
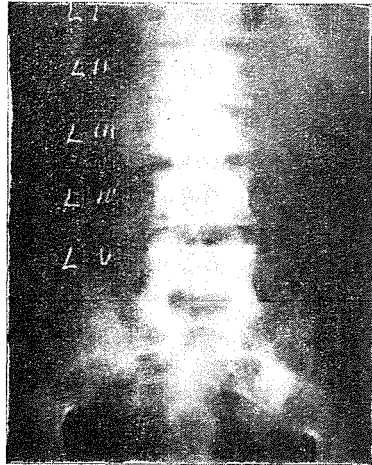
P.S. aged 28, was referred in August 1949, to the Radiological Department of the Central Hospital for treatment by X-rays. Clinically this patient presented the picture of a fully-established Hodgkin's with painless discrete swelling of the glands in both cervical regions both axillae and groins, and moderate enlargement of the spleen. Patient looked ill, was pale and complained of lassitude. He gave a history of pain in the low back radiating forwards to the umbilicus (girdle pain), occasionally downwards to both loins with little or no intervals of freedom for the previous eighteen months, followed, three months ago, by progressive swelling of most of the accessible glands. He had no previous illnesses and denied any history of trauma. His blood count at this stage showed a diminution of the red cell count (R.B.Cs=3,000,000 per m/m) and a slight increase in the white cell count, about 15,000: there was no eosinophilia.

The persistence of the pain at the back called for immediate röntgenological investigations. An X-ray of the lumbar spine was performed and definite changes were found in the first and second lumbar vertebrae. Both vertebral bodies showed irregular areas of rarification with aneurysmal-like destruction of the anterior margins with a small quantity of amorphous calcium deposit along the antero-superior tips of the vertebral bodies. The first vertebra showed some evidence of collapse. The inter-vertebral disc space was not altered, although on account of the list of the first lumbar it appeared to be reduced. There was some loss of the normal lumbar lordosis, but no kyphus was

present and the spinal canal did not appear to be involved.

There are no pathognomonic X-ray signs of Hodgkin's involvement of the spine. The above findings, though strongly suggestive, are not diagnostic: the diagnosis of lymphadenomatous deposits in the vertebra cannot be made from the X-ray film alone. If the case were examined earlier in the course of the disease, that is, when the patient complained only of pain in the back and before the condition became manifest the diagnosis of lymphadenoma of the spine would have been very difficult to arrive at, if at all. The X-ray findings may take various forms — from a simple bone rarification or an increase in density, to a purely destructive process with collapse. The bony involvement is always heralded by pain.

There is only one feature which appears to be constant in all forms of Hodgkin's of the spine, and that is the preservation of the disc. This single feature — the integrity of the inter-vertebral disc — helps us to distinguish lymphadenoma of the spine from tuberculous spondylitis in which the disc will undergo destructive changes sooner or later and in some cases may completely disappear. In the initial stages, however, the two conditions may bear a close resemblance. Blount published a case which had been treated as Pott's disease of the dorsal spine for four months and which afterwards proved to be Hodgkin's disease. The involved vertebrae later showed collapse, but the disc remained intact.



Showing irregular areas of rarefaction with aneurysmal-like destruction of the anterior margins and collapse of the first lumbar vertebra. Note the integrity of the inter-vertebral disc space.

On the X-ray film alone the appearances of lymphadenomatous deposits in the vertebral bodies may be indistinguishable from carcinomatous secondaries especially if these are of the osteoclastic variety. It is only the clinical features of the case which establish the diagnosis. The therapeutic test by X-radiation is also an aid to diagnosis. Response is more favourable and quicker in Hodgkin's than in neoplastic metastasis from carcinoma.

The röntgen changes of lymphadenoma of the spine may also be confused with undulant spondylitis, especially in a country like ours where brucellosis is pre-

valent, but in the latter the process is more destructive and the inter-vertebral disc is not spared. Of course, a positive blood serum reaction differentiates and clinches the diagnosis.

The case described is of particular interest, first because it shows the lymphadenomatous changes in the vertebrae which occur only in a small percentage of cases of Hodgkin's, and secondly because these changes probably occurred before the diseases became manifest clinically.

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