Inflammatory myofibroblastic tumor mimicking lymphoma. A case report.

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Introduction

Inflammatory myofibroblastic tumor (IMT) is a rare, often misunderstood disease. It can be found everywhere in the human body and needs further histological clarification. Numerous publications deal with it, mostly focusing on whether adjuvant treatment is indicated or not to prevent recurrence. A gross of literature concludes that primary surgical intervention is most beneficial in treatment of IMT.
In this case report we present diagnostic, treatment and outcome of a 42 year old patient with IMT located at the pulmonary hilum.

Case description

A 42 year old male was referred to our clinic with inspiratory pain and fever resistant to antibiotic therapy, no dyspnea or cough. CT-scan showed a solid mediastinal tumor near to aorta descendens adhearing to vascular and bronchial structures (Figures 1 & 2). The diagnosis of Lymphoma was suspected. A resection of the suspicous lymph-node tissue was performed. In the histological examination an inflammatory myofibroblastic tumor was confirmed surprisingly (Figures 4 & 5).

Figure 1:
CT scan shows periaortal myofibroblastic tumor without vascular infiltration

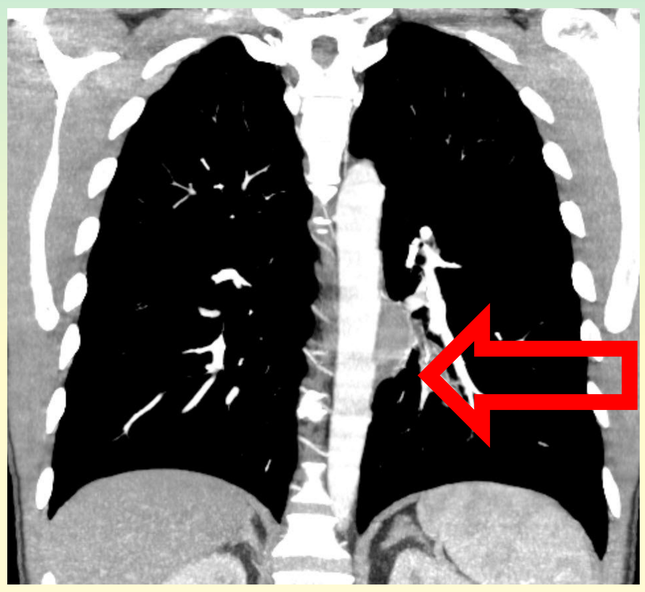


Figure 2:
CT scan indicates the exact location of the myofibroblastic tumor. Surrounding vascular and bronchial structures and not affected.

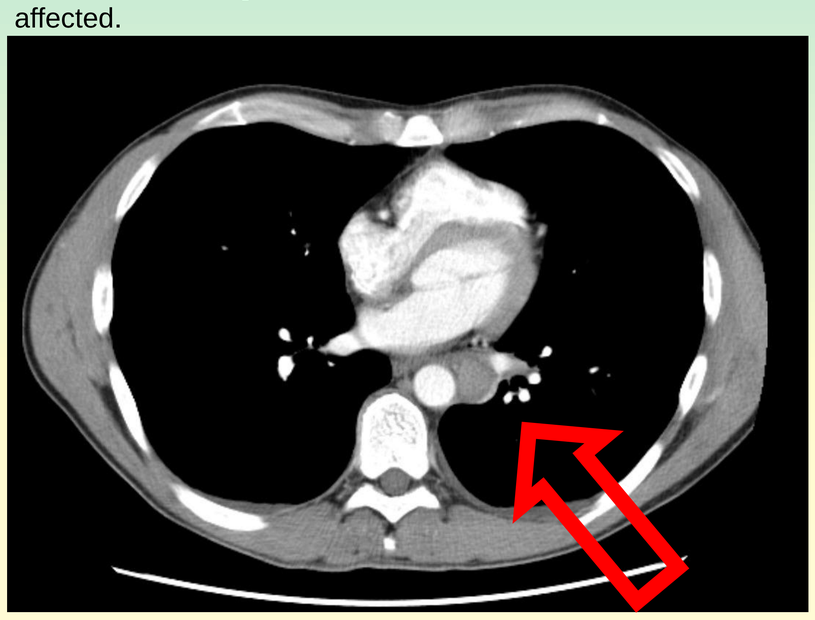


Figure 3:
CT scan in the follow-up seven months after surgery shows no signs of recurrence.

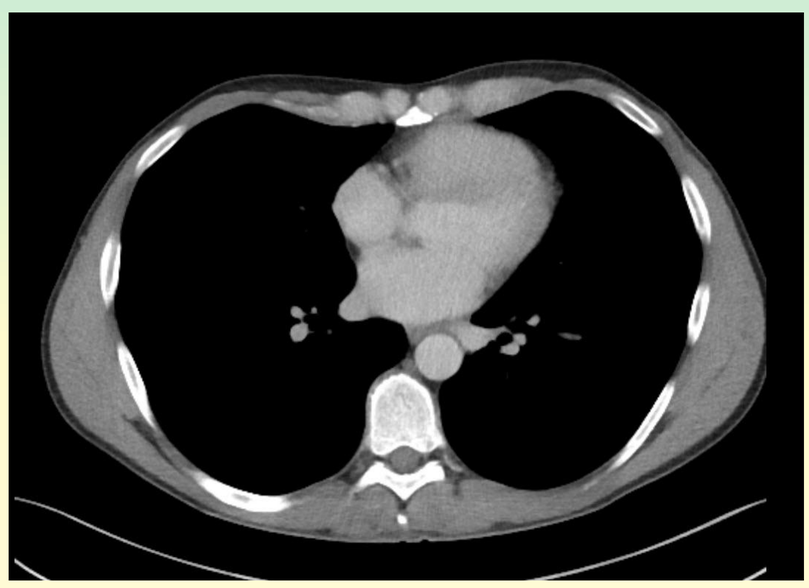


Figure 4:
Pulmonary inflammatory pseudotumor: junction of normal lung praenchyma and inflammatory pseudotumor

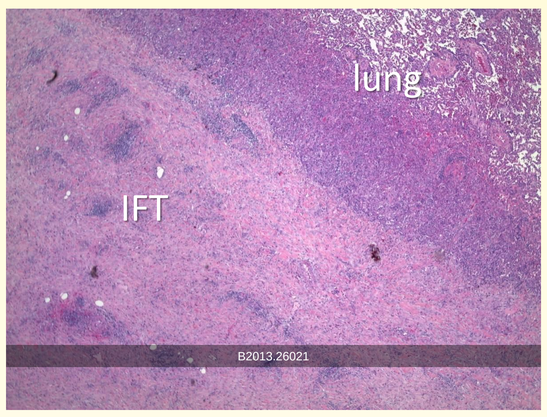
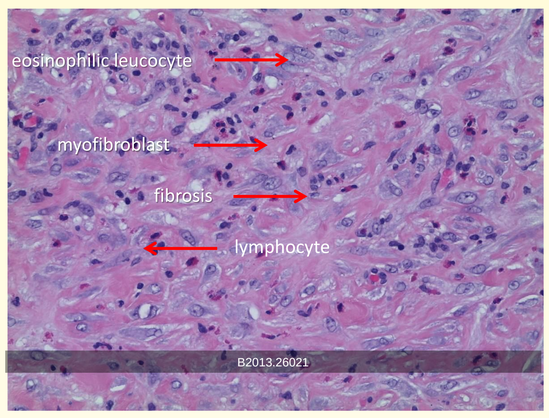


Figure 5:
inflammatory cells admixed with fibroblasts



Literature

- Inflammatory Myofibroblastic Tumors, STEPHEN J. KOVACH et al (Journal of Surgical Oncology 2006;94:385–391)
- Inflammatorischer myofibroblastärer Tumor des Lymphknotens mit paraneoplastischer Thrombose und Eosinophilie, Ali Behzad et al (Medizinische Klinik 2010;105:232–6 (Nr. 4)

Postoperative course

The postoperative course showed a very rapid reconvalescence allowing the discharge of the patient within three days. Discussing this case with our Tumor Board decision was made for an exspectative approach.

Follow up

Six months after surgery, the patient is in very good condition, he had no discomfort, and the CT scan showed no tumor recurrence (Figure 3).

Conclusion

IMT is a rare diagnosis one must be aware of. The treatment of choice for IMT is surgery, and recurrence is known to be rare. The optimal treatment method is not well-known for patients ineligible for surgery. According to some case reports unresectable tumors were treated with chemotherapy or radio therapy. NSAIDs can be administered on the basis of their antiinflammatory qualities.
In the presented case no further treatment was performed after surgery due to a complete resection and the disappearing of the symptoms immediately in the postoperative course.