

Primary Skeletal Rosai Dorfman Disease of Distal Tibia

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Abstract

Rosai Dorfman disease is a non-langerhan cell histiocytosis mainly manifesting as massive painless cervical lymphadenopathy associated with constitutional symptoms in young adults. Isolated skeletal involvement by Rosai Dorfman disease is extremely rare. 48-year-old lady presented with pain and swelling of left ankle of six month's duration. Radiological investigations revealed lytic lesion of Distal Tibia with cortical breach and extrasosseous extension. Histopathological examination of the excised lesion clinched the diagnosis. This presentation of the disease is very uncommon as it primarily involves the osseous tissue without the involvement of lymph nodes, and, considering the age of the patient, middle aged individual. A broader array of differential diagnosis should be kept in the mind of a clinician over and above a neoplastic or infective pathology.

Keywords: Rosai-dorfman disease; Hyperpigmentation; Trauma; Osteomyelitis; Metastases; BiopsyqlymSte iehopedic Suieh Sd Sa ct le t

sent for histopathological examination. Due to the suspicion of an infective pathology, bone grafting of the bony cavity was deferred. Histopathological examination of the curetted tissue showed features of Rosai Dorfman disease in Figure 2.

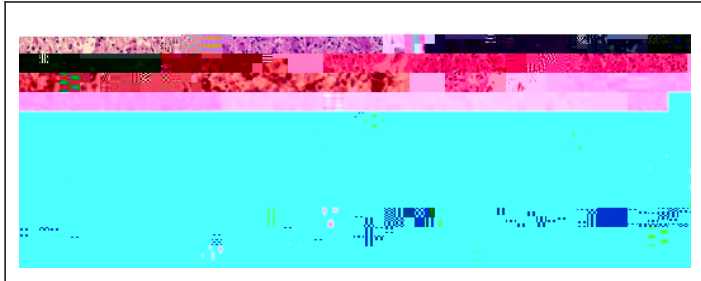


Figure 2: Histopathological Examination (Large histiocytes with engulfed lymphocyte, Plasma cells, erythrocytes, known as EMPERIPOLESIS, in the background of diffusely distributed histiocytes, Lymphocytes and plasma cells) and Immunohistochemistry picture (Histiocyte population in brown. Islands of small blue cells is composed of lymphocytes, which are expected to be S-100 negative as in this image. Negative for CD1a and Factor XIIIa) confirming Rosai Dorfman disease.

After the diagnosis of Rosai Dorfman Disease was confirmed and infective pathology ruled out, patient was taken up for Autologous

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